

City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685

Agreement between the City and County of San Francisco and

Central City Hospitality House

This Agreement is made this 1st day of October, 2010, in the City and County of San Francisco, State of California, by and between: Central City Hospitality House, 290 Turk Street, San Francisco, CA 94102, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

Recitals

WHEREAS, the Department of Public Health, Community Behavioral Health Services, ("Department") wishes to provide services for Mental Health and Substance Abuse Programs.

WHEREAS, Request for Proposal (RFP23-2009) was issued on July 31, 2009, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the services required by City as set forth under this Contract; and,

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

Now, THEREFORE, the parties agree as follows:

1. Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation. This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

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

3. **Effective Date of Agreement.** This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.

4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.

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

6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.

7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."

8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the

City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

9. Disallowance. If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.

10. Taxes. Payment of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Contractor recognizes and understands that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

1) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest;

2) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

3) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

4) Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

11. Payment Does Not Imply Acceptance of Work. The granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, equipment, or materials, although the unsatisfactory character of such work, equipment or materials may not have been apparent or detected at the time such payment was made. Materials, equipment, components, or workmanship that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay.

12. Qualified Personnel. Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at

City's request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

13. Responsibility for Equipment. City shall not be responsible for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or by any of its employees, even though such equipment be furnished, rented or loaned to Contractor by City.

14. Independent Contractor; Payment of Taxes and Other Expenses

a. **Independent Contractor.** Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement.

b. **Payment of Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, should any court, arbitrator, or administrative authority determine that Contractor is an employee for any other purpose, then Contractor agrees to a reduction in City's financial liability so that City's total expenses under this Agreement are not greater than they would have been had the court, arbitrator, or administrative authority determined that Contractor was not an employee.

15. Insurance

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

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

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

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

4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with professional services to be provided under this Agreement.

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

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

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

c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

d. All policies shall provide thirty days' advance written notice to the City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the City address in the "Notices to the Parties" section:

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

f. Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

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

h. Before commencing any operations under this Agreement, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Failure to maintain insurance shall constitute a material breach of this Agreement.

i. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

16. Indemnification Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of Contractor or loss of or damage to property, arising directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City. In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter. Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

17. Incidental and Consequential Damages. Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

18. Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

19. Liquidated Damages Left blank by agreement of the parties. (Liquidated damages)

20. Default; Remedies. Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

(1) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

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| 8. Submitting False Claims; Monetary Penalties. | 37. Drug-free workplace policy, |
| 10. Taxes | 53. Compliance with laws |
| 15. Insurance | 55. Supervision of minors |
| 24. Proprietary or confidential information of City | 57. Protection of private information |
| 30. Assignment | 58. Graffiti removal |
- And, item 1 of Appendix D attached to this Agreement

2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.

3) Contractor (a) is generally not paying its debts as they become due, (b) files, or consents by answer or otherwise to the filing against it of, a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction, (c) makes an assignment for the benefit of its creditors, (d) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property or (e) takes action for the purpose of any of the foregoing.

4) A court or government authority enters an order (a) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (b) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (c) ordering the dissolution, winding-up or liquidation of Contractor.

b. On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement or any other agreement.

c. All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

21. Termination for Convenience

a. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

b. Upon receipt of the notice, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.

2) Not placing any further orders or subcontracts for materials, services, equipment or other items.

3) Terminating all existing orders and subcontracts.

4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.

7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

c. Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for services or other work. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

d. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; (2) any claim which City may have against Contractor in connection with this Agreement; (3) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d); and (4) in instances in which, in the opinion of the City, the cost of any service or other work performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected services or other work, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced services or other work in compliance with the requirements of this Agreement.

f. City's payment obligation under this Section shall survive termination of this Agreement.

22. Rights and Duties upon Termination or Expiration. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement:

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| 8. Submitting false claims | 26. Ownership of Results |
| 9. Disallowance | 27. Works for Hire |
| 10. Taxes | 28. Audit and Inspection of Records |
| 11. Payment does not imply acceptance of work | 48. Modification of Agreement. |
| 13. Responsibility for equipment | 49. Administrative Remedy for Agreement Interpretation. |
| 14. Independent Contractor; Payment of Taxes and Other Expenses | 50. Agreement Made in California; Venue |
| 15. Insurance | 51. Construction |
| 16. Indemnification | 52. Entire Agreement |
| 17. Incidental and Consequential Damages | 56. Severability |
| 18. Liability of City | 57. Protection of private information |
| 24. Proprietary or confidential information of City | And, item 1 of Appendix D attached to this Agreement. |

Subject to the immediately preceding sentence, upon termination of this Agreement prior to expiration of the term specified in Section 2, this Agreement shall terminate and be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

23. Conflict of Interest. Through its execution of this Agreement, Contractor acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

24. Proprietary or Confidential Information of City

a. Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data.

b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services under this Agreement, whether disclosed by the City or by the individuals themselves, shall be held in the strictest confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. Contractor understands and agrees that this duty of care shall extend to confidential information contained or conveyed in any form, including but not limited to documents, files, patient or client records, facsimiles, recordings, telephone calls, telephone answering machines, voice mail or other telephone voice recording systems, computer files, e-mail or other

computer network communications, and computer backup files, including disks and hard copies. The City reserves the right to terminate this Agreement for default if Contractor violates the terms of this section.

c. Contractor shall maintain its books and records in accordance with the generally accepted standards for such books and records for five years after the end of the fiscal year in which Services are furnished under this Agreement. Such access shall include making the books, documents and records available for inspection, examination or copying by the City, the California Department of Health Services or the U.S. Department of Health and Human Services and the Attorney General of the United States at all reasonable times at the Contractor's place of business or at such other mutually agreeable location in California. This provision shall also apply to any subcontract under this Agreement and to any contract between a subcontractor and related organizations of the subcontractor, and to their books, documents and records. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

d. The City owns all records of persons receiving Services and all fiscal records funded by this Agreement if Contractor goes out of business. Contractor shall immediately transfer possession of all these records if Contractor goes out of business. If this Agreement is terminated by either party, or expires, records shall be submitted to the City upon request.

e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and shall not be divulged by Contractor to any other person or entity without the prior written permission of the Contract Administrator listed in Appendix A.

25. Notices to the Parties. Unless otherwise indicated elsewhere in this Agreement, all written communications sent by the parties may be by U.S. mail, e-mail or by fax, and shall be addressed as follows:

To CITY:	Office of Contract Management and Compliance Department of Public Health 1380 Howard Street, Room 442 San Francisco, California 94103	FAX (415) 255-3088 e-mail: Junko.Craft@sfdph.org
And:	James Stroh 1380 Howard Street, 2th Floor San Francisco, Ca 94103	FAX: (415) 252-3001 e-mail: James.Stroh@sfdph.org
To CONTRACTOR:	Jackie Jenks Central City Hospitality House 290 Turk Street San Francisco, CA 94102	FAX: (415) 541-9285 e-mail: jjenks@hospitalityhouse.org

Any notice of default must be sent by registered mail.

26. Ownership of Results. Any interest of Contractor or its Subcontractors, in drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors in connection with services to be performed under this Agreement, shall become the property of and will be transmitted to City. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

27. Works for Hire. If, in connection with services performed under this Agreement, Contractor or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works are the property of the City. If it is ever determined that any

works created by Contractor or its subcontractors under this Agreement are not works for hire under U.S. law, Contractor hereby assigns all copyrights to such works to the City, and agrees to provide any material and execute any documents necessary to effectuate such assignment. With the approval of the City, Contractor may retain and use copies of such works for reference and as documentation of its experience and capabilities.

28. Audit and Inspection of Records

a. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any federal agency having an interest in the subject matter of this Agreement shall have the same rights conferred upon City by this Section.

b. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

c. The Director of Public Health or his / her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

d. Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

29. Subcontracting. Contractor is prohibited from subcontracting this Agreement or any part of it unless such subcontracting is first approved by City in writing. Neither party shall, on the basis of this Agreement, contract on behalf of or in the name of the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.

30. Assignment. The services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by the Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

31. Non-Waiver of Rights. The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

32. Earned Income Credit (EIC) Forms. Administrative Code section 12O requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide EIC Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which this Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 12O of the San Francisco Administrative Code.

33. Local Business Enterprise Utilization; Liquidated Damages

a. The LBE Ordinance. Contractor, shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"), provided such amendments do not materially increase Contractor's obligations or liabilities, or materially diminish Contractor's rights, under this Agreement. Such provisions of the LBE Ordinance are incorporated by reference and made a part of this Agreement as though fully set forth in this section. Contractor's willful failure to comply with any applicable provisions of the LBE Ordinance is a material breach of Contractor's obligations under this Agreement and shall entitle City, subject to any applicable notice and cure provisions set forth in this Agreement, to exercise any of the remedies provided for under this Agreement, under the LBE Ordinance or otherwise available at law or in equity, which remedies shall be cumulative unless this Agreement expressly provides that any remedy is exclusive. In addition, Contractor shall comply fully with all other applicable local, state and federal laws prohibiting discrimination and requiring equal opportunity in contracting, including subcontracting.

b. Compliance and Enforcement

If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of the City's Human Rights Commission or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of HRC") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to five years or revocation of the Contractor's LBE certification. The Director of HRC will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17.

By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the HRC shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City.

Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and shall make such records available for audit and inspection by the Director of HRC or the Controller upon request.

34. Nondiscrimination; Penalties

a. Contractor Shall Not Discriminate. In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

b. Subcontracts. Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

c. Nondiscrimination in Benefits. Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

d. Condition to Contract. As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form HRC-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Human Rights Commission.

e. Incorporation of Administrative Code Provisions by Reference. The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

35. MacBride Principles—Northern Ireland. Pursuant to San Francisco Administrative Code §12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

36. Tropical Hardwood and Virgin Redwood Ban. Pursuant to §804(b) of the San Francisco Environment Code, the City and County of San Francisco urges contractors not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

37. Drug-Free Workplace Policy. Contractor acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Contractor agrees that any violation of this prohibition by Contractor, its employees, agents or assigns will be deemed a material breach of this Agreement.

38. Resource Conservation. Chapter 5 of the San Francisco Environment Code (“Resource Conservation”) is incorporated herein by reference. Failure by Contractor to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract.

39. Compliance with Americans with Disabilities Act. Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against disabled persons in the provision of services, benefits or activities provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement.

40. Sunshine Ordinance. In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors’ bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization’s net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

41. Public Access to Meetings and Records. If the Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in §§12L.4 and 12L.5 of the Administrative Code. Contractor further agrees to make-good faith efforts to promote community membership on its Board of Directors in the manner set forth in §12L.6 of the Administrative Code. The Contractor acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. The Contractor further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.

42. Limitations on Contributions. Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City’s Campaign and Governmental Conduct Code, which

prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. Contractor further acknowledges that the prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126. Contractor further agrees to provide to City the names of each person, entity or committee described above.

43. Requiring Minimum Compensation for Covered Employees

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and 12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at www.sfgov.org/olse/mco. A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.

d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.

e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or

extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

g. Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.

h. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the MCO.

i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.

44. Requiring Health Benefits for Covered Employees. Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission..

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters

into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

45. First Source Hiring Program

a. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapter 83 of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with, and be bound by, all of the provisions that apply to this Agreement under such Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.

b. **First Source Hiring Agreement.** As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a

first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

1) Set appropriate hiring and retention goals for entry level positions. The employer shall agree to achieve these hiring and retention goals, or, if unable to achieve these goals, to establish good faith efforts as to its attempts to do so, as set forth in the agreement. The agreement shall take into consideration the employer's participation in existing job training, referral and/or brokerage programs. Within the discretion of the FSHA, subject to appropriate modifications, participation in such programs maybe certified as meeting the requirements of this Chapter. Failure either to achieve the specified goal, or to establish good faith efforts will constitute noncompliance and will subject the employer to the provisions of Section 83.10 of this Chapter.

2) Set first source interviewing, recruitment and hiring requirements, which will provide the San Francisco Workforce Development System with the first opportunity to provide qualified economically disadvantaged individuals for consideration for employment for entry level positions. Employers shall consider all applications of qualified economically disadvantaged individuals referred by the System for employment; provided however, if the employer utilizes nondiscriminatory screening criteria, the employer shall have the sole discretion to interview and/or hire individuals referred or certified by the San Francisco Workforce Development System as being qualified economically disadvantaged individuals. The duration of the first source interviewing requirement shall be determined by the FSHA and shall be set forth in each agreement, but shall not exceed 10 days. During that period, the employer may publicize the entry level positions in accordance with the agreement. A need for urgent or temporary hires must be evaluated, and appropriate provisions for such a situation must be made in the agreement.

3) Set appropriate requirements for providing notification of available entry level positions to the San Francisco Workforce Development System so that the System may train and refer an adequate pool of qualified economically disadvantaged individuals to participating employers. Notification should include such information as employment needs by occupational title, skills, and/or experience required, the hours required, wage scale and duration of employment, identification of entry level and training positions, identification of English language proficiency requirements, or absence thereof, and the projected schedule and procedures for hiring for each occupation. Employers should provide both long-term job need projections and notice before initiating the interviewing and hiring process. These notification requirements will take into consideration any need to protect the employer's proprietary information.

4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.

5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

6) Set the term of the requirements.

7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.

8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.

9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.

c. **Hiring Decisions.** Contractor shall make the final determination of whether an Economically Disadvantaged Individual referred by the System is "qualified" for the position.

d. **Exceptions.** Upon application by Employer, the First Source Hiring Administration may grant an exception to any or all of the requirements of Chapter 83 in any situation where it concludes that compliance with this Chapter would cause economic hardship.

e. **Liquidated Damages.** Contractor agrees:

1) To be liable to the City for liquidated damages as provided in this section;

2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;

3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.

4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;

5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

(a) The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and

(b) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

Therefore, liquidated damages that total \$5,000 for first violations and \$10,000 for subsequent violations as determined by FSHA constitute a fair, reasonable, and conservative attempt to quantify the harm caused to the City by the failure of a contractor to comply with its first source referral contractual obligations.

6) That the failure of contractors to comply with this Chapter, except property contractors, may be subject to the debarment and monetary penalties set forth in Sections 6.80 et seq. of the San Francisco Administrative Code, as well as any other remedies available under the contract or at law; and

Violation of the requirements of Chapter 83 is subject to an assessment of liquidated damages in the amount of \$5,000 for every new hire for an Entry Level Position improperly withheld from the first source hiring process. The assessment of liquidated damages and the evaluation of any defenses or mitigating factors shall be made by the FSHA.

f. Subcontracts. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of Chapter 83 and shall contain contractual obligations substantially the same as those set forth in this Section.

46. Prohibition on Political Activity with City Funds. In accordance with San Francisco Administrative Code Chapter 12.G, Contractor may not participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity") in the performance of the services provided under this Agreement. Contractor agrees to comply with San Francisco Administrative Code Chapter 12.G and any implementing rules and regulations promulgated by the City's Controller. The terms and provisions of Chapter 12.G are incorporated herein by this reference. In the event Contractor violates the provisions of this section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this Agreement, and (ii) prohibit Contractor from bidding on or receiving any new City contract for a period of two (2) years. The Controller will not consider Contractor's use of profit as a violation of this section.

47. Preservative-treated Wood Containing Arsenic. Contractor may not purchase preservative-treated wood products containing arsenic in the performance of this Agreement unless an exemption from the requirements of Chapter 13 of the San Francisco Environment Code is obtained from the Department of the Environment under Section 1304 of the Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic, or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Contractor may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Contractor from purchasing preservative-treated wood containing arsenic for saltwater immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.

48. Modification of Agreement. **This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement.**

49. Administrative Remedy for Agreement Interpretation – *DELETED BY MUTUAL AGREEMENT OF THE PARTIES*

50. Agreement Made in California; Venue. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

51. Construction. All paragraph captions are for reference only and shall not be considered in construing this Agreement.

52. Entire Agreement. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48, "Modification of Agreement."

53. Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

54. Services Provided by Attorneys. Any services to be provided by a law firm or attorney 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.

55. Supervision of Minors. Contractor, and any subcontractors, shall comply with California Penal Code section 11105.3 and request from the Department of Justice records of all convictions or any arrest pending adjudication involving the offenses specified in Welfare and Institution Code section 15660(a) of any person who applies for employment or volunteer position with Contractor, or any subcontractor, in which he or she would have supervisory or disciplinary power over a minor under his or her care. If Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach (separately and collectively, "Recreational Site"), Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or volunteer position to provide those services if that person has been convicted of any offense that was listed in former Penal Code section 11105.3 (h)(1) or 11105.3(h)(3). If Contractor, or any of its subcontractors, hires an employee or volunteer to provide services to minors at any location other than a Recreational Site, and that employee or volunteer has been convicted of an offense specified in Penal Code section 11105.3(c), then Contractor shall comply, and cause its subcontractors to comply with that section and provide written notice to the parents or guardians of any minor who will be supervised or disciplined by the employee or volunteer not less than ten (10) days prior to the day the employee or volunteer begins his or her duties or tasks. Contractor shall provide, or cause its subcontractors to provide City with a copy of any such notice at the same time that it provides notice to any parent or guardian. Contractor shall expressly require any of its subcontractors with supervisory or disciplinary power over a minor to comply with this section of the Agreement as a condition of its contract with the subcontractor. Contractor acknowledges and agrees that failure by Contractor or any of its subcontractors to comply with any provision of this section of the Agreement shall constitute an Event of Default. Contractor further acknowledges and agrees that such Event of Default shall be grounds for the City to terminate the Agreement, partially or in its entirety, to recover from Contractor any amounts paid under this Agreement, and to withhold any future payments to Contractor. The remedies provided in this Section shall not limited any other remedy available to the City hereunder, or in equity or law for an Event of Default, and each remedy may be exercised individually or in combination with any other available remedy. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

56. Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and

shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

57. Protection of Private Information. Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

58. Graffiti Removal. Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti. Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

Any failure of Contractor to comply with this section of this Agreement shall constitute an Event of Default of this Agreement.

59. Food Service Waste Reduction Requirements. Effective June 1, 2007 Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

60. Slavery Era Disclosure Left blank by agreement of the parties. (Slavery era disclosure)

61. Cooperative Drafting. This Agreement has been drafted through a cooperative effort of both parties, and both parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

62. Dispute Resolution Procedure. A Dispute Resolution Procedure is attached under the Appendix G to address issues that have not been resolved administratively by other departmental remedies.

63. Additional Terms. Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

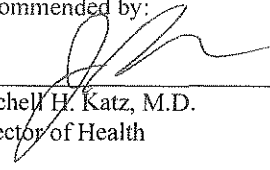
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Central City Hospitality House



Mitchell H. Katz, M.D.
Director of Health

11-15-10
Date


Approved as to Form:

Dennis J. Herrera
City Attorney

By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.

By:



Date 11/29/10

Terence Howzell, Deputy
City Attorney



Date 10/27/10

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

Approved:



Date 12/15/10

Naomi Kelly
Director of the Office of
Contract Administration and
Purchaser

City vendor number: 04688

Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: N/A (Insurance Waiver) Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution
- H: SFDPH Private Policy Compliance Standards
- J: Emergency Response

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Appendix A

COMMUNITY BEHAVIORAL HEALTH SERVICES

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

A. Contract Administrator:

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

B. Reports:

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

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Acknowledgment of Funding:

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

K. Client Fees and Third Party Revenue:

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

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

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

L. Billing and Information System

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

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

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

O. Quality Improvement:

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

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

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

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

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.

2. **Description of Services**

Detailed description of services are listed below and are attached hereto

- Appendix A-1 Tenderloin Peer- Based Wellness Recovery Center
- Appendix A-2 Peer-Based Center
- Appendix A-3 Support Services for Housing - Adult
- Appendix A-4 Support Services for Housing - Older
- Appendix A-5 Sixth Street Peer-Based Wellness recovery Center
- Appendix A-6 Older Adult
- Appendix A-7 Employment Vocational Rehab

Appendix A-8 Senior Behavioral health Screening
Appendix A-9 Holistic Wellness Promotion

Programs: see below

Contract Term:
07 /01/10 - 06 /30 /11

CMS Contract #:

Funding Source(s): See Appendix B DPH1
Budget Summary

SUMMARY

Service Providers:	Central City Hospitality House		
Fiscal Agency:	Central City Hospitality House		
Total Contract Amount:	\$ 1,730,322		
System of Care	Adult and Older Adult - CBHS		
Provider Address:	290 Turk Street, SF, CA 94102		
Provider Phone:	Telephone:	(415) 749-2113	
	Facsimile:	(415) 749-2136	
Contact Person:	Jackie Jenks, Executive Director jjenks@hospitalityhouse.org		
Program Name:	Tenderloin Peer-Based Wellness Recovery Center (GF) Appendix A-1		
Amount Year One:	\$630,196	Funding Source: See Appendix B DPH1 - Summary	
Term : 7/1/10-6/30/11	07 /01/10 - 06 /30 /11		
Definition and # of UOS:	What is a UOS? <i>minute</i>		# of UOS
	List each Service Modality		
Number of UDC/NOC:	2500	Total UOS	37,500 <i>minutes</i>
Program Name:	Peer-Based Center (MHSA) Appendix A-2		
Amount Year One:	\$133,900	Funding Source: See Appendix B DPH1 Summary	
Term : 7/1/10-6/30/11	07 /01/10 - 06 /30 /11		
Definition and # of UOS:	What is a UOS? <i>hour</i>		# of UOS
	List each Service Modality		
Number of UDC/NOC:	100	Total UOS	500 <i>hours</i>
Program Name:	Support Services for Housing - Adult (MHSA) Appendix A-3		
Amount Year One:	\$135,435	Funding Source: See Appendix B DPH1 Summary	
Term : 7/1/10-6/30/11	07 /01/10 - 06 /30 /11		
Definition and # of UOS:	What is a UOS? <i>hour</i>		# of UOS
	List each Service Modality		
Number of UDC/NOC:	50	Total UOS	50 <i>hours</i>
Program Name:	Support Services for Housing - Older Adult (MHSA) Appendix A-4		
Amount Year One:	\$276,267	Funding Source: See Appendix B DPH1 Summary	
Term : 7/1/10-6/30/11	07 /01/10 - 06 /30 /11		
Definition and # of UOS:	What is a UOS? <i>hour</i>		# of UOS
	List each Service Modality		
Number of UDC/NOC:	500	Total UOS	500 <i>hours</i>

Continued...

Programs: see below

Contract Term:
07 /01/10 - 06 /30 /11

CMS Contract #:

Funding Source(s): See Appendix B DPH1 Budget Summary

<p>Program Name: Sixth Street Peer-Based Wellness Recovery Center (GF) Appendix A-5</p> <p>Amount Year One: \$554,524 Term : 7/1/10-6/30/11 Definition and # of UOS: What is a UOS? <i>hour</i> List each Service Modality</p> <p>Number of UDC/NOC: 250</p>	<p>Funding Source: See Appendix B DPH1 Summary</p> <p># of UOS</p> <p>Total UOS 6,250 <i>hours</i></p>
<p>Program Name: Tenderloin Peer-Based Wellness Recovery Center (GF) Appendix A-6</p> <p>Amount Year One: \$143,775 Term : 7/1/10-6/30/11 Definition and # of UOS: What is a UOS? <i>hour</i> List each Service Modality</p> <p>Number of UDC/NOC: 25</p>	<p>Funding Source: See Appendix B DPH1 Summary</p> <p># of UOS</p> <p>Total UOS 25 <i>hours</i></p>
<p>Program Name: Peer-Based Center (MHSA) Appendix A-7</p> <p>Amount Year One: \$100,001 Term : 7/1/10-6/30/11 Definition and # of UOS: What is a UOS? <i>hour</i> List each Service Modality</p> <p>Number of UDC/NOC: 25</p>	<p>Funding Source: See Appendix B DPH1 Summary</p> <p># of UOS</p> <p>Total UOS 25 <i>hours</i></p>
<p>Program Name: Support Services for Housing - Adult (MHSA) Appendix A-8</p> <p>Amount Year One: \$222,861 Term : 7/1/10-6/30/11 Definition and # of UOS: What is a UOS? <i>hour</i> List each Service Modality</p> <p>Number of UDC/NOC: 50</p>	<p>Funding Source: See Appendix B DPH1 Summary</p> <p># of UOS</p> <p>Total UOS 100 <i>hours</i></p>
<p>Program Name: Support Services for Housing - Older Adult (MHSA) Appendix A-9</p> <p>Amount Year One: \$388,000 Term : 7/1/10-6/30/11 Definition and # of UOS: What is a UOS? <i>hour</i> List each Service Modality</p> <p>Number of UDC/NOC: 75</p>	<p>Funding Source: See Appendix B DPH1 Summary</p> <p># of UOS</p> <p>Total UOS 150 <i>hours</i></p>

Contractor: Central City Hospitality House

Appendix A- 1

Program: Tenderloin Peer-Based Wellness Recovery
Center (General Fund)

Contract Term (MM/DD/YY)

7/01/10 through 06/30/11

City Fiscal Year (CBHS only): FY10-11

Funding Source (AIDS Office & CHPP only): General
Fund

1. Program Name: Central City Hospitality House
Tenderloin Peer-Based Wellness Recovery Center (General Fund)

Program Address: 290 Turk St.

City, State, Zip Code: San Francisco, CA 94102

Telephone: (415)749-2100

Facsimile: (415)749-2136

2. Nature of Document (check one)

Renewal New Modification

3. Goal Statement

Provide a brief and general statement (preferably one sentence) that describes what the program is aiming to accomplish through its contract.

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

4. Target Population

Describe the target population to be served by the program. If you target a specific problem, geographic area, group, age, etc. please specify.

The target population is adult residents of San Francisco's Tenderloin community - homeless and housed - who struggle with behavioral health issues and who have difficulty accessing traditional modes of service. This highly disenfranchised population includes homeless people, those living in SRO hotels, immigrants, veterans, people with disabilities, LGBT communities, ex-offenders, and others. Demographics reflect the diversity of the community - roughly 38% African American, 3% American Indian, 10% Asian, 26% Caucasian, 16% Latino, and 8% other; 28% female, 70% male, 2% transgender; 10% veterans; 50% housed; 21% age 55 and older. Services are located in San Francisco's Tenderloin community - 94102 zip code.

5. Modality(ies)/Interventions

Specify the modality(ies) of service/interventions to be provided in the program (for CBHS-MH, CRDC is sufficient). If applicable, define billable service unit(s) or deliverables.

Document Date

9/01/10

Page 1 of 12

Contractor: Central City Hospitality House
Program: Tenderloin Peer-Based Wellness Recovery
Center (General Fund)
City Fiscal Year (CBHS only):

Appendix A- 1
Contract Term (MM/DD/YY)
7/01/10 through 06/30/11
Funding Source (AIDS Office & CHPP only): General
Fund

A broad spectrum of services will be available on a drop-in basis in the form of a Socialization and Wellness Day to address participants' socialization and wellness needs, including:

- Drop-in access to respite from the streets; use of telephones and restrooms; access to hygiene and other emergency supplies; and weekly provision of groceries.
- Drop-in access to peer-counseling services that address a multitude of issues, including mental health, substance abuse, benefits advocacy, employment, medical care, housing, legal issues, and other barriers to stability and health.
- Case management services that provide support and linkage to housing access, treatment for behavioral health issues, benefits and entitlement support, legal assistance, medical care, employment, and other resources necessary for stability and health.
- On-site behavioral health clinic services provided by the Harm Reduction Therapy Center, including substance abuse and mental health assessment, medical triage, psychiatric care, harm reduction based individual and group counseling, and linkage to residential and outpatient treatment programs.
- Drop-in access to the employment resource center (ERC) for job search support and assistance. Access to computers, job leads, internet, copying and faxing; staff support for job search, creation of resumes and cover letters, and completing job applications.
- Drop-in artistic access to the community arts studio. Provision of safe, nurturing space; art supplies; a variety of workshops to increase artistic skills and self-esteem; peer counseling; and engagement into services to promote stability and wellness.
- A range of support groups. Sessions address issues specific to men, women, Latinos, and those struggling with substance use issues, mental illness, anger issues, chronic illnesses, and as well as employment and housing. Both harm reduction-based and traditional 12-step meetings are provided.
- Socialization activities. Activities promote the creation of peer support systems and provide a venue for participants to interact socially in a safe space free from drugs, alcohol, and other negative influences.

6. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

- A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Contractor: Central City Hospitality House
Program: Tenderloin Peer-Based Wellness Recovery
Center (General Fund)
City Fiscal Year (CBHS only):

Appendix A-__I__

Contract Term (MM/DD/YY)
7/01/10 through 06/30/11
Funding Source (AIDS Office & CHPP only): General
Fund

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

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

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

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

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

Contractor: Central City Hospitality House
Program: Tenderloin Peer-Based Wellness Recovery
Center (General Fund)
City Fiscal Year (CBHS only):

Appendix A- 1
Contract Term (MM/DD/YY)
7/01/10 through 06/30/11
Funding Source (AIDS Office & CHPP only): General
Fund

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

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

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

Locations of Service Delivery: Service delivery for this project will be centered out of the Tenderloin Self-Help Center (located at 290 Turk St.) and the Community Arts Program (146 Leavenworth St), in the Tenderloin.

Strategies for Service Delivery:

Immediate Survival and Support Services. Upon arrival, participants have immediate access to respite from the streets, use of restrooms and telephones, and basic supplies. This includes hygiene items, clothing vouchers, haircut vouchers, bus tokens, laundry vouchers, and voicemail boxes, as available. Coffee and other refreshments are offered throughout the course of the day, as available. Groceries and produce are distributed on Wednesday afternoons to 75-100 participants and neighborhood residents.

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

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

Holistic Behavioral Health Services and Primary Care Triage. For the past five years, Hospitality House has enhanced its peer-based services with clinical support through a contract with the Harm Reduction Therapy Center (HRTC). HRTC is a non-profit organization dedicated to providing alternative treatment to people with behavioral health issues. As a State of California certified outpatient drug and alcohol treatment program, HRTC has pioneered harm reduction psychotherapy for dually-diagnosed individuals. Through this partnership, HRTC provides on-site individual and group harm reduction therapy services to participants as well as intensive clinical skills training and supervision for peer staff. In addition, HRTC and Tom Waddell Health Center partner to provide a harm reduction based behavioral health and medical triage clinic once each week to provide participants with direct access to a primary care physician. Hospitality House's partnerships with HRTC and Tom Waddell Health Center represent the perfect union of low-threshold peer-based engagement and support with comprehensive clinical services that meet people wherever they are at on the Harm Reduction Stages of Change continuum.

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

Support Groups. In addition to the four weekly harm reduction therapy groups offered through partnership with HRTC, a range of peer support groups is also available. Many people struggling with poverty and homelessness experience extreme isolation and alienation caused by a lack of genuine human connection. Each of the Center's targeted support groups (women's group, men's group, Latino group, transgender group, etc.) gives individuals the opportunity to connect with their peers about their group's specific issues

Contractor: Central City Hospitality House
Program: Tenderloin Peer-Based Wellness Recovery
Center (General Fund)
City Fiscal Year (CBHS only):

Appendix A- 1
Contract Term (MM/DD/YY)
7/01/10 through 06/30/11
Funding Source (AIDS Office & CHPP only): General
Fund

and provides staff a formal opportunity to advise participants on available resources. As the sessions are led by staff who are intimately connected to the institutional and personal barriers participants face, the groups offer unique insight and assistance. In addition, the presence of peer staff provides participants with models of success and renewed belief that they, too, can transition from their present difficult circumstances.

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

Special events are planned for holidays and other occasions (African American History Month, Women's History Month, Dia de los Muertos, Chinese New Year, Pride Month, and the like). These social activities provide access to entertainment in a safe space that is free from drugs, alcohol, and other influences that may be present on the streets and in bars or clubs in the area. The Self-Help Center also provides a venue for community members to come together and support each other around other significant events, such as the 9/11 tragedy, Hurricane Katrina, the historical inauguration of President Barak Obama, and memorial services to remember those in the community who have died.

Hospitality House was recently awarded funds to enhance our community-building activities through the recent Mental Health Services Act's Prevention and Early Intervention Request for Proposals, and we look forward to this expansion of services.

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

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

Contractor: Central City Hospitality House

Appendix A- 1

Program: Tenderloin Peer-Based Wellness Recovery
Center (General Fund)

Contract Term (MM/DD/YY)

7/01/10 through 06/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only): General
Fund

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

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.

Currently, the program is staffed by a combination of Peer Advocates and Case Managers. While both positions work directly with program participants in the drop-in center, *Peer Advocates* specifically provide engagement, crisis intervention, and peer counseling to support participants and motivate them to engage in services and improve their physical, emotional, and economic health. *Case Managers* work with participants in-depth to assist them in addressing employment goals, housing needs, mental health and substance abuse issues, medical needs, and benefits and legal advocacy, employing the modalities of harm-reduction and self-help. Case Managers link participants to the broader array of services provided in the community. The *Program Manager* provides supervisory support to line staff, directs program activities, and is accountable to the provision of client-centered quality services. The Program Manager reports to the *Program Director*, who provides oversight of all programs, manages program budgets and grants, coordinates services with community partners, and oversees personnel matters at a program level.

7. Objectives and Measurements

Each objective should be followed by a section for evaluation which addresses the following elements:

- Staff Issues: list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- Data Collection Tools: specify the data collection tool(s) to be used.

Document Date

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- **Data:** list which data are being collected.
- **Frequency:** indicate how often the data will be collected and analyzed.
- **Data Reporting:** indicate who will receive and analyze these data and how the evaluation data will be used.

A. Performance/Outcome Objectives

Objective A1: During Fiscal Year 2010-11, **2,500 participants (37,500 annual visits)** will experience **reduced isolation and alienation** as well as **increased participation in pro-social peer interaction** through participation in a range of socialization and wellness services as measured by engagement, and documented in sign-in sheets.

- *Staff Issues:* Peer Advocates collect participant sign-in sheets. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data.
- *Data Collection Tools:* Sign-in sheet.
- *Data:* Participant identifier, ethnicity, gender, age, housing status, veteran status.
- *Frequency:* Data is collected daily, monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A2: During Fiscal Year 2010-11, **75 individuals** will **increase their linkage to services**, as measured by engagement in case management services, and documented in Monthly Outcome Forms.

- *Staff Issues:* The Case Manager will complete monthly outcome forms for participants receiving services during the month. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with

objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data.

- *Data Collection Tools:* Monthly Outcome Forms.
- *Data:* Harm Reduction Plan, Obtaining Benefits/Entitlements, Positive Placement into housing, behavioral health services, employment and/or training.
- *Frequency:* Data is reported and monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A3: During Fiscal Year 2010-11, **25 participants** will develop individual **harm reduction plans**. Through support groups, individual case management services, and on-site clinical services, 25 participants will identify and implement strategies to reduce harm associated with their substance use and/or other harmful behaviors, as measured by engagement in case management services, and documented in Monthly Outcome Forms.

- *Staff Issues:* The Case Manager will complete monthly outcome forms for participants receiving services during the month. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- *Data Collection Tools:* Monthly Outcome Forms.
- *Data:* Harm Reduction Plan, Obtaining Benefits/Entitlements, Positive Placement into housing, behavioral health services, employment and/or training.
- *Frequency:* Data is reported and monitored monthly, and analyzed on a quarterly basis.

- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A4: During Fiscal Year 2010-11, **15 participants** will achieve a **change in benefits/entitlements**. Through access to case management services and benefits advocacy, 15 participants will achieve a change in benefits (i.e. CAAP, Food Stamps, VA Benefits, and Social Security Benefits), as measured by engagement in case management services, and documented in Monthly Outcome Forms.

- *Staff Issues:* The Case Manager will complete monthly outcome forms for participants receiving services during the month. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- *Data Collection Tools:* Monthly Outcome Forms.
- *Data:* Harm Reduction Plan, Obtaining Benefits/Entitlements, Positive Placement into housing, behavioral health services, employment and/or training.
- *Frequency:* Data is reported and monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A5: During Fiscal Year 2010-11, **50 participants** will achieve a **positive placement** into housing, behavioral health services, employment and/or training. Through access to case management services, support groups, and employment services, 50 participants will achieve a positive placement into housing, behavioral health services, employment and/or training, as measured by engagement in case management services, and documented in Monthly Outcome Forms.

Contractor: Central City Hospitality House

Appendix A- I

Program: Tenderloin Peer-Based Wellness Recovery
Center (General Fund)

Contract Term (MM/DD/YY)

7/01/10 through 06/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only): General
Fund

- *Staff Issues:* The Case Manager will complete monthly outcome forms for participants receiving services during the month. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- *Data Collection Tools:* Monthly Outcome Forms.
- *Data:* Harm Reduction Plan, Obtaining Benefits/Entitlements, Positive Placement into housing, behavioral health services, employment and/or training.
- *Frequency:* Data is reported and monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

B. Other Measurable Objectives

For FY10-11, this program is exempt from the Required Objectives for CBHS as described in "Updated Performance Objectives for Fiscal Year 2010-2011."

8. Continuous Quality Improvement

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House guarantees compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Contractor: Central City Hospitality House
Program: Tenderloin Peer-Based Wellness Recovery
Center (General Fund)
City Fiscal Year (CBHS only):

Appendix A-__1__
Contract Term (MM/DD/YY)
7/01/10 through 06/30/11
Funding Source (AIDS Office & CHPP only): General
Fund

Hospitality House uses an integrated approach to evaluation and CQI activities. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.

Hospitality House involves participants in its CQI feedback loop. Feedback is gathered regularly in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from CBHS). Both quantitative and qualitative data collected is reviewed with managers, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction. Participants are also engaged in program evaluation at the Board of Directors level, with each Hospitality House program maintaining a full voting member seat for a program participant. Hospitality House's program evaluation model fits well with the MHSA approach of incorporating participant feedback into programming.

Hospitality House looks forward to working collaboratively with CBHS evaluation and CQI staff in evaluation and CQI activity design and implementation, including the joint identification of at least one outcome as the focus of evaluation efforts. Hospitality House has the existing database capacity to collect and report participant demographics and counts. Hospitality House holds Program Meetings every other week in which staff receive training and problem-solve around program issues, which is an ideal forum for implementation of focus groups to solicit staff perspectives on access, engagement, and appropriateness of services. Hospitality House welcomes the assistance of CBHS staff to ensure that the electronic recordkeeping and data collection requirements can be met while still maintaining the integrity of the low-threshold, harm reduction program model which ensures service accessibility even to those reluctant to share personal data information with the agency.

Contractor: Central City Hospitality House

Appendix A- 2 _____

Program: Peer-Based Center (MHSA)

Contract Term (MM/DD/YY)

7/01/10 through 06/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only): MHSA

1. Program Name: Central City Hospitality House
Peer-Based Center

Program Address: 290 Turk St.

City, State, Zip Code: San Francisco, CA 94102

Telephone: (415)749-2100

Facsimile: (415)749-2136

2. Nature of Document (check one)

Renewal New Modification

3. Goal Statement

Provide a brief and general statement (preferably one sentence) that describes what the program is aiming to accomplish through its contract.

To reduce the trauma caused by homelessness and poverty in the Tenderloin by providing a range of holistic health and wellness services, including access to behavioral health services, acupuncture, massage, self-care practices, and socialization services using a low-threshold, self-help, peer-based, harm reduction model.

4. Target Population

Describe the target population to be served by the program. If you target a specific problem, geographic area, group, age, etc. please specify.

The target population is adult residents of San Francisco's Tenderloin community - homeless and housed - who struggle with behavioral health issues and who have difficulty accessing traditional modes of service. This highly disenfranchised population includes homeless people, those living in SRO hotels, immigrants, veterans, people with disabilities, LGBT communities, ex-offenders, and others. Demographics reflect the diversity of the community - roughly 38% African American, 3% American Indian, 10% Asian, 26% Caucasian, 16% Latino, and 8% other; 28% female, 70% male, 2% transgender; 10% veterans; 50% housed; 21% age 55 and older. Services are located in San Francisco's Tenderloin community - 94102 zip code.

5. Modality(ies)/Interventions

Specify the modality(ies) of service/interventions to be provided in the program (for CBHS-MH, CRDC is sufficient). If applicable, define billable service unit(s) or deliverables.

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A spectrum of holistic health and wellness services, including acupuncture, massage, self-care practices, and expanded socialization activities, will enhance Hospitality House's current Socialization and Wellness Day services, including:

- Drop-in access to weekly massage sessions provided by the Care Through Touch Institute.
- On-site drop-in behavioral health clinic services provided by the Harm Reduction Therapy Center, including substance abuse and mental health assessment, medical triage, psychiatric care, harm reduction based individual and group counseling, and linkage to residential and outpatient treatment programs.
- Drop-in artistic access to the community arts studio. Provision of safe, nurturing space; art supplies; a variety of workshops to increase artistic skills and self-esteem; peer counseling; and engagement into services to promote stability and wellness.
- Socialization activities. Activities promote the creation of peer support systems and provide a venue for participants to interact socially in a safe space free from drugs, alcohol, and other negative influences.

6. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

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

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

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

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

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

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

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

Locations of Service Delivery: Service delivery for this project will be centered out of the Tenderloin Self-Help Center (located at 290 Turk St.) and the Community Arts Program (146 Leavenworth St), in the Tenderloin.

Strategies for Service Delivery:

Immediate Survival and Support Services. Upon arrival, participants have immediate access to respite from the streets, use of restrooms and telephones, and basic supplies. This includes hygiene items, clothing vouchers, haircut vouchers, bus tokens, laundry vouchers, and voicemail boxes, as available. Coffee and other refreshments are offered throughout the course of the day, as available. Groceries and produce are distributed on Wednesday afternoons to 75-100 participants and neighborhood residents.

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

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

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dominos, chess, bingo, and other board games. This social time is followed by Friday Cinema, where a movie is shown.

Special events are planned for holidays and other occasions (African American History Month, Women's History Month, Dia de los Muertos, Chinese New Year, Pride Month, and the like). These social activities provide access to entertainment in a safe space that is free from drugs, alcohol, and other influences that may be present on the streets and in bars or clubs in the area. The Self-Help Center also provides a venue for community members to come together and support each other around other significant events, such as the 9/11 tragedy, Hurricane Katrina, the historical inauguration of President Barak Obama, and memorial services to remember those in the community who have died.

Hospitality House was recently awarded funds to enhance our community-building activities through the recent Mental Health Services Act's Prevention and Early Intervention Request for Proposals, and we look forward to this expansion of services.

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

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

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

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. *Note: For CBHS, Appendix B is sufficient.*

Currently, the program is staffed by a combination of Peer Advocates and Case Managers. While both positions work directly with program participants in the drop-in center, *Peer Advocates* specifically provide engagement, crisis intervention, and peer counseling to support participants and motivate them to engage in services and improve their physical, emotional, and economic health. The *Activities Peer Advocate* staffs the volunteer program and facilitates a group of participants who plan and run program socialization activities. *Case Managers* work with participants in-depth to assist them in addressing employment goals, housing needs, mental health and substance abuse issues, medical needs, and benefits and legal advocacy, employing the modalities of harm-reduction and self-help. Case Managers link participants to the broader array of services provided in the community. The *Program Manager* provides supervisory support to line staff, directs program activities, and is accountable to the provision of client-centered quality services. The Program Manager reports to the *Program Director*, who provides oversight of all programs, manages program budgets and grants, coordinates services with community partners, and oversees personnel matters at a program level.

7. Objectives and Measurements

Each objective should be followed by a section for evaluation which addresses the following elements:

- **Staff Issues:** list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- **Data Collection Tools:** specify the data collection tool(s) to be used.
- **Data:** list which data are being collected.
- **Frequency:** indicate how often the data will be collected and analyzed.
- **Data Reporting:** indicate who will receive and analyze these data and how the evaluation data will be used.

A. Performance/Outcome Objectives

Objective A1: During Fiscal Year 2010-11, 100 participants (500 annual visits) will improve their functioning, wellness, resiliency and recovery, through participation in a range of holistic behavioral health services as measured by engagement, and documented in sign-in sheets.

- *Staff Issues:* The service provider collects participant sign-in sheets. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- *Data Collection Tools:* Sign-in sheet.
- *Data:* Participant name as a unique identifier.
- *Frequency:* Data is collected weekly, monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A2: During Fiscal Year 2010-11, 50 participants will strengthen their empowerment and engagement in staffing, program planning and development, program implementation, and program evaluation, through participation in socialization activities (becoming peer volunteers, participating in outings, and assisting in the development of cultural celebrations) and peer development activities (peer staff and volunteers will receive 24 trainings and/or clinical coordination sessions each year through the Harm Reduction Therapy Center and other training providers), as measured by engagement, and documented in sign-in sheets.

- *Staff Issues:* The Peer Advocate or service provider collects participant sign-in sheets. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- *Data Collection Tools:* Sign-in sheet.
- *Data:* Participant name as a unique identifier.
- *Frequency:* Data is collected weekly, monitored monthly, and analyzed on a quarterly basis.

- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

B. Other Measurable Objectives

For FY10-11, this program is exempt from the Required Objectives for CBHS as described in "Updated Performance Objectives for Fiscal Year 2010-2011."

8. Continuous Quality Improvement

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House guarantees compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House uses an integrated approach to evaluation and CQI activities. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.

Hospitality House involves participants in its CQI feedback loop. Feedback is gathered regularly in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from CBHS). Both quantitative and qualitative data collected is reviewed with managers, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction. Participants are also engaged in program evaluation at the Board of Directors level, with each Hospitality House program maintaining a full voting member seat for a

Contractor: Central City Hospitality House

Appendix A- 2 _____

Program: Peer-Based Center (MHSA)

Contract Term (MM/DD/YY)

7/01/10 through 06/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only): MHSA

program participant. Hospitality House's program evaluation model fits well with the MHSA approach of incorporating participant feedback into programming.

Hospitality House looks forward to working collaboratively with CBHS evaluation and CQI staff in evaluation and CQI activity design and implementation, including the joint identification of at least one outcome as the focus of evaluation efforts. Hospitality House has the existing database capacity to collect and report participant demographics and counts. Hospitality House holds Program Meetings every other week in which staff receive training and problem-solve around program issues, which is an ideal forum for implementation of focus groups to solicit staff perspectives on access, engagement, and appropriateness of services. Hospitality House welcomes the assistance of CBHS staff to ensure that the electronic recordkeeping and data collection requirements can be met while still maintaining the integrity of the low-threshold, harm reduction program model which ensures service accessibility even to those reluctant to share personal data information with the agency.

Contractor: Central City Hospitality House

Appendix A- 3

Program: Supportive Services for Housing – Adult (MHSA)

Contract Term (MM/DD/YY)

07/01/10 through 06/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only): MHSA

1. Program Name: Central City Hospitality House

Supportive Services for Housing – Adult (MHSA)

Program Address: 290 Turk St.

City, State, Zip Code: San Francisco, CA 94102

Telephone: (415)749-2100

Facsimile: (415)749-2136

2. Nature of Document (check one)

Renewal

New

Modification

3. Goal Statement

Provide a brief and general statement (preferably one sentence) that describes what the program is aiming to accomplish through its contract.

Hospitality House is proposing to continue its successful Supportive Services for Housing Program, offering peer-based case management, support groups, and a housing assistance fund to people with serious mental illness who otherwise are not engaged in behavioral health case management.

4. Target Population

Describe the target population to be served by the program. If you target a specific problem, geographic area, group, age, etc. please specify. For example: women of childbearing age; youth between the ages of thirteen and nineteen years; Asian/Pacific Islander gay and bisexual men; African American males residing in the Tenderloin.

The target population is adults (aged 18-59) who are homeless or at risk of homelessness, who suffer from mental illness and who are not connected to behavioral health case management services. This disenfranchised population includes those living on the streets, in shelters, or in SRO hotels or other housing; immigrants; veterans; people with disabilities; LGBT communities; ex-offenders; and others. Current demographics reflect the diversity of the community - 37% African American, 5% American Indian, 3% Asian, 34% Caucasian, 19% Latino, and 2% other; 29% female, 67% male, 4% transgender; 7% veterans; 12% age 60 and older. The project will serve adults throughout San Francisco. Older adults (60 and older) will continue to be served by our partner, Curry Senior Services, located adjacent to us on the Turk Street corridor.

Document Date

9/1/10

Page 1 of 12

5. Modality(ies)/Interventions

Specify the modality(ies) of service/interventions to be provided in the program (for CBHS-MH, CRDC is sufficient). If applicable, define billable service unit(s) or deliverables.

This project will continue its current peer-based harm reduction services that include culturally-specific activities and groups, or talking circles. These have all been proven to be effective in treating vulnerable populations:

- **Peer-Based Support.** The peer support model in an urban setting is a useful strategy. One study, published in the Journal of Urban Health, showed that women with histories of trauma who were in urban, community-based substance abuse treatment with integrated trauma-informed services had better outcomes in drug abstinence rates, mental health and PTSD symptomatology.
[Amaro, H, Dai, J, Arevalo, S, Acevedo, A, Matsumoto, A, Nieves, R, Prado, G. (2007) Effects of integrated trauma treatment on outcomes in a racially/ethnically diverse sample of women in urban community-based substance abuse treatment. Journal of Urban Health, v84-4, 508-522.]
- **Harm Reduction.** The on-site behavioral health clinic services currently provided by the Harm Reduction Therapy Center include an integration of evidence-based interventions, such as Motivational Interviewing, drop-in counseling, and fully integrated dual diagnosis care [Minkoff; SAMHSA, 2002]. For people with co-occurring disorders who complete substance abuse treatment, the most significant risk factors for relapse are exposure to trauma after treatment and depression or anxiety symptoms. While most people who enter substance abuse treatment have a lifetime history of trauma or PTSD, this was not associated with increased relapse risk. This study recommends monitoring for trauma exposure and symptoms of anxiety/depression and continuing care that can treat them.
[Gil-Rivas, V, Prause, J, Grella, C. (2009) Substance use after residential treatment among individuals with co-occurring disorders: The role of anxiety/depressive symptoms and trauma exposure. Psychology of Addictive Behaviors, v 23-2, 303-314.]
- **Peer-Based Case Management.** Case management that has a peer component has been found to be more effective and to lead to enhanced quality of life for clients. One study, published by the American Psychiatric Association, showed that clients served

by case management teams with peer specialists demonstrated greater gains in several areas of quality of life and showed an overall reduction in the number of major life problems experienced. They also reported more frequent contact with their case managers and the largest gains in the areas of self-image, outlook, and social support. [Felton, CJ ; Stastny, P; Shern, DL; Blanch, A; Donahue, SA; Knight, E; Brown, C. (1995) Consumers as peer specialists on intensive case management teams: impact on client outcomes. Bureau of Evaluation and Services Research, New York State Office of Mental Health, Psychiatr Serv 46:1037-1044.]

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

6. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

With low-threshold, strengths-based, open-door access, people engage in services when they are ready and advance at their own pace. Hospitality House’s peer-based, self-help model encourages engagement of difficult-to-reach populations, as services are provided by people who have had similar experiences to those accessing programs. Another strategy of engagement is to provide diverse entry points for access to services so that people can get involved with programs in their area of interest and progress at their own pace. Effectiveness is demonstrated by the 192 individuals who accessed the Supportive Services for Housing Project in the past year.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

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

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

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

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

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

Locations of Service Delivery: Service delivery for this project will be centered out of the Tenderloin Self-Help Center, located at 290 Turk St., in the Tenderloin.

Strategies for Service Delivery:

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

Housing Assistance Fund. The general purpose of the Housing Assistance Fund is to provide housing assistance (motel vouchers, security deposit, move-in costs), eviction prevention support (rental payment to avoid eviction), operating support (minor repairs and maintenance, limited utilities assistance), and other related costs to enhance the quality of life for participants who are housed (household supplies, cleaning supplies, dishes, linens).

The fund is provided as assistance and is not a loan, so it does not need to be repaid. In order to receive assistance, participants must complete the criteria outlined in the Housing Assistance Fund Checklist, which includes the development of a case management plan, proof of income, and a realistic budget that demonstrates the ability to maintain housing stability after assistance. External applicants who are not currently on the Supportive Services for Housing caseload must have a documented mental health diagnosis plus referral to Hospitality House for ongoing case management. All applicants are asked to attend three housing support group meetings before receiving their assistance. Participants are limited to a maximum amount of \$1,000 and may receive assistance once every ten years, with case by case review for exceptions.

Holistic Behavioral Health Services and Primary Care Triage. For the past five years, Hospitality House has enhanced its peer-based services with clinical support through a contract with the Harm Reduction Therapy Center (HRTC). HRTC is a non-profit organization dedicated to providing alternative treatment to people with behavioral health issues. As a State of California certified outpatient drug and alcohol treatment program, HRTC has pioneered harm reduction psychotherapy for dually-diagnosed individuals. Through this partnership, HRTC provides on-site individual and group harm reduction therapy services to participants as well as intensive clinical skills training and supervision for peer staff. In addition, HRTC and Tom Waddell Health Center partner to provide a harm reduction based behavioral health and medical triage clinic once each week to provide participants with direct access to a primary care physician. Hospitality House's partnerships with HRTC and Tom Waddell Health Center represent the perfect union of low-threshold peer-based engagement and support with comprehensive clinical services that meet people wherever they are at on the Harm Reduction Stages of Change continuum.

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

Support Groups. Many people struggling with poverty and homelessness experience extreme isolation and alienation caused by a lack of genuine human connection. The weekly Supportive Services for Housing Group, facilitated by the two case managers funded under this contract, gives individuals the opportunity to connect with their peers about issues specific to them and provides staff a formal opportunity to advise participants on available resources. Topics include building a successful landlord-tenant relationship, budgeting and money management, dealing with difficult neighbors, living independently, coping with mental illness, eating healthy with limited resources, and preparing for a natural disaster. As the sessions are led by staff who are intimately connected to the institutional and personal barriers participants face, the groups offer unique insight and assistance into maintaining stability. In addition, the presence of peer staff provides participants with models of success and renewed belief that they, too, can transition from their present difficult circumstances.

Socialization and Cultural Activities. Because those who come to the groups often experience isolation, loneliness, and lack of a social support system, the Supportive Services for Housing Project provides an opportunity for participants to socialize with one another. The staff frequently plan picnics on the beach, trips to museums, or outings to musical events. These outings not only provide positive social interaction, but they encourage participants to venture out of their usual neighborhoods and promote new experiences.

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

D. Describe your program’s exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

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

E. Describe your program’s staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.

The two Supportive Services for Housing *Case Managers* work with participants in-depth to assist them in addressing employment goals, housing needs, mental health and substance abuse issues, medical needs, and benefits and legal advocacy, employing the modalities of harm-reduction and self-help. Case Managers link participants to the broader array of services provided in the community, and are supervised by the Program Manager. The *Program Manager* provides supervisory support to line staff, directs program activities, and is accountable to the provision of client-centered quality services. The Program Manager reports to the *Program Director*, who provides oversight of all programs, manages program budgets and grants, coordinates services with community partners, and oversees personnel matters at a program level.

7. Objectives and Measurements

Note: Some sections have other specific requirements for objectives. See section instructions for additional information.

Each objective should be followed by a section for evaluation which addresses the following elements:

- **Staff Issues:** list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- **Data Collection Tools:** specify the data collection tool(s) to be used.
- **Data:** list which data are being collected.
- **Frequency:** indicate how often the data will be collected and analyzed.
- **Data Reporting:** indicate who will receive and analyze these data and how the evaluation data will be used.

A. Performance/Outcome Objectives

Objective A1: During Fiscal Year 2010-11, 50 individuals will increase housing stability including increased access to behavioral health, primary care, and other services necessary to establish and/or maintain stability, as measured by engagement in case management services, and documented in Monthly Outcome Forms.

- *Staff Issues:* The Case Manager will complete monthly outcome forms for participants receiving services during the month. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance

with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.

- *Data Collection Tools:* Monthly Outcome Forms.
- *Data:* Harm Reduction Plan; Obtaining Benefits/Entitlements; Positive Placement into housing, behavioral health services, employment and/or training; and Obtaining, improving or maintaining housing.
- *Frequency:* Data is reported and monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A2: During Fiscal Year 2010-11, **10 participants** will experience increased access to permanent housing and maintenance of independent living status as measured by obtaining housing, retaining their housing for sixth months, or improving their housing situation; this will be documented in Monthly Outcome Forms.

- *Staff Issues:* The Case Manager will complete monthly outcome forms for participants receiving services during the month. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- *Data Collection Tools:* Monthly Outcome Forms.

- *Data:* Harm Reduction Plan; Obtaining Benefits/Entitlements; Positive Placement into housing, behavioral health services, employment and/or training; obtaining, improving or maintaining housing.
- *Frequency:* Data is reported and monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A3: During Fiscal Year 2010-11, **10 participants** will receive **eviction prevention** services, rental assistance, assistance with move-in costs, and/or other resources needed to support their quality of life, as measured by engagement, and documented in Monthly Outcome Forms.

- *Staff Issues:* The Case Manager will complete monthly outcome forms for participants receiving services during the month. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- *Data Collection Tools:* Monthly Outcome Forms.
- *Data:* Harm Reduction Plan; Obtaining Benefits/Entitlements; Positive Placement into housing, behavioral health services, employment and/or training; and Obtaining, improving or maintaining housing.
- *Frequency:* Data is reported and monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

B. Other Measurable Objectives

For FY10-11, this program is exempt from the Required Objectives for CBHS as described in “Updated Performance Objectives for Fiscal Year 2010-2011.”

8. Continuous Quality Improvement

Describe your program’s CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House guarantees compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House uses an integrated approach to evaluation and CQI activities. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.

Hospitality House involves participants in its CQI feedback loop. Feedback is gathered regularly in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from CBHS). Both quantitative and qualitative data collected is reviewed with managers, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction. Participants are also engaged in program evaluation at the Board of Directors level, with each Hospitality House program maintaining a full voting member seat for a program participant. Hospitality House’s program evaluation model fits well with the MHSA approach of incorporating participant feedback into programming.

Hospitality House looks forward to working collaboratively with CBHS evaluation and CQI staff in evaluation and CQI activity design and implementation, including the joint identification of at least one outcome as the focus of evaluation efforts. Hospitality House has the existing database capacity to collect and report participant demographics and counts. Hospitality House holds Program Meetings every other week in which staff receive training and problem-solve around program issues, which is an ideal forum for implementation of focus groups to solicit staff perspectives on access, engagement, and appropriateness of services. Hospitality House welcomes the assistance of CBHS staff to ensure that the electronic recordkeeping and data collection requirements can be met while still maintaining the integrity of the low-threshold, harm reduction program model which ensures service accessibility even to those reluctant to share personal data information with the agency.

1. Program Name: Central City Hospitality House
Supportive Services for Housing – Older Adult (MHSA)

Program Address: 290 Turk St.

City, State, Zip Code: San Francisco, CA 94102

Telephone: (415)749-2100

Facsimile: (415)749-2136

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

Provide a brief and general statement (preferably one sentence) that describes what the program is aiming to accomplish through its contract.

Hospitality House is proposing to offer its successful Supportive Services for Housing Program to Older Adults, offering peer-based case management, support groups, and a housing assistance fund to people with serious mental illness who otherwise are not engaged in behavioral health case management.

4. Target Population

Describe the target population to be served by the program. If you target a specific problem, geographic area, group, age, etc. please specify. For example: women of childbearing age; youth between the ages of thirteen and nineteen years; Asian/Pacific Islander gay and bisexual men; African American males residing in the Tenderloin.

The target population is older adults (aged 55 and older) who are homeless or at risk of homelessness, who suffer from mental illness and who are not connected to behavioral health case management services. This disenfranchised population includes those living on the streets, in shelters, or in SRO hotels or other housing; immigrants; veterans; people with disabilities; LGBT communities; ex-offenders; and others. Current demographics reflect the diversity of the community - 37% African American, 5% American Indian, 3% Asian, 34% Caucasian, 19% Latino, and 2% other; 29% female, 67% male, 4% transgender; 7% veterans; 12% age 60 and older. The project will serve adults throughout San Francisco.

5. Modality(ies)/Interventions

Specify the modality(ies) of service/interventions to be provided in the program (for CBHS-MH, CRDC is sufficient). If applicable, define billable service unit(s) or deliverables.

This project will continue its current peer-based harm reduction services that include culturally-specific activities and groups, or talking circles. These have all been proven to be effective in treating vulnerable populations:

- **Peer-Based Support.** The peer support model in an urban setting is a useful strategy. One study, published in the Journal of Urban Health, showed that women with histories of trauma who were in urban, community-based substance abuse treatment with integrated trauma-informed services had better outcomes in drug abstinence rates, mental health and PTSD symptomatology.
[Amaro, H, Dai, J, Arevalo, S, Acevedo, A, Matsumoto, A, Nieves, R, Prado, G. (2007) Effects of integrated trauma treatment on outcomes in a racially/ethnically diverse sample of women in urban community-based substance abuse treatment. Journal of Urban Health, v84-4, 508-522.]
- **Harm Reduction.** The on-site behavioral health clinic services currently provided by the Harm Reduction Therapy Center include an integration of evidence-based interventions, such as Motivational Interviewing, drop-in counseling, and fully integrated dual diagnosis care [Minkoff; SAMHSA, 2002]. For people with co-occurring disorders who complete substance abuse treatment, the most significant risk factors for relapse are exposure to trauma after treatment and depression or anxiety symptoms. While most people who enter substance abuse treatment have a lifetime history of trauma or PTSD, this was not associated with increased relapse risk. This study recommends monitoring for trauma exposure and symptoms of anxiety/depression and continuing care that can treat them.
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areas of quality of life and showed an overall reduction in the number of major life problems experienced. They also reported more frequent contact with their case managers and the largest gains in the areas of self-image, outlook, and social support. [Felton, CJ ; Stastny, P; Shern, DL; Blanch, A; Donahue, SA; Knight, E; Brown, C. (1995) Consumers as peer specialists on intensive case management teams: impact on client outcomes. Bureau of Evaluation and Services Research, New York State Office of Mental Health, Psychiatr Serv 46:1037-1044.]

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Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

With low-threshold, strengths-based, open-door access, people engage in services when they are ready and advance at their own pace. Hospitality House's peer-based, self-help model encourages engagement of difficult-to-reach populations, as services are provided by people who have had similar experiences to those accessing programs. Another strategy of engagement is to provide diverse entry points for access to services so that people can get involved with programs in their area of interest and progress at their own pace. Effectiveness is demonstrated by the 192 individuals who accessed the Supportive Services for Housing Project in the past year.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

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

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

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

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

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

Locations of Service Delivery: Service delivery for this project will be centered out of the Tenderloin Self-Help Center, located at 290 Turk St., in the Tenderloin.

Strategies for Service Delivery:

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

Housing Assistance Fund. The general purpose of the Housing Assistance Fund is to provide housing assistance (motel vouchers, security deposit, move-in costs), eviction prevention support (rental payment to avoid eviction), operating support (minor repairs and maintenance, limited utilities assistance), and other related costs to enhance the quality of life for participants who are housed (household supplies, cleaning supplies, dishes, linens).

The fund is provided as assistance and is not a loan, so it does not need to be repaid. In order to receive assistance, participants must complete the criteria outlined in the Housing Assistance Fund Checklist, which includes the development of a case management plan, proof of income, and a realistic budget that demonstrates the ability to maintain housing stability after assistance. External applicants who are not currently on the Supportive Services for Housing caseload must have a documented mental health diagnosis plus referral to Hospitality House for ongoing case management. All applicants are asked to attend three housing support group meetings before receiving their assistance. Participants are limited to a maximum amount of \$1,000 and may receive assistance once every ten years, with case by case review for exceptions.

Holistic Behavioral Health Services and Primary Care Triage. For the past five years, Hospitality House has enhanced its peer-based services with clinical support through

a contract with the Harm Reduction Therapy Center (HRTC). HRTC is a non-profit organization dedicated to providing alternative treatment to people with behavioral health issues. As a State of California certified outpatient drug and alcohol treatment program, HRTC has pioneered harm reduction psychotherapy for dually-diagnosed individuals. Through this partnership, HRTC provides on-site individual and group harm reduction therapy services to participants as well as intensive clinical skills training and supervision for peer staff. In addition, HRTC and Tom Waddell Health Center partner to provide a harm reduction based behavioral health and medical triage clinic once each week to provide participants with direct access to a primary care physician. Hospitality House's partnerships with HRTC and Tom Waddell Health Center represent the perfect union of low-threshold peer-based engagement and support with comprehensive clinical services that meet people wherever they are at on the Harm Reduction Stages of Change continuum.

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

Support Groups. Many people struggling with poverty and homelessness experience extreme isolation and alienation caused by a lack of genuine human connection. The weekly Supportive Services for Housing Group, facilitated by the two case managers funded under this contract, gives individuals the opportunity to connect with their peers about issues specific to them and provides staff a formal opportunity to advise participants on available resources. Topics include building a successful landlord-tenant relationship, budgeting and money management, dealing with difficult neighbors, living independently, coping with mental illness, eating healthy with limited resources, and preparing for a natural disaster. As the sessions are led by staff who are intimately connected to the institutional and personal barriers participants face, the groups offer unique insight and assistance into maintaining stability. In addition, the presence of peer staff provides participants with models of success and renewed belief that they, too, can transition from their present difficult circumstances.

Socialization and Cultural Activities. Because those who come to the groups often experience isolation, loneliness, and lack of a social support system, the Supportive

Services for Housing Project provides an opportunity for participants to socialize with one another. The staff frequently plan picnics on the beach, trips to museums, or outings to musical events. These outings not only provide positive social interaction, but they encourage participants to venture out of their usual neighborhoods and promote new experiences.

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

D. Describe your program’s exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

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

E. Describe your program’s staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.

The two Supportive Services for Housing *Case Managers* work with participants in-depth to assist them in addressing employment goals, housing needs, mental health and substance abuse issues, medical needs, and benefits and legal advocacy,

employing the modalities of harm-reduction and self-help. Case Managers link participants to the broader array of services provided in the community, and are supervised by the Program Manager. The *Program Manager* provides supervisory support to line staff, directs program activities, and is accountable to the provision of client-centered quality services. The Program Manager reports to the *Program Director*, who provides oversight of all programs, manages program budgets and grants, coordinates services with community partners, and oversees personnel matters at a program level.

7. Objectives and Measurements

Note: Some sections have other specific requirements for objectives. See section instructions for additional information.

Each objective should be followed by a section for evaluation which addresses the following elements:

- **Staff Issues:** list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- **Data Collection Tools:** specify the data collection tool(s) to be used.
- **Data:** list which data are being collected.
- **Frequency:** indicate how often the data will be collected and analyzed.
- **Data Reporting:** indicate who will receive and analyze these data and how the evaluation data will be used.

A. Performance/Outcome Objectives

Objective A1: During Fiscal Year 2010-11, 500 older adult participants will experience reduced isolation and alienation as well as increased participation in pro-social peer interaction through participation in a range of socialization and wellness services as measured by engagement, and documented in sign-in sheets.

- *Staff Issues:* Peer Advocates collect participant sign-in sheets. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services,

staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data.

- *Data Collection Tools:* Sign-in sheet.
- *Data:* Participant identifier, ethnicity, gender, age, housing status, veteran status.
- *Frequency:* Data is collected daily, monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A2: During Fiscal Year 2010-11, 40 older adult individuals will increase housing stability including increased access to behavioral health, primary care, and other services necessary to establish and/or maintain stability, as measured by engagement in case management services, and documented in Monthly Outcome Forms.

- *Staff Issues:* The Case Manager will complete monthly outcome forms for participants receiving services during the month. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- *Data Collection Tools:* Monthly Outcome Forms.
- *Data:* Harm Reduction Plan; Obtaining Benefits/Entitlements; Positive Placement into housing, behavioral health services, employment and/or training; and Obtaining, improving or maintaining housing.
- *Frequency:* Data is reported and monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and

participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A3: During Fiscal Year 2010-11, **10 older adult participants** will experience **increased access to permanent housing and maintenance of independent living status** as measured by obtaining housing, retaining their housing for sixth months, or improving their housing situation; this will be documented in Monthly Outcome Forms.

- *Staff Issues:* The Case Manager will complete monthly outcome forms for participants receiving services during the month. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- *Data Collection Tools:* Monthly Outcome Forms.
- *Data:* Harm Reduction Plan; Obtaining Benefits/Entitlements; Positive Placement into housing, behavioral health services, employment and/or training; obtaining, improving or maintaining housing.
- *Frequency:* Data is reported and monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A4: During Fiscal Year 2010-11, **10 older adult participants** will receive **eviction prevention** services, rental assistance, assistance with move-in costs, and/or other resources needed to support their quality of life, as measured by engagement, and documented in Monthly Outcome Forms.

- *Staff Issues:* The Case Manager will complete monthly outcome forms for participants receiving services during the month. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- *Data Collection Tools:* Monthly Outcome Forms.
- *Data:* Harm Reduction Plan; Obtaining Benefits/Entitlements; Positive Placement into housing, behavioral health services, employment and/or training; and Obtaining, improving or maintaining housing.
- *Frequency:* Data is reported and monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

B. Other Measurable Objectives

For FY10-11, this program is exempt from the Required Objectives for CBHS as described in "Updated Performance Objectives for Fiscal Year 2010-2011."

8. Continuous Quality Improvement

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

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

Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House uses an integrated approach to evaluation and CQI activities. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.

Hospitality House involves participants in its CQI feedback loop. Feedback is gathered regularly in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from CBHS). Both quantitative and qualitative data collected is reviewed with managers, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction. Participants are also engaged in program evaluation at the Board of Directors level, with each Hospitality House program maintaining a full voting member seat for a program participant. Hospitality House's program evaluation model fits well with the MHSA approach of incorporating participant feedback into programming.

Hospitality House looks forward to working collaboratively with CBHS evaluation and CQI staff in evaluation and CQI activity design and implementation, including the joint identification of at least one outcome as the focus of evaluation efforts. Hospitality House has the existing database capacity to collect and report participant demographics and counts. Hospitality House holds Program Meetings every other week in which staff receive training and problem-solve around program issues, which is an ideal forum for implementation of focus groups to solicit staff perspectives on access, engagement, and appropriateness of services. Hospitality House welcomes the assistance of CBHS staff to ensure that the electronic recordkeeping and data collection requirements can be met while still maintaining the integrity of the low-threshold, harm reduction program model which ensures service accessibility even to those reluctant to share personal data information with the agency.

Contractor: Central City Hospitality House
Program: Sixth Street Peer-Based Wellness Recovery
Center (General Fund)
City Fiscal Year (CBHS only):

Contract Term (MM/DD/YY)
7/01/10 through 06/30/11
Funding Source (AIDS Office & CHPP only): General
Fund

1. Program Name: Central City Hospitality House
Sixth Street Peer-Based Wellness Recovery Center (General Fund)

Program Address: 290 Turk St.
City, State, Zip Code: San Francisco, CA 94102
Telephone: (415)749-2100
Facsimile: (415)749-2136

2. Nature of Document (check one)

Renewal New Modification

3. Goal Statement

Provide a brief and general statement (preferably one sentence) that describes what the program is aiming to accomplish through its contract.

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

4. Target Population

Describe the target population to be served by the program. If you target a specific problem, geographic area, group, age, etc. please specify.

The target population consists primarily of adult residents of the Sixth Street/South of Market area - homeless and housed - who live in the area, particularly those who struggle with mental health and substance abuse issues. This highly disenfranchised population includes but is not limited to: homeless people, Latinos and other refugees, veterans, people with disabilities, the African American community, LGBT communities, ex-offenders, and others who may not normally or comfortably relate to traditional or conventional modes of service.

5. Modality(ies)/Interventions

Specify the modality(ies) of service/interventions to be provided in the program (for CBHS-MH, CRDC is sufficient). If applicable, define billable service unit(s) or deliverables.

A broad spectrum of services will be available on a drop-in basis in the form of a Socialization and Wellness Day to address participants' socialization and wellness needs, including:

- Drop-in access to respite from the streets; use of telephones and restrooms; access to hygiene and other emergency supplies; and weekly provision of groceries.
- Drop-in access to peer-counseling services that address a multitude of issues, including mental health, substance abuse, benefits advocacy, employment, medical care, housing, legal issues, and other barriers to stability and health.
- Case management services that provide support and linkage to housing access, treatment for behavioral health issues, benefits and entitlement support, legal assistance, medical care, employment, and other resources necessary for stability and health.
- On-site behavioral health clinic services provided by the Harm Reduction Therapy Center, including substance abuse and mental health assessment, medical triage, psychiatric care, harm reduction based individual and group counseling, and linkage to residential and outpatient treatment programs.
- Drop-in access to the employment resource center (ERC) for job search support and assistance. Access to computers, job leads, internet, copying and faxing; staff support for job search, creation of resumes and cover letters, and completing job applications.
- Holistic health and wellness services, including massage therapy and self-care groups.
- A range of support groups. Sessions address issues specific to men, women, Latinos, and those struggling with substance use issues, mental illness, anger issues, chronic illnesses, and as well as employment and housing. Both harm reduction-based and traditional 12-step meetings are provided.
- Socialization activities. Activities promote the creation of peer support systems and provide a venue for participants to interact socially in a safe space free from drugs, alcohol, and other negative influences.

6. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Hospitality House's peer-based, self-help model encourages engagement of difficult-to-reach populations, as services are provided by people who have had similar experiences to those accessing programs. This allows participants to open up easily to staff and facilitates the recovery process. Another strategy of engagement is to provide diverse entry points for

access to services. While some individuals may be comfortable attending a support group, others may more easily open up in the community arts studio. Some participants first engage through the Employment Resource Center and are later linked to other services to address behavioral health needs. Whatever the draw to services, Hospitality House allows for people to engage with programs in their area of interest and to progress at their own pace.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

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

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

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

Phases of Treatment: A range of services and activities are offered, including support groups, access to the arts, creative writing classes, employment workshops, and

socialization events that allow people to engage with the program in their areas of interest. Because Hospitality House employs the harm reduction philosophy, the entire range of services is available to participants regardless of their history of involvement in the program, in a non-linear fashion.

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

Locations of Service Delivery: Service delivery for this project will be centered out of the Sixth Street Self-Help Center (located at 169 Sixth St.) and the Employment Resource Center (181 Sixth St.), in the Sixth Street corridor.

Strategies for Service Delivery:

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

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

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

Holistic Behavioral Health Services and Primary Care Triage. For the past five years, Hospitality House has enhanced its peer-based services with clinical support through a contract with the Harm Reduction Therapy Center (HRTC). HRTC is a non-profit organization dedicated to providing alternative treatment to people with behavioral health issues. As a State of California certified outpatient drug and alcohol treatment program, HRTC has pioneered harm reduction psychotherapy for dually-diagnosed individuals. Through this partnership, HRTC provides on-site individual and group harm reduction therapy services to participants as well as intensive clinical skills training and supervision for peer staff. In addition, HRTC and Curry Senior Center partner to provide a harm reduction based behavioral health and medical triage clinic once each week to provide participants with direct access to a primary care physician. Hospitality House's partnerships with HRTC and Curry Senior Center represent the perfect union of low-threshold peer-based engagement and support with comprehensive clinical services that meet people wherever they are at on the Harm Reduction Stages of Change continuum.

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

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

Socialization and Cultural Activities. Because those who come to the Center, whether homeless or housed, often experience isolation, loneliness, and lack of a social support system, the Center provides an opportunity for participants to socialize with one another. Every week at the Self-Help Center, there is a Friday Social where participants are invited

to come and play dominos, chess, bingo, and other board games. This social time is followed by Friday Cinema, where a movie is shown.

Special events are planned for holidays and other occasions (African American History Month, Women's History Month, Dia de los Muertos, Chinese New Year, Pride Month, and the like). These social activities provide access to entertainment in a safe space that is free from drugs, alcohol, and other influences that may be present on the streets and in bars or clubs in the area. The Self-Help Center also provides a venue for community members to come together and support each other around other significant events, such as the 9/11 tragedy, Hurricane Katrina, the historical inauguration of President Barak Obama, and memorial services to remember those in the community who have died.

Hospitality House was recently awarded funds to enhance our community-building activities through the recent Mental Health Services Act's Prevention and Early Intervention Request for Proposals, and we look forward to this expansion of services.

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

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

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

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. *Note: For CBHS, Appendix B is sufficient.*

Currently, the program is staffed by a combination of Peer Advocates and Case Managers. While both positions work directly with program participants in the drop-in center, *Peer Advocates* specifically provide engagement, crisis intervention, and peer counseling to support participants and motivate them to engage in services and improve their physical, emotional, and economic health. *Case Managers* work with participants in-depth to assist them in addressing employment goals, housing needs, mental health and substance abuse issues, medical needs, and benefits and legal advocacy, employing the modalities of harm-reduction and self-help. Case Managers link participants to the broader array of services provided in the community. The *Program Manager* provides supervisory support to line staff, directs program activities, and is accountable to the provision of client-centered quality services. The Program Manager reports to the *Program Director*, who provides oversight of all programs, manages program budgets and grants, coordinates services with community partners, and oversees personnel matters at a program level.

7. Objectives and Measurements

Each objective should be followed by a section for evaluation which addresses the following elements:

- Staff Issues: list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- Data Collection Tools: specify the data collection tool(s) to be used.
- Data: list which data are being collected.
- Frequency: indicate how often the data will be collected and analyzed.
- Data Reporting: indicate who will receive and analyze these data and how the evaluation data will be used.

A. Performance/Outcome Objectives

Objective A1: During Fiscal Year 2010-11, 250 participants (6,250 annual visits) will experience **reduced isolation and alienation** as well as **increased participation in pro-social peer interaction** through participation in a range of socialization and wellness services as measured by engagement, and documented in sign-in sheets.

- *Staff Issues:* Peer Advocates collect participant sign-in sheets. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data.
- *Data Collection Tools:* Sign-in sheet.
- *Data:* Participant identifier, ethnicity, gender, age, housing status, veteran status.
- *Frequency:* Data is collected daily, monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A2: During Fiscal Year 2010-11, **40 individuals** will increase their linkage to services, as measured by engagement in case management services, and documented in Monthly Outcome Forms.

- *Staff Issues:* The Case Manager will complete monthly outcome forms for participants receiving services during the month. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data.
- *Data Collection Tools:* Monthly Outcome Forms.
- *Data:* Harm Reduction Plan, Obtaining Benefits/Entitlements, Positive Placement into housing, behavioral health services, employment and/or training.
- *Frequency:* Data is reported and monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and

participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A3: During Fiscal Year 2010-11, **10 participants** will develop individual **harm reduction plans**. Through support groups, individual case management services, and on-site clinical services, 25 participants will identify and implement strategies to reduce harm associated with their substance use and/or other harmful behaviors, as measured by engagement in case management services, and documented in Monthly Outcome Forms.

- *Staff Issues:* The Case Manager will complete monthly outcome forms for participants receiving services during the month. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- *Data Collection Tools:* Monthly Outcome Forms.
- *Data:* Harm Reduction Plan, Obtaining Benefits/Entitlements, Positive Placement into housing, behavioral health services, employment and/or training.
- *Frequency:* Data is reported and monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

2. **Objective A4:** During Fiscal Year 2010-11, **5 participants** will achieve a **change in benefits/entitlements**. Through access to case management services and benefits advocacy, 15 participants will achieve a change in benefits (i.e. CAAP, Food Stamps, VA Benefits, and Social Security Benefits), as measured by engagement in case management services, and documented in Monthly Outcome Forms.

- *Staff Issues:* The Case Manager will complete monthly outcome forms for participants receiving services during the month. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with

objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.

- *Data Collection Tools:* Monthly Outcome Forms.
- *Data:* Harm Reduction Plan, Obtaining Benefits/Entitlements, Positive Placement into housing, behavioral health services, employment and/or training.
- *Frequency:* Data is reported and monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

3. **Objective A5:** During Fiscal Year 2010-11, 20 participants will achieve a positive placement into housing, behavioral health services, employment and/or training. Through access to case management services, support groups, and employment services, 50 participants will achieve a positive placement into housing, behavioral health services, employment and/or training, as measured by engagement in case management services, and documented in Monthly Outcome Forms.

- *Staff Issues:* The Case Manager will complete monthly outcome forms for participants receiving services during the month. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- *Data Collection Tools:* Monthly Outcome Forms.
- *Data:* Harm Reduction Plan, Obtaining Benefits/Entitlements, Positive Placement into housing, behavioral health services, employment and/or training.

- *Frequency:* Data is reported and monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

B. Other Measurable Objectives

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

For FY10-11, this program is exempt from the Required Objectives for CBHS as described in "Updated Performance Objectives for Fiscal Year 2010-2011."

8. Continuous Quality Improvement

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House guarantees compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House uses an integrated approach to evaluation and CQI activities. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.

Hospitality House involves participants in its CQI feedback loop. Feedback is gathered regularly in weekly community meetings, annual cultural competency surveys, and annual

participant satisfaction surveys (both those solicited from the agency and from CBHS). Both quantitative and qualitative data collected is reviewed with managers, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction. Participants are also engaged in program evaluation at the Board of Directors level, with each Hospitality House program maintaining a full voting member seat for a program participant. Hospitality House's program evaluation model fits well with the MHSA approach of incorporating participant feedback into programming.

Hospitality House looks forward to working collaboratively with CBHS evaluation and CQI staff in evaluation and CQI activity design and implementation, including the joint identification of at least one outcome as the focus of evaluation efforts. Hospitality House has the existing database capacity to collect and report participant demographics and counts. Hospitality House holds Program Meetings every other week in which staff receive training and problem-solve around program issues, which is an ideal forum for implementation of focus groups to solicit staff perspectives on access, engagement, and appropriateness of services. Hospitality House welcomes the assistance of CBHS staff to ensure that the electronic recordkeeping and data collection requirements can be met while still maintaining the integrity of the low-threshold, harm reduction program model which ensures service accessibility even to those reluctant to share personal data information with the agency.

Contractor: Central City Hospitality Ho.
Program: Sixth Street Older Adult (MHSA)

Appendix A- 6 _____

Contract Term (MM/DD/YY)
7/01/10 through 06/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only): MHSA

1. Program Name: Central City Hospitality House
Sixth Street Older Adult (MHSA)

Program Address: 290 Turk St.

City, State, Zip Code: San Francisco, CA 94102

Telephone: (415)749-2100

Facsimile: (415)749-2136

2. Nature of Document (check one)

Renewal

New

Modification

3. Goal Statement

Provide a brief and general statement (preferably one sentence) that describes what the program is aiming to accomplish through its contract.

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

4. Target Population

Describe the target population to be served by the program. If you target a specific problem, geographic area, group, age, etc. please specify.

The target population consists primarily of adult residents of the Sixth Street/South of Market area - homeless and housed - who live in the area, particularly those who struggle with mental health and substance abuse issues. This highly disenfranchised population includes but is not limited to: homeless people, Latinos and other refugees, veterans, people with disabilities, the African American community, LGBT communities, ex-offenders, and others who may not normally or comfortably relate to traditional or conventional modes of service.

5. Modality(ies)/Interventions

Specify the modality(ies) of service/interventions to be provided in the program (for CBHS-MH, CRDC is sufficient). If applicable, define billable service unit(s) or deliverables.

A broad spectrum of services will be available on a drop-in basis in the form of a Socialization and Wellness Day to address participants' socialization and wellness needs, including:

- Drop-in access to respite from the streets; use of telephones and restrooms; access to hygiene and other emergency supplies; and weekly provision of groceries.
- Drop-in access to peer-counseling services that address a multitude of issues, including mental health, substance abuse, benefits advocacy, employment, medical care, housing, legal issues, and other barriers to stability and health.
- Case management services that provide support and linkage to housing access, treatment for behavioral health issues, benefits and entitlement support, legal assistance, medical care, employment, and other resources necessary for stability and health.
- On-site behavioral health clinic services provided by the Harm Reduction Therapy Center, including substance abuse and mental health assessment, medical triage, psychiatric care, harm reduction based individual and group counseling, and linkage to residential and outpatient treatment programs.
- Drop-in access to the employment resource center (ERC) for job search support and assistance. Access to computers, job leads, internet, copying and faxing; staff support for job search, creation of resumes and cover letters, and completing job applications.
- Holistic health and wellness services, including massage therapy and self-care groups.
- A range of support groups. Sessions address issues specific to men, women, Latinos, and those struggling with substance use issues, mental illness, anger issues, chronic illnesses, and as well as employment and housing. Both harm reduction-based and traditional 12-step meetings are provided.
- Socialization activities. Activities promote the creation of peer support systems and provide a venue for participants to interact socially in a safe space free from drugs, alcohol, and other negative influences.

6. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Hospitality House's peer-based, self-help model encourages engagement of difficult-to-reach populations, as services are provided by people who have had similar experiences to those accessing programs. This allows participants to open up easily to staff and facilitates the recovery process. Another strategy of engagement is to provide diverse entry points for

access to services. While some individuals may be comfortable attending a support group, others may more easily open up in the community arts studio. Some participants first engage through the Employment Resource Center and are later linked to other services to address behavioral health needs. Whatever the draw to services, Hospitality House allows for people to engage with programs in their area of interest and to progress at their own pace.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

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

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

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

Phases of Treatment: A range of services and activities are offered, including support groups, access to the arts, creative writing classes, employment workshops, and

socialization events that allow people to engage with the program in their areas of interest. Because Hospitality House employs the harm reduction philosophy, the entire range of services is available to participants regardless of their history of involvement in the program, in a non-linear fashion.

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

Locations of Service Delivery: Service delivery for this project will be centered out of the Sixth Street Self-Help Center (located at 169 Sixth St.) and the Employment Resource Center (181 Sixth St.), in the Sixth Street corridor.

Strategies for Service Delivery:

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

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

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

Holistic Behavioral Health Services and Primary Care Triage. For the past five years, Hospitality House has enhanced its peer-based services with clinical support through a contract with the Harm Reduction Therapy Center (HRTC). HRTC is a non-profit organization dedicated to providing alternative treatment to people with behavioral health issues. As a State of California certified outpatient drug and alcohol treatment program, HRTC has pioneered harm reduction psychotherapy for dually-diagnosed individuals. Through this partnership, HRTC provides on-site individual and group harm reduction therapy services to participants as well as intensive clinical skills training and supervision for peer staff. In addition, HRTC and Curry Senior Center partner to provide a harm reduction based behavioral health and medical triage clinic once each week to provide participants with direct access to a primary care physician. Hospitality House's partnerships with HRTC and Curry Senior Center represent the perfect union of low-threshold peer-based engagement and support with comprehensive clinical services that meet people wherever they are at on the Harm Reduction Stages of Change continuum.

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

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

Socialization and Cultural Activities. Because those who come to the Center, whether homeless or housed, often experience isolation, loneliness, and lack of a social support system, the Center provides an opportunity for participants to socialize with one another. Every week at the Self-Help Center, there is a Friday Social where participants are invited

to come and play dominos, chess, bingo, and other board games. This social time is followed by Friday Cinema, where a movie is shown.

Special events are planned for holidays and other occasions (African American History Month, Women's History Month, Dia de los Muertos, Chinese New Year, Pride Month, and the like). These social activities provide access to entertainment in a safe space that is free from drugs, alcohol, and other influences that may be present on the streets and in bars or clubs in the area. The Self-Help Center also provides a venue for community members to come together and support each other around other significant events, such as the 9/11 tragedy, Hurricane Katrina, the historical inauguration of President Barak Obama, and memorial services to remember those in the community who have died.

Hospitality House was recently awarded funds to enhance our community-building activities through the recent Mental Health Services Act's Prevention and Early Intervention Request for Proposals, and we look forward to this expansion of services.

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

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

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

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. *Note: For CBHS, Appendix B is sufficient.*

Currently, the program is staffed by a combination of Peer Advocates and Case Managers. While both positions work directly with program participants in the drop-in center, *Peer Advocates* specifically provide engagement, crisis intervention, and peer counseling to support participants and motivate them to engage in services and improve their physical, emotional, and economic health. *Case Managers* work with participants in-depth to assist them in addressing employment goals, housing needs, mental health and substance abuse issues, medical needs, and benefits and legal advocacy, employing the modalities of harm-reduction and self-help. Case Managers link participants to the broader array of services provided in the community. The *Program Manager* provides supervisory support to line staff, directs program activities, and is accountable to the provision of client-centered quality services. The Program Manager reports to the *Program Director*, who provides oversight of all programs, manages program budgets and grants, coordinates services with community partners, and oversees personnel matters at a program level.

7. Objectives and Measurements

Each objective should be followed by a section for evaluation which addresses the following elements:

- Staff Issues: list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- Data Collection Tools: specify the data collection tool(s) to be used.
- Data: list which data are being collected.
- Frequency: indicate how often the data will be collected and analyzed.
- Data Reporting: indicate who will receive and analyze these data and how the evaluation data will be used.

A. Performance/Outcome Objectives

Objective A1: During Fiscal Year 2010-11, 25 older adult participants will experience reduced isolation and alienation as well as increased participation in pro-social peer interaction through participation in a range of socialization and wellness services as measured by engagement, and documented in sign-in sheets.

- *Staff Issues:* Peer Advocates collect participant sign-in sheets. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data.
- *Data Collection Tools:* Sign-in sheet.
- *Data:* Participant identifier, ethnicity, gender, age, housing status, veteran status.
- *Frequency:* Data is collected daily, monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

B. Other Measurable Objectives

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

For FY10-11, this program is exempt from the Required Objectives for CBHS as described in "Updated Performance Objectives for Fiscal Year 2010-2011."

8. Continuous Quality Improvement

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House guarantees compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House uses an integrated approach to evaluation and CQI activities. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.

Hospitality House involves participants in its CQI feedback loop. Feedback is gathered regularly in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from CBHS). Both quantitative and qualitative data collected is reviewed with managers, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction. Participants are also engaged in program evaluation at the Board of Directors level, with each Hospitality House program maintaining a full voting member seat for a program participant. Hospitality House's program evaluation model fits well with the MHSA approach of incorporating participant feedback into programming.

Hospitality House looks forward to working collaboratively with CBHS evaluation and CQI staff in evaluation and CQI activity design and implementation, including the joint identification of at least one outcome as the focus of evaluation efforts. Hospitality House has the existing database capacity to collect and report participant demographics and counts. Hospitality House holds Program Meetings every other week in which staff receive training and problem-solve around program issues, which is an ideal forum for implementation of focus groups to solicit staff perspectives on access, engagement, and appropriateness of services. Hospitality House welcomes the assistance of CBHS staff to ensure that the electronic recordkeeping and data collection requirements can be met while still maintaining the integrity of the low-threshold, harm reduction program model which ensures service accessibility even to those reluctant to share personal data information with the agency.

1. Program Name: Central City Hospitality House
Sixth Street Employment Vocational Rehab (MHSA)

Program Address: 290 Turk St.

City, State, Zip Code: San Francisco, CA 94102

Telephone: (415)749-2100

Facsimile: (415)749-2136

2. Nature of Document (check one)

Renewal New Modification

3. Goal Statement

Provide a brief and general statement (preferably one sentence) that describes what the program is aiming to accomplish through its contract.

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

4. Target Population

Describe the target population to be served by the program. If you target a specific problem, geographic area, group, age, etc. please specify.

The target population consists primarily of adult residents of the Sixth Street/South of Market area - homeless and housed - who live in the area, particularly those who struggle with mental health and substance abuse issues. This highly disenfranchised population includes but is not limited to: homeless people, Latinos and other refugees, veterans, people with disabilities, the African American community, LGBT communities, ex-offenders, and others who may not normally or comfortably relate to traditional or conventional modes of service.

5. Modality(ies)/Interventions

Specify the modality(ies) of service/interventions to be provided in the program (for CBHS-MH, CRDC is sufficient). If applicable, define billable service unit(s) or deliverables.

A broad spectrum of services will be available on a drop-in basis in the form of a Socialization and Wellness Day to address participants' socialization and wellness needs, including:

- Drop-in access to respite from the streets; use of telephones and restrooms; access to hygiene and other emergency supplies; and weekly provision of groceries.
- Drop-in access to peer-counseling services that address a multitude of issues, including mental health, substance abuse, benefits advocacy, employment, medical care, housing, legal issues, and other barriers to stability and health.
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- Drop-in access to the employment resource center (ERC) for job search support and assistance. Access to computers, job leads, internet, copying and faxing; staff support for job search, creation of resumes and cover letters, and completing job applications.
- Holistic health and wellness services, including massage therapy and self-care groups.
- A range of support groups. Sessions address issues specific to men, women, Latinos, and those struggling with substance use issues, mental illness, anger issues, chronic illnesses, and as well as employment and housing. Both harm reduction-based and traditional 12-step meetings are provided.
- Socialization activities. Activities promote the creation of peer support systems and provide a venue for participants to interact socially in a safe space free from drugs, alcohol, and other negative influences.

6. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Hospitality House's peer-based, self-help model encourages engagement of difficult-to-reach populations, as services are provided by people who have had similar experiences to those accessing programs. This allows participants to open up easily to staff and facilitates the recovery process. Another strategy of engagement is to provide diverse entry points for

access to services. While some individuals may be comfortable attending a support group, others may more easily open up in the community arts studio. Some participants first engage through the Employment Resource Center and are later linked to other services to address behavioral health needs. Whatever the draw to services, Hospitality House allows for people to engage with programs in their area of interest and to progress at their own pace.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

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

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

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

Phases of Treatment: A range of services and activities are offered, including support groups, access to the arts, creative writing classes, employment workshops, and

socialization events that allow people to engage with the program in their areas of interest. Because Hospitality House employs the harm reduction philosophy, the entire range of services is available to participants regardless of their history of involvement in the program, in a non-linear fashion.

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

Locations of Service Delivery: Service delivery for this project will be centered out of the Sixth Street Self-Help Center (located at 169 Sixth St.) and the Employment Resource Center (181 Sixth St.), in the Sixth Street corridor.

Strategies for Service Delivery:

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

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

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

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

Socialization and Cultural Activities. Because those who come to the Center, whether homeless or housed, often experience isolation, loneliness, and lack of a social support system, the Center provides an opportunity for participants to socialize with one another. Every week at the Self-Help Center, there is a Friday Social where participants are invited

to come and play dominos, chess, bingo, and other board games. This social time is followed by Friday Cinema, where a movie is shown.

Special events are planned for holidays and other occasions (African American History Month, Women's History Month, Dia de los Muertos, Chinese New Year, Pride Month, and the like). These social activities provide access to entertainment in a safe space that is free from drugs, alcohol, and other influences that may be present on the streets and in bars or clubs in the area. The Self-Help Center also provides a venue for community members to come together and support each other around other significant events, such as the 9/11 tragedy, Hurricane Katrina, the historical inauguration of President Barak Obama, and memorial services to remember those in the community who have died.

Hospitality House was recently awarded funds to enhance our community-building activities through the recent Mental Health Services Act's Prevention and Early Intervention Request for Proposals, and we look forward to this expansion of services.

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

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

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

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. *Note: For CBHS, Appendix B is sufficient.*

Currently, the program is staffed by a combination of Peer Advocates and Case Managers. While both positions work directly with program participants in the drop-in center, *Peer Advocates* specifically provide engagement, crisis intervention, and peer counseling to support participants and motivate them to engage in services and improve their physical, emotional, and economic health. *Case Managers* work with participants in-depth to assist them in addressing employment goals, housing needs, mental health and substance abuse issues, medical needs, and benefits and legal advocacy, employing the modalities of harm-reduction and self-help. Case Managers link participants to the broader array of services provided in the community. The *Program Manager* provides supervisory support to line staff, directs program activities, and is accountable to the provision of client-centered quality services. The Program Manager reports to the *Program Director*, who provides oversight of all programs, manages program budgets and grants, coordinates services with community partners, and oversees personnel matters at a program level.

7. Objectives and Measurements

Each objective should be followed by a section for evaluation which addresses the following elements:

- Staff Issues: list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- Data Collection Tools: specify the data collection tool(s) to be used.
- Data: list which data are being collected.
- Frequency: indicate how often the data will be collected and analyzed.
- Data Reporting: indicate who will receive and analyze these data and how the evaluation data will be used.

A. Performance/Outcome Objectives

Objective A1: During Fiscal Year 2010-11, 25 participants will access the program through the Employment Resource Center, experiencing **reduced isolation and alienation** as well as **increased participation in pro-social peer interaction** through participation in a range of socialization and wellness services as measured by engagement, and documented in sign-in sheets.

- *Staff Issues:* Peer Advocates collect participant sign-in sheets. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data.
- *Data Collection Tools:* Sign-in sheet.
- *Data:* Participant identifier, ethnicity, gender, age, housing status, veteran status.
- *Frequency:* Data is collected daily, monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

B. Other Measurable Objectives

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

For FY10-11, this program is exempt from the Required Objectives for CBHS as described in "Updated Performance Objectives for Fiscal Year 2010-2011."

8. Continuous Quality Improvement

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House guarantees compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House uses an integrated approach to evaluation and CQI activities. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.

Hospitality House involves participants in its CQI feedback loop. Feedback is gathered regularly in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from CBHS). Both quantitative and qualitative data collected is reviewed with managers, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction. Participants are also engaged in program evaluation at the Board of Directors level, with each Hospitality House program maintaining a full voting member seat for a program participant. Hospitality House's program evaluation model fits well with the MHSA approach of incorporating participant feedback into programming.

Hospitality House looks forward to working collaboratively with CBHS evaluation and CQI staff in evaluation and CQI activity design and implementation, including the joint identification of at least one outcome as the focus of evaluation efforts. Hospitality House has the existing database capacity to collect and report participant demographics and counts. Hospitality House holds Program Meetings every other week in which staff receive training and problem-solve around program issues, which is an ideal forum for implementation of focus groups to solicit staff perspectives on access, engagement, and appropriateness of services. Hospitality House welcomes the assistance of CBHS staff to ensure that the electronic recordkeeping and data collection requirements can be met while still maintaining the integrity of the low-threshold, harm reduction program model which ensures service accessibility even to those reluctant to share personal data information with the agency.

Contractor: Central City Hospitality Ho...
Program: MHSA/Older Adult Behavioral Health
Screening and Response Project
City Fiscal Year (CBHS only): FY10-11

Appendix A- 8 _____
Contract Term (MM/DD/YY)
7/01/10 through 06/30/11
Funding Source (AIDS Office & CHPP only): MHSA

1. Program Name: Central City Hospitality House
Older Adult Behavioral Health Screening and Response (MHSA)

Program Address: 290 Turk St.
City, State, Zip Code: San Francisco, CA 94102
Telephone: (415)749-2100
Facsimile: (415)749-2136

2. Nature of Document (check one)

Renewal New Modification

3. Goal Statement

Provide a brief and general statement (preferably one sentence) that describes what the program is aiming to accomplish through its contract.

The Hospitality House Older Adult Behavioral Health Screening and Response Project will improve behavioral health outcomes for older adults by expanding early identification efforts and improving access to appropriate care through increasing access to a range of integrated services.

4. Target Population

Describe the target population to be served by the program. If you target a specific problem, geographic area, group, age, etc. please specify.

The target population is multi-diagnosed, multiply traumatized, homeless and at-risk older adult residents of the Sixth Street corridor. Hospitality House serves 100 older adults annually, which includes individuals and "families," understood as a primary social group sharing common beliefs and activities, as defined by its members. Demographics will reflect the diversity of the community, with roughly 54% African American, 1% American Indian, 5% Asian, 26% Caucasian, 11% Latino, and 2% other; 24% female, 76% male, 1% transgender; 16% veterans; 51% housed. Services are located in San Francisco's Sixth Street corridor, the 94103 zip code.

5. Modality(ies)/Interventions

Specify the modality(ies) of service/interventions to be provided in the program (for CBHS-MH, CRDC is sufficient). If applicable, define billable service unit(s) or deliverables.

Prevention activities are intended to strengthen positive social and psychological development to assist participants in maintaining a more stable level of functioning:

- Engagement: Outreach to other local senior programs and hotels; In-reach to participants accessing drop-in services; Senior activities and events (bingo, social dances, movies, etc.).
- Screening: Case Management Needs Assessment Survey; Mental Health Assessment.

Early intervention activities are intended to support participants in meeting their mental health needs through an individualized range of services, varying in intensity, in order to prevent the need for more intensive mental health services:

- Intervention: Senior support groups; Harm Reduction Therapy (Integrated Mental Health and Substance Use Treatment); Psychiatric medical evaluation and monitoring through clinics; Home visits.

6. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Hospitality House's peer-based, self-help model encourages engagement of difficult-to-reach older adult populations, as services are provided by people who have had similar experiences to those accessing programs. This allows participants to open up easily to staff and facilitates the recovery process. Another strategy of engagement is to provide diverse entry points for access to services. While some individuals may be comfortable attending a support group, others may more easily open up in the community arts studio. Some participants first engage through the computer services at the Employment Resource Center and are later linked to other services to address behavioral health needs. Whatever the draw to services, Hospitality House allows for people to engage with programs in their area of interest and to progress at their own pace.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

With low-threshold, open-door access, older adults are invited to participate in Hospitality House's programs at their own level of stability and ability. People engage in services

when they are ready and advance at their own pace, and participants' resiliency is acknowledged and fostered. Staff embrace a strengths perspective and encourage participants to learn from their setbacks. Relapse is seen as a part of the recovery process instead of as weak and shameful behavior. Peer counseling is valued as a method of relating to participants and a way to instill hope that everyone can recover and achieve health and wellness in their lives.

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

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

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

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

Locations of Service Delivery: Service delivery for this project will be centered out of the Sixth Street Self-Help Center, located at 169 and 181 Sixth St., in the Sixth Street corridor.

Strategies for Service Delivery:

- *Case management services*, both on-site and through home visits, that provide support and linkage to safety planning and risk reduction counseling, housing access, treatment for behavioral health issues, benefits and entitlement support, legal assistance, medical care, employment, and other resources necessary for stability and health.
- *Drop-in access to peer-counseling services* that address a multitude of issues, including mental health, substance abuse, benefits advocacy, employment, medical care, housing, legal issues, and other barriers to stability and health.
- *A range of support groups*. Sessions address issues such as those specific to women, transgender participants, Latinos, and those struggling with substance use issues, mental illness, anger issues, chronic illnesses, and housing stability. Functioning as talking circles, groups are drop-in, harm reduction-based, and do not operate from an agenda. Rather, the group leader establishes the boundaries of the group (setting, beginning and end time, ground rules) and then turns over the members to talk with each other as they wish. The group leader acts as “host” and “conductor” rather than directing the focus of the group.
- *Socialization activities*. Activities promote the creation of peer support systems and provide a venue for participants to interact socially in a safe space free from drugs, alcohol, and other negative influences, with a specific focus on older adult activities such as bingo, social dances, movies, etc. Outreach will be conducted at other local senior programs and hotels.
- *Case Manager Needs Assessment Survey*: Utilizing a case management screening tool for early identification of community members needs. The Case Manager will identify and screen older adults involved in program services, facilitating early assessment of mental health issues. The Case Manager will use the Survey as a springboard for encouraging attendance at senior drop-in support groups and providing education about behavioral health issues especially the debilitating effects of undetected depression and substance abuse.
- *Mental Health Assessment*: On-site behavioral health clinic services provided by licensed or license-eligible clinicians from the Harm Reduction Therapy Center, including substance abuse and mental health assessment, medical triage, psychiatric care, harm reduction based individual and group counseling, and linkage to residential and

outpatient treatment programs. HRTC services are an integration of evidence-based interventions, including Stages of Change tools, Motivational Interviewing, and drop-in counseling. This type of fully integrated dual diagnosis care is well-known to play an important role in providing appropriate and effective treatment to people with co-occurring disorders [Minkoff; SAMHSA, 2002]. Medication Assessment and Management by a psychiatrist or psychiatric nurse practitioner is available if needed, although not all mental disorders are most effectively treated by medications, particularly PTSD and personality disorders, which are the most common disorders found at Hospitality House. For people with co-occurring disorders who complete substance abuse treatment, the most significant risk factors for relapse are exposure to trauma after treatment and depression or anxiety symptoms. While most people who enter substance abuse treatment have a lifetime history of trauma or PTSD, this was not associated with increased relapse risk. This study recommends monitoring for trauma exposure and symptoms of anxiety/depression and continuing care that can treat them. [Gil-Rivas,V, Prause, J, Grella, C. (2009) Substance use after residential treatment among individuals with co-occurring disorders: The role of anxiety/depressive symptoms and trauma exposure. *Psychology of Addictive Behaviors*, v 23-2, 303-314.]

- *Care Plans:* Through the Behavioral Health Screening and Response Model, the Case Manager will engage with older adult participants in order to develop a harm reduction-based care plan, providing education about behavioral health issues, especially the debilitating effects of undetected depression and substance abuse.
- *Follow-up/stepped care/linking with specialty care:* The depth of follow-up care is driven by the needs of each individual participant, with services available ranging from home visits, to drop-in services, to the on-site medical triage and addiction medicine clinic with integrated staffing from the Harm Reduction Therapy Center Therapist and a Psychiatric Nurse Practitioner.

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

D. Describe your program’s exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

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

E. Describe your program’s staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.

Currently, the Sixth Street Self-Help Center is staffed by a combination of Peer Advocates and Case Managers. While both positions work directly with program participants in the drop-in center, *Peer Advocates* specifically provide engagement, crisis intervention, and peer counseling to support participants and motivate them to engage in services and improve their physical, emotional, and economic health. *Case Managers* work with participants in-depth to assist them in addressing employment goals, housing needs, mental health and substance abuse issues, medical needs, and benefits and legal advocacy, employing the modalities of harm-reduction and self-help. Case Managers link participants to the broader array of services provided in the community. The *Program Manager* provides supervisory support to line staff, directs program activities, and is accountable to the provision of client-centered quality services. The Program Manager reports to the *Program Director*, who provides oversight of all programs, manages program budgets and grants, coordinates services with community partners, and oversees personnel matters at a program level.

In this project, Hospitality House added a *Case Manager* position to focus on older adult participants. The purpose of this position is to serve as a care manager in accordance with the Behavioral Health Screening and Response Model, working with older adults regarding their behavioral health issues, completing further assessments, and developing a care plan in consultation with clinical and psychiatric consultants. The Case Manager works closely with clinical consultants to provide quick, appropriate services, as well as linkage to other

providers as needed, and contact older adults at least once a month to monitor their progress. In addition, this funding added an additional part-time *Harm Reduction Therapist* from the Harm Reduction Therapy Center, who provides integrated mental health and substance use harm reduction therapy, providing older adults with increased access to counseling and case management services. The Therapist will collaborate with the part-time *Psychiatric Nurse Practitioner* to staff an on-site behavioral health clinic, including substance abuse and mental health assessment, medical triage, psychiatric care, harm reduction based individual and group counseling, and linkage to residential and outpatient treatment programs.

7. Objectives and Measurements

Each objective should be followed by a section for evaluation which addresses the following elements:

- **Staff Issues:** list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- **Data Collection Tools:** specify the data collection tool(s) to be used.
- **Data:** list which data are being collected.
- **Frequency:** indicate how often the data will be collected and analyzed.
- **Data Reporting:** indicate who will receive and analyze these data and how the evaluation data will be used.

A. Performance/Outcome Objectives

Objective A1: During Fiscal Year 2010-11, **25 older adult participants** struggling with behavioral health risk factors will engage in case management services, and 75% of these will identify strategies to implement a harm reduction plan, as measured by engagement in program services, and documented in Monthly Outcome Forms.

- **Staff Issues:** The Case Manager will complete monthly outcome forms for older adult participants receiving services during the month. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who

experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.

- *Data Collection Tools:* Monthly Outcome Forms.
- *Data:* Harm Reduction Plan, Obtaining Benefits/Entitlements, Positive Placement into housing, behavioral health services, employment and/or training.
- *Frequency:* Data is reported and monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A2: During Fiscal Year 2010-11, 50 older adult participants will receive a mental health screening, and 50% of those screened will return to access therapy or medical services, to strengthen positive social and psychological development to assist in maintaining a more stable level of functioning, as measured by engagement in services, and documented in the mental health and/or case management needs assessment survey.

- *Staff Issues:* The Case Manager completes the case management needs assessment survey. The Therapist completes the mental health assessment. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- *Data Collection Tools:* Monthly PEI Mental Health Assessment Therapist Log, Case Manager Needs Assessment Survey.
- *Data:* Demographic data/diagnosis; Comprehensive bio-psych-social overview.
- *Frequency:* Data is collected upon participant engagement in services, and monitored and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director monitors data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A3: During Fiscal Year 2010-11, the program will hold 10 events and 100 older adult participants will reduce risk factors or stressors and increase protective factors to help prevent the initial onset or worsening of mental illness through participation in a range of services as measured by engagement, and documented in sign-in sheets.

- *Staff Issues:* The Case Manager collects participant sign-in sheets. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- *Data Collection Tools:* Sign-in sheet.
- *Data:* Participant identifier, ethnicity, gender, age, housing status, veteran status.
- *Frequency:* Data is collected daily, monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

B. Other Measurable Objectives

The following is a Required Objective for CBHS as described in "Updated Performance Objectives for Fiscal Year 2010-2011."

Objective E.1: Prevention

E.1.f	Prevention and Early Intervention (PEI) and Workforce Development, Education and Training (WDET) providers will work with MHSA and Contract Development and Technical Assistance staff to develop three outcomes objectives for their programs. One of the objectives should address community member/client satisfaction with program services.
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8. Continuous Quality Improvement

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House guarantees compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House uses an integrated approach to evaluation and CQI activities. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.

Hospitality House involves participants in its CQI feedback loop. Feedback is gathered regularly in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from CBHS). Both quantitative and qualitative data collected is reviewed with managers, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction. Participants are also engaged in program evaluation at the Board of Directors level, with each Hospitality House program maintaining a full voting member seat for a program participant. Hospitality House's program evaluation model fits well with the MHSA approach of incorporating participant feedback into programming.

Hospitality House looks forward to working collaboratively with CBHS evaluation and CQI staff in evaluation and CQI activity design and implementation, including the joint identification of at least one outcome as the focus of evaluation efforts. Hospitality House has the existing database capacity to collect and report participant demographics and counts. Hospitality House holds Program Meetings every other week in which staff receive training and problem-solve around program issues, which is an ideal forum for implementation of focus groups to solicit staff perspectives on access, engagement, and appropriateness of services. Hospitality House welcomes the assistance of CBHS staff to ensure that the electronic

recordkeeping and data collection requirements can be met while still maintaining the integrity of the low-threshold, harm reduction program model which ensures service accessibility even to those reluctant to share personal data information with the agency.

Contractor: Central City Hospitality House
Program: MHSA/Holistic Wellness Promotion
In a Community Setting Project
City Fiscal Year (CBHS only): FY10-11

Appendix A- 9 _____
Contract Term (MM/DD/YY)
7/01/10 through 06/30/11
Funding Source (AIDS Office & CHPP only): MHSA

1. Program Name: Central City Hospitality House
Holistic Wellness Promotion in a Community Setting (MHSA)

Program Address: 290 Turk St.
City, State, Zip Code: San Francisco, CA 94102
Telephone: (415)749-2100
Facsimile: (415)749-2136

2. Nature of Document (check one)

Renewal New Modification

3. Goal Statement

Provide a brief and general statement (preferably one sentence) that describes what the program is aiming to accomplish through its contract.

The Hospitality House Violence Prevention and Wellness Promotion Project will increase the community capacity to ameliorate the negative impact of trauma exposure on community members through increasing access to a range of services.

4. Target Population

Describe the target population to be served by the program. If you target a specific problem, geographic area, group, age, etc. please specify.

The target population is multi-diagnosed, multiply traumatized, homeless and at risk adult residents of the Tenderloin. Hospitality House serves 600 people annually, which includes individuals and "families," understood as a primary social group sharing common beliefs and activities, as defined by its members. Demographics will reflect the diversity of the community, with roughly 38% African American, 3% American Indian, 10% Asian, 26% Caucasian, 16% Latino, and 8% other; 28% female, 70% male, 2% transgender; 10% veterans; 50% housed; 21% age 55 and older. Services will be located in San Francisco's Tenderloin community, the 94102 zip code.

5. Modality(ies)/Interventions

Specify the modality(ies) of service/interventions to be provided in the program (for CBHS-MH, CRDC is sufficient). If applicable, define billable service unit(s) or deliverables.

Prevention activities are intended to strengthen positive social and psychological development to assist participants in maintaining a more stable level of functioning:

- Violence Prevention and Civic Participation Program; Cultural connections and community-building through community violence prevention events, drumming, social activities, and the Community Arts Program; Drop-in Groups; Integration with the existing continuum of Hospitality House services.

Early intervention activities are intended to support participants in meeting their mental health needs through an individualized range of services, varying in intensity, in order to prevent the need for more intensive mental health services:

- Peer Advocate Screening; Mental Health Assessment; Harm Reduction Therapy (Integrated Mental Health and Substance Use Treatment).

6. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

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

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

With low-threshold, open-door access, everyone is invited to participate in Hospitality House's programs at their own level of stability and ability. People engage in services when they are ready and advance at their own pace, and participants' resiliency is acknowledged and fostered. Staff embrace a strengths perspective and encourage

participants to learn from their setbacks. Relapse is seen as a part of the recovery process instead of as weak and shameful behavior. Peer counseling is valued as a method of relating to participants and a way to instill hope that everyone can recover and achieve health and wellness in their lives.

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

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

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

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

Locations of Service Delivery: Service delivery for this project will be centered out of the Tenderloin Self-Help Center, located at 290 Turk St., in the Tenderloin.

Strategies for Service Delivery:

- *Healing, Organizing & Leadership Development (HOLD) Program:* The Community Organizing Peer Advocate will be responsible for engaging in prevention activities addressing safety in the community. This position will recruit a group of interested participants to participate in a stipended internship program addressing the roots personal and community trauma as a basis for engaging in community organizing efforts. Group members will share their skills with other program participants and beyond the agency through involvement in neighborhood efforts to improve the quality of life for community residents. The facilitator will serve as a point person to collaborate with various neighborhood initiatives. The group will be trained in how to respond to crisis situations, emergencies, and disasters. Volunteers and interns will receive regular training from the Harm Reduction Therapy Center and other expert trainers in the community as well as group supervision and support. The peer support provided by the program is helpful as an Early Intervention strategy; one 2007 study showed that women with histories of trauma in urban, community-based substance abuse treatment, with integrated trauma-informed services, had better outcomes in drug abstinence rates, mental health and PTSD symptomatology. [Amaro, H, Dai, J, Arevalo, S, Acevedo, A, Matsumoto, A, Nieves, R, Prado, G. (2007) Effects of integrated trauma treatment on outcomes in a racially/ethnically diverse sample of women in urban community-based substance abuse treatment. *Journal of Urban Health*, v84-4, 508-522.]
- *Mental Health Assessment:* This project will expand on-site behavioral health clinic services currently provided by licensed or license-eligible clinicians from the Harm Reduction Therapy Center to include specific prevention and early intervention support. Services will include substance abuse and mental health assessment, medical triage, psychiatric care, harm reduction based individual and group counseling, and linkage to residential and outpatient treatment programs. HRTC services are an integration of evidence-based interventions, including Stages of Change tools, Motivational Interviewing, and drop-in counseling. This type of fully integrated dual diagnosis care is well-known to play an important role in providing appropriate and effective treatment to people with co-occurring disorders (Minkoff; SAMHSA, 2002). Medication Assessment and Management by a psychiatrist or psychiatric nurse practitioner is available if needed, although not all mental disorders are most effectively treated by medications, particularly PTSD and personality disorders, which are the most common disorders found at Hospitality House. In collaboration with the Tom Waddell Health Center, HRTC also offers onsite medical triage and an addiction medicine clinic. For people with co-occurring disorders who complete substance abuse treatment, the most significant risk factors for relapse are exposure to trauma after

treatment and depression or anxiety symptoms. While most people who enter substance abuse treatment have a lifetime history of trauma or PTSD, this was not associated with increased relapse risk. This study recommends monitoring for trauma exposure and symptoms of anxiety/depression and continuing care that can treat them. [Gil-Rivas, V, Prause, J, Grella, C. (2009) Substance use after residential treatment among individuals with co-occurring disorders: The role of anxiety/depressive symptoms and trauma exposure. *Psychology of Addictive Behaviors*, v 23-2, 303-314.]

- *Case management services*, both on-site and through home visits, that provide support and linkage to safety planning and risk reduction counseling, housing access, treatment for behavioral health issues, benefits and entitlement support, legal assistance, medical care, employment, and other resources necessary for stability and health.
- *Drop-in access to peer-counseling services* that address a multitude of issues, including mental health, substance abuse, benefits advocacy, employment, medical care, housing, legal issues, and other barriers to stability and health.
- *A range of support groups*. Sessions address issues such as those specific to women, transgender participants, Latinos, and those struggling with substance use issues, mental illness, anger issues, chronic illnesses, and housing stability. Functioning as talking circles, groups are drop-in, harm reduction-based, and do not operate from an agenda. Rather, the group leader establishes the boundaries of the group (setting, beginning and end time, ground rules) and then turns over the members to talk with each other as they wish. The group leader acts as "host" and "conductor" rather than directing the focus of the group.
- *Drop-in artistic access to the community arts studio*. Provision of safe, nurturing space; art supplies; a variety of workshops to increase artistic skills and self-esteem; peer counseling; and engagement into services to promote stability and wellness.
- *Socialization activities*. Activities promote the creation of peer support systems and provide a venue for participants to interact socially in a safe space free from drugs, alcohol, and other negative influences.
- *Drumming*: The HOLD Program will include a drumming group. As noted in the Holistic Wellness model, culturally specific activities like drumming circles and talking circles are healing for the Native American community. This is also true of African Americans and Latinos. One 2008 study demonstrated some reduction in PTSD for

soldiers engaged in music therapy group work and drumming, resulting in “especially increased sense of openness, togetherness, belonging, sharing, closeness, connectedness and intimacy, as well as achieving a non-intimidating access to traumatic memories, facilitating an outlet for rage and regaining a sense of self-control.” [Bensimon, M, Amir, D, Wolf, Y. (2008) Drumming through trauma: Music therapy with post-traumatic soldiers. *The Arts in Psychotherapy*, v 35-1, 34-38.]

- *Cultural connections and Community-building*: When partnering with people experiencing and at risk of homelessness, Hospitality House includes the facilitation of community violence prevention events which strengthen participants’ connection and investment in the world around them. In collaboration with local neighborhood public safety initiatives, participants in the Violence Prevention and Civic Participation Program will partake in event planning to engage the greater community. Examples of potential activities include an African American History Month Celebration, a Dias de los Muertos (Day of the Dead) Event, a World AIDS Day Memorial Event, and a LGBT Pride Celebration. The project may also host other events initiated by the community, such as special memorial services for community members who have died or celebration of significant neighborhood events.

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

D. Describe your program’s exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

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

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

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.

Currently, the Tenderloin Self-Help Center is staffed by a combination of Peer Advocates and Case Managers who are supervised by a Program Manager. While both line staff positions work directly with program participants in the drop-in center, *Peer Advocates* specifically provide engagement, crisis intervention, and peer counseling to support participants and motivate them to engage in services and improve their physical, emotional, and economic health. *Case Managers* work with participants in-depth to assist them in addressing employment goals, housing needs, mental health and substance abuse issues, medical needs, and benefits and legal advocacy, employing the modalities of harm-reduction and self-help. Case Managers link participants to the broader array of services provided in the community. The *Program Manager* provides supervisory support to line staff, directs program activities, and is accountable to the provision of client-centered quality services. The Program Manager reports to the *Program Director*, who provides oversight of all programs, manages program budgets and grants, coordinates services with community partners, and oversees personnel matters at a program level.

In this project, Hospitality House added the position of *Community Organizing Peer Advocate*. The purpose of this new position is to staff HOLD Program activities and community events, providing increased community member knowledge of safety planning and risk reduction strategies related to family and community violence and trauma. This position also guides and mentors program participant trainees receiving stipends for their work towards ameliorating the negative impact of trauma exposure on community members. In addition, this funding will add an additional *Harm Reduction Therapist* from the Harm Reduction Therapy Center, who will provide integrated mental health and substance use harm reduction therapy, providing increased access to counseling and case management services for community members experiencing emotional distress related to trauma exposure. The funding also added a *Community Building Program Manager* to provide coordination and oversight of the program.

7. Objectives and Measurements

Each objective should be followed by a section for evaluation which addresses the following elements:

- **Staff Issues:** list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- **Data Collection Tools:** specify the data collection tool(s) to be used.
- **Data:** list which data are being collected.
- **Frequency:** indicate how often the data will be collected and analyzed.
- **Data Reporting:** indicate who will receive and analyze these data and how the evaluation data will be used.

A. Performance/Outcome Objectives

Objective A1: During Fiscal Year 2010-11, 8 participants will enroll, and 4 participants will organize or present at a community event, indicating new skills and strengthened psychosocial development as measured by engagement in the Healing, Organizing & Leadership Development Program, and documented in sign-in sheets.

- **Staff Issues:** The Community Organizing Peer Advocate will collect sign-in sheets. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- **Data Collection Tools:** Sign-in sheets.
- **Data:** Participant name, in order to track both the unduplicated number served and the total units of service.
- **Frequency:** Data is collected for each program session, monitored monthly, and analyzed on a quarterly basis.
- **Data Reporting:** The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A2: During Fiscal Year 2010-11, **75 individuals** experiencing distress related to trauma exposure will receive a mental health screening, and **50% of those screened** will have increased access to counseling and/or case management services, as measured by engagement in services, and documented in the peer advocate screening tool and/or mental health assessment.

- *Staff Issues:* The Therapist completes the Monthly PEI Mental Health Assessment Therapist Log. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.
- *Data Collection Tools:* Peer Advocate Screening Tool, Mental Health Assessment.
- *Data:* Demographic data, diagnosis.
- *Frequency:* Data is collected upon participant engagement in services, monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

Objective A3: During Fiscal Year 2010-11, **4 community events** will offer **150 participants** an increased community capacity to ameliorate the negative impact of trauma exposure through participation in a range of services and community violence prevention events as measured by engagement, and documented in sign-in sheets.

- *Staff Issues:* The Community Organizing Peer Advocate collects participant sign-in sheets. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in

providing the requested data. This participant-centered focus is an important element of MHSA priorities.

- *Data Collection Tools:* Sign-in sheet.
- *Data:* Participant identifier, ethnicity, gender, age, housing status, veteran status.
- *Frequency:* Data is collected daily, monitored monthly, and analyzed on a quarterly basis.
- *Data Reporting:* The Program Director receives both quantitative and qualitative data, which is analyzed in collaboration with the Management Team, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

B. Other Measurable Objectives

The following is a Required Objective for CBHS as described in "Updated Performance Objectives for Fiscal Year 2010-2011."

Objective E.1: Prevention

E.1.f	Prevention and Early Intervention (PEI) and Workforce Development, Education and Training (WDET) providers will work with MHSA and Contract Development and Technical Assistance staff to develop three outcomes objectives for their programs. One of the objectives should address community member/client satisfaction with program services.
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8. Continuous Quality Improvement

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House guarantees compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Hospitality House uses an integrated approach to evaluation and CQI activities. The Program Director is ultimately responsible for ensuring data integrity and monitoring compliance with objectives. Program Managers conduct periodic documentation reviews, working with staff to

provide ongoing support. Program staff receive training whenever new data collection instruments are introduced, as well as on an occasional refresher basis. The Data Entry Clerk is responsible for data entry. Because of the low-threshold nature of services, staff are flexible when working with participants who experience mental and emotional difficulty in providing the requested data. This participant-centered focus is an important element of MHSA priorities.

Hospitality House involves participants in its CQI feedback loop. Feedback is gathered regularly in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from CBHS). Both quantitative and qualitative data collected is reviewed with managers, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction. Participants are also engaged in program evaluation at the Board of Directors level, with each Hospitality House program maintaining a full voting member seat for a program participant. Hospitality House's program evaluation model fits well with the MHSA approach of incorporating participant feedback into programming.

Hospitality House looks forward to working collaboratively with CBHS evaluation and CQI staff in evaluation and CQI activity design and implementation, including the joint identification of at least one outcome as the focus of evaluation efforts. As specified in the Holistic Wellness Evaluation Overview, Hospitality House is eager to coordinate with the PEI Evaluator in developing a logic model with corresponding evaluation procedures and measures. Hospitality House has the existing database capacity to collect and report participant demographics and counts. Hospitality House holds Program Meetings every other week in which staff receive training and problem-solve around program issues, which is an ideal forum for implementation of focus groups to solicit staff perspectives on access, engagement, and appropriateness of services. Participation in an annual Implementation Status survey would fit well with the existing evaluation model. Hospitality House welcomes the assistance of CBHS staff to ensure that the electronic recordkeeping and data collection requirements can be met while still maintaining the integrity of the low-threshold, harm reduction program model which ensures service accessibility even to those reluctant to share personal data information with the agency.

Appendix B
Calculation of Charges

I. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1 Tenderloin Peer- Based Wellness Recovery Center

Appendix B-2 Peer-Based Center

Appendix B-3 Support Services for Housing - Adult

Appendix B-4 Support Services for Housing - Older

Appendix B-5 Sixth Street Peer-Based Wellness recovery Center

Appendix B-6 Older Adult

Appendix B-7 Employment Vocational Rehab

Appendix B-8 Senior Behavioral health Screening

Appendix B-9 Holistic Wellness Promotion

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Fifteen Million Nine Hundred Twenty Three Thousand Three Hundred Forty Seven Dollars (\$15,923,347) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$413,593 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2010 through June 30, 2011 (Encumbered under BPHM07000060)	\$2,584,959
July 1, 2011 through June 30, 2012	\$2,584,959
July 1, 2012 through June 30, 2013	\$2,584,959
July 1, 2013 through June 30, 2014	\$2,584,959
July 1, 2014 through June 30, 2015	\$2,584,959
July 1, 2015 through December 31, 2015	\$2,584,959
July 1, 2010 through December 31, 2015	\$15,509,754

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

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

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

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

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

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

DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New	Renewal	Modification	9/13/2010		
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY)			
LEGAL ENTITY NUMBER: 01305							
LEGAL ENTITY/CONTRACTOR NAME: Central City Hospitality House							
APPENDIX NUMBER	B-1	B-2	B-3	B-4	B-5		
PROVIDER NUMBER	38CJ	38CJ	38CJ	38CJ	38CJ		
PROVIDER NAME:	CCHH	CCHH	CCHH	CCHH	CCHH	Sub. Total	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	408,695	98,901	83,243	184,203	318,442	1,093,484	
OPERATING EXPENSE	172,876	34,999	52,192	92,064	186,983	539,114	
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0	
SUBTOTAL DIRECT COSTS	581,571	133,900	135,435	276,267	505,425	1,632,598	
INDIRECT COST AMOUNT	48,625				49,099	97,724	
INDIRECT %	8%	0%	0%	0%	10%	0	
TOTAL FUNDING USES:	630,196	133,900	135,435	276,267	554,524	1,730,322	
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
MHSA		133,900	135,435	276,267		546,602	
GRANTS - click below							
Please enter other funding source here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
Please enter other funding source here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other funding source here if not in pull down							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND	630,196				554,524	1,184,720	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	630,196	133,900	135,435	276,267	554,524	1,730,322	
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below							
Please enter other funding source here if not in pull down							
3rd Party Payor Revenues:							
Please enter other funding source here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other funding source here if not in pull down							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	630,196	133,900	135,435	276,267	554,524	1,730,322	
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES	0	0	0	0	0	0	
TOTAL REVENUES (DPH AND NON-DPH)	630,196	133,900	135,435	276,267	554,524	1,730,322	

DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New	Renewal	Modification	9/13/2010		
If modification, Effective Date of Mod:		# of Mod:		VENDOR ID (DPH USE ONLY):			
LEGAL ENTITY NUMBER: 01305							
LEGAL ENTITY/CONTRACTOR NAME: Central City Hospitality House							
APPENDIX NUMBER	B-6	B-7	B-8	B-9			
PROVIDER NUMBER	38CJ	38CJ	38CJ	38CJ			
PROVIDER NAME	CCHH	CCHH	CCHH	CCHH	Sub. Total:		G. TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11			
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	124,990	83,247	76,673	180,185	465,095		1,558,579
OPERATING EXPENSE	18,785	16,754	134,355	199,815	369,709		908,823
CAPITAL OUTLAY (COST \$5,000 AND OVER)					0		0
SUBTOTAL DIRECT COSTS	143,775	100,001	211,028	380,000	834,804		2,467,402
INDIRECT COST AMOUNT			11,833	8,000	19,833		117,557
INDIRECT %	0%	0%	5%	2%	0		0
TOTAL FUNDING USES:	143,775	100,001	222,861	388,000	854,637		2,584,959
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
MHSA	143,775	100,001	222,861	388,000	854,637		1,400,239
GRANTS - click below							
Please enter other funding source here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
Please enter other funding source here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other funding source here if not in pull down							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND							
							1,184,720
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	143,775	100,001	222,861	388,000	854,637		2,584,959
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below							
Please enter other funding source here if not in pull down							
3rd Party Payor Revenues:							
Please enter other funding source here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other funding source here if not in pull down							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-		-
TOTAL DPH REVENUES	143,775	100,001	222,861	388,000	854,637		2,584,959
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES							
	0	0	0	0	0		0
TOTAL REVENUES (DPH AND NON-DPH)	143,775	100,001	222,861	388,000	854,637		2,584,959

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

FISCAL YEAR:	7/1/10-6/30/11		APPENDIX #: B-1 to B-5		9/13/2010	
LEGAL ENTITY NAME:	Central City Hospitality House, Inc.				PROVIDER #: 38CJ	
PROVIDER NAME:	Central City Hospitality House, Inc.					
REPORTING UNIT NAME:	Tendron Peer-Based Wellness Recovery Center (GF)	Peer-Based Center (MHSA)	Support Services for Housing - Adult (MHSA)	Support Services for Housing - Older Adult (MHSA)	Sixth Street Peer-Based Wellness Recovery Center (GF)	
REPORTING UNIT:						
MODE OF SVCS / SERVICE FUNCTION CODE:	10/40-49	10/40-49	10/40-49	10/40-49	10/40-49	
SERVICE DESCRIPTION:	Socialization	Socialization	Socialization	Socialization	Socialization	Sub Total
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	408,695	98,901	83,243	184,203	318,442	1,093,484
OPERATING EXPENSE	172,876	34,999	52,192	92,064	186,983	539,114
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	581,571	133,900	135,435	276,267	505,425	1,632,598
INDIRECT COST AMOUNT	48,625				49,099	97,724
TOTAL FUNDING USES:	630,196	133,900	135,435	276,267	554,524	1,730,322
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA		133,900	135,435	276,267		545,602
GRANTS - click below CFDA #:						
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND	630,196				554,524	1,184,720
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	630,196	133,900	135,435	276,267	554,524	1,730,322
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below CFDA #:						
Please enter other here if not in pull down						
3rd Party Payor Revenues:						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	630,196	133,900	135,435	276,267	554,524	1,730,322
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	630,196	133,900	135,435	276,267	554,524	1,730,322
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹	37,500	500	50	500	6,250	44,800
UNITS OF TIME ²						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	16.81	267.80	2,708.70	552.53	88.72	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	16.81	267.80	2,708.70	552.53	88.72	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	2500	100	50	500	250	

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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

FISCAL YEAR:		7/1/10-6/30/11		APPENDIX #: B-6 to B-9		9/13/2010	
LEGAL ENTITY NAME:		Central City Hospitality House, Inc.		PROVIDER #:		38CJ	
PROVIDER NAME:		Central City Hospitality House, Inc.					
REPORTING UNIT NAME:		Sixth Street Older Adult (MHSA)	Employment Vocational Rehab (MHSA)	Older Adult BH Screen & Response (MHSA)	Holistic Wellness Promotion (MHSA)		
REPORTING UNIT:				38CJOA	38CJHW		
MODE OF SVCS / SERVICE FUNCTION CODE:		10/40-49	10/40-49	45/10-19	45/10-19		
SERVICE DESCRIPTION:		Socialization	Socialization	MH Promotion	MH Promotion	Sub Total	G. TOTAL
CBHS FUNDING TERM:		7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS		124,990	83,247	76,673	180,185	465,095	1,568,678
OPERATING EXPENSE		18,785	16,754	134,355	199,815	369,709	908,823
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0	0
SUBTOTAL DIRECT COSTS		143,775	100,001	211,028	380,000	834,804	2,467,462
INDIRECT COST AMOUNT				11,833	8,000	19,833	117,557
TOTAL FUNDING USES:		143,775	100,001	222,861	388,000	854,637	2,584,959
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
MHSA		143,775	100,001	222,861	388,000	854,637	1,400,239
GRANTS - click below CFDA #:							
Please enter other here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND							1,184,720
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		143,775	100,001	222,861	388,000	854,637	2,584,959
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below CFDA #:							
Please enter other here if not in pull down							
3rd Party Payor Revenues:							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES		143,775	100,001	222,861	388,000	854,637	2,584,959
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES		0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)		143,775	100,001	222,861	388,000	854,637	2,584,959
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE ¹		25	25	100	150	300	45,100
UNITS OF TIME ²							
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH)		5,751.00	4,000.04	2,228.61	2,586.67		
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)		5,751.00	4,000.04	2,228.61	2,586.67		
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS		25	25	50	75		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-1 Page 3
 Document Date: 09/13/10

Provider Number (same as line 7 on DPH 1): Tenderloin Peer-Based Wellness Recovery Center
 Provider Name (same as line 8 on DPH 1):

POSITION TITLE	TOTAL		General Fund		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.45	\$ 36,000.00	0.45	36,000								
TSHC Program Manager	0.50	\$ 21,270.00	0.50	21,270								
CAP Program Manager	0.60	\$ 25,523.00	0.60	25,523								
Case Managers	2.00	\$ 71,284.00	2.00	71,284								
Peer Service Advocates/Studio Assistants	2.20	\$ 69,759.00	2.20	69,759								
Substitute Peer Service Advocates	0.55	\$ 17,500.00		17,500								
Data Entry Clerk	0.50	\$ 16,855.00	0.50	16,855								
Peer Service Janitor	0.60	\$ 17,297.00	0.60	17,297								
Substitute Peer Service Janitor	0.17	\$ 4,800.00		4,800								
Executive Director	0.05	\$ 5,000.00	0.05	5,000								
Bookkeeper	0.15	\$ 7,056.00	0.15	7,056								
Program Associate	0.25	\$ 8,930.00	0.25	8,930								
Administrative Manager	0.20	\$ 8,508.00	0.20	8,508								
Administrative Associate	0.25	\$ 8,930.00	0.25	8,930								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	8.47	\$318,712	7.75	\$318,712	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS 28% \$89,983 28% \$89,983 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$408,695 \$408,695 \$0 \$0 \$0 \$0

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-4 Page 3
 Document Date: 09/13/10

Provider Number (same as line 7 on DPH 1): Support Services for Housing - Older Adult
 Provider Name (same as line 8 on DPH 1): _____

POSITION TITLE	TOTAL		MHSA Prop 63		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
					(grant title)		(grant title)		(dept. name)		(dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Support Services for Housing Case Managers	1.00	\$ 35,642.00	1.00	\$ 35,642.00								
TSHC Program Manager	0.25	\$ 10,634.00	0.25	\$ 10,634.00								
Executive Director	0.10	\$ 10,000.00	0.10	\$ 10,000.00								
Bookkeeper	0.05	\$ 2,352.00	0.05	\$ 2,352.00								
Administrative Manager	0.05	\$ 2,127.00	0.05	\$ 2,127.00								
Administrative Associate	0.05	\$ 1,786.00	0.05	\$ 1,786.00								
Janitor	0.10	\$ 2,883.00	0.10	\$ 2,883.00								
Program Associate	0.10	\$ 3,572.00	0.10	\$ 3,572.00								
Older Adult Peer Advocates	2.00	\$ 63,416.00	2.00	\$ 63,416.00								
Substitute Peer Advocates	0.39	\$ 12,500.00	0.00	\$ 12,500.00								
TOTALS	4.09	\$144,914	3.70	\$144,914	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS	27%	\$39,288	27%	\$39,288	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
TOTAL SALARIES & BENEFITS		\$184,202		\$184,202		\$0		\$0		\$0		\$0

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-5 Page 3
 Document Date: 09/13/10

Provider Number (same as line 7 on DPH 1): Sixth Street Peer-Based Wellness Recovery Center
 Provider Name (same as line 8 on DPH 1):

POSITION TITLE	TOTAL		General Fund		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.25	\$ 20,000.00	0.25	\$ 20,000.00								
Sixth Street Program Manager	1.00	\$ 47,017.00	1.00	\$ 47,017.00								
Case Managers	1.00	\$ 35,642.00	1.00	\$ 35,642.00								
Peer Advocates	1.50	\$ 47,564.00	1.50	\$ 47,564.00								
Substitute Peer Advocates	0.43	\$ 13,650.00	0.00	\$ 13,650.00								
Peer Service Janitor	0.75	\$ 21,620.00	0.75	\$ 21,620.00								
Substitute Peer Service Janitors	0.02	\$ 700.00	0.00	\$ 700.00								
Executive Director	0.10	\$ 10,000.00	0.10	\$ 10,000.00								
Bookkeeper	0.20	\$ 9,410.00	0.20	\$ 9,410.00								
Data Entry Clerk	0.50	\$ 16,854.00	0.50	\$ 16,854.00								
Administrative Manager	0.35	\$ 14,888.00	0.35	\$ 14,888.00								
Administrative Associate	0.30	\$ 10,716.00	0.30	\$ 10,716.00								
TOTALS	6.40	\$248,061	5.95	\$248,061	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS 28% \$70,381 28% \$70,381 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$318,442 \$318,442 \$0 \$0 \$0 \$0

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-9 Page 3
 Document Date: 09/13/10

Provider Number (same as line 7 on DPH 1): PEI- Holistic Wellness Promotion
 Provider Name (same as line 8 on DPH 1):

POSITION TITLE	TOTAL		MHSA Prop 63		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Community Organizing Peer Advocate	1.00	\$ 31,709.00	1.00	\$ 31,709.00								
Peer Advocate	1.00	\$ 31,709.00	1.00	\$ 31,709.00								
Administrative Manager	0.20	\$ 8,508.00	0.20	\$ 8,508.00								
Administrative Associate	0.20	\$ 7,144.00	0.20	\$ 7,144.00								
Executive Director	0.05	\$ 5,000.00	0.05	\$ 5,000.00								
CBP Program Manager	0.80	\$ 44,000.00	0.80	\$ 44,000.00								
Bookkeeper	0.05	\$ 2,352.00	0.05	\$ 2,352.00								
Program Associate	0.20	\$ 7,144.00	0.20	\$ 7,144.00								
Program Director	0.10	\$ 8,000.00	0.10	\$ 8,000.00								
TOTALS	3.60	\$145,566	3.60	\$145,566	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS	24%	\$34,619	24%	\$34,619	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
TOTAL SALARIES & BENEFITS		\$180,185		\$180,185		\$0		\$0		\$0		\$0

3rd Party Payor Revenues

DPH 4: Operating Expenses Detail

APPENDIX #: B-1 Page 4
 Document Date: 9/17/2010

Provider Number (same as line 7 on DPH 1): Tenderloin Peer-Based Wellness Recovery Center
 Provider Name (same as line 8 on DPH 1):

Expenditure Category	TOTAL	General Fund	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term:	Term:
Rental of Property	\$ 31,200.00	31,200				
Utilities(Elec. Water, Gas, Phone, Scavenger)	\$ 36,402.00	36,402				
Office Supplies, Postage	\$ 2,650.00	2,650				
Building Maintenance Supplies and Repair	\$ 13,500.00	13,500				
Printing and Reproduction	\$ -					
Insurance	\$ 7,000.00	7,000				
Staff Training	\$ 3,000.00	3,000				
Staff Travel-(Local & Out of Town)	\$ -					
Rental of Equipment	\$ 2,773.00	2,773				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
IT/Computer Consultant/Database Management	\$ 1,500.00	1,500				
Harm Reduction Therapy Center	\$ 50,476.00	50,476				
	\$ -					
OTHER	\$ -					
	\$ -					
Client Supplies, Services, Food & Program Equipment	\$ 24,000.00	24,000				
Advertising/Job Posting	\$ 375.00	375				
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$172,876	\$172,876	\$0	\$0	\$0	\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-2 Page 4
 Document Date: 9/17/2010

Provider Number (same as line 7 on DPH 1): Peer Based Center
 Provider Name (same as line 8 on DPH 1):

Expenditure Category	TOTAL	MHSA Prop 63	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term:	Term:
Rental of Property						
Utilities(Elec. Water, Gas, Phone, Scavenger)						
Office Supplies, Postage						
Building Maintenance Supplies and Repair						
Printing and Reproduction						
Insurance						
Staff Training						
Staff Travel-Local & Out of Town)						
Rental of Equipment						
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Care Through Touch Institute	\$ 7,200.00	\$ 7,200.00				
Harm Reduction Therapy Center	\$ 27,799.00	\$ 27,799.00				
	\$ -					
	\$ -					
OTHER	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$34,999	\$34,999	\$0	\$0	\$0	\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-3 Page 4
 Document Date: 9/17/2010

Provider Number (same as line 7 on DPH 1): Support Services for Housing - Adult

Provider Name (same as line 8 on DPH 1):

Expenditure Category	TOTAL	MHSA Prop 63	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term:	PROPOSED TRANSACTION Term:	PROPOSED TRANSACTION Term:	PROPOSED TRANSACTION Term:
Rental of Property	\$ 3,000.00	\$ 3,000.00				
Utilities(Elec. Water, Gas, Phone, Scavenger)	\$ 14,500.00	\$ 14,500.00				
Office Supplies, Postage	\$ 1,050.00	\$ 1,050.00				
Building Maintenance Supplies and Repair	\$ 6,500.00	\$ 6,500.00				
Printing and Reproduction	\$ -	\$ -				
Insurance	\$ 3,000.00	\$ 3,000.00				
Staff Training	\$ 1,000.00	\$ 1,000.00				
Staff Travel-(Local & Out of Town)	\$ -	\$ -				
Rental of Equipment	\$ 1,000.00	\$ 1,000.00				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
	\$ -	\$ -				
OTHER	\$ -	\$ -				
	\$ -	\$ -				
Housing Assistance Fund & Client Supplies/Services, Food	\$ 22,142.00	\$ 22,142.00				
TOTAL OPERATING EXPENSE	\$52,192	\$52,192	\$0	\$0	\$0	\$0

3rd Party Payor Revenues:

DPH 4: Operating Expenses Detail

APPENDIX #: B-4 Page 4
 Document Date: 9/17/2010

Provider Number (same as line 7 on DPH 1): Support Services for Housing - Older Adult

Provider Name (same as line 8 on DPH 1):

Expenditure Category	TOTAL	MHSA Prop 63	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term:	Term:
Rental of Property	3,000	3,000				
Utilities(Elec, Water, Gas, Phone, Scavenger)	22,500	22,500				
Office Supplies, Postage	1,050	1,050				
Building Maintenance Supplies and Repair	15,000	15,000				
Printing and Reproduction						
Insurance	5,000	5,000				
Staff Training	2,774	2,774				
Staff Travel-(Local & Out of Town)						
Rental of Equipment	2,000	2,000				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Harm Reduction Therapy Center	7,980	7,980				
OTHER						
Housing Assistance Fund & Client Supplies/Services						
Food, Program Equipment	32,760	32,760				
TOTAL OPERATING EXPENSE	\$92,064	\$92,064	\$0	\$0	\$0	\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-5 Page 4
 Document Date: 9/17/2010

Provider Number (same as line 7 on DPH 1): Sixth Street Peer-Based Wellness Recovery Center

Provider Name (same as line 8 on DPH 1):

Expenditure Category	TOTAL	General Fund	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term:	Term:
Rental of Property	\$ 45,543.00	\$ 45,543.00				
Utilities(Elec. Water, Gas, Phone, Scavenger)	\$ 13,432.00	\$ 13,432.00				
Office Supplies, Postage	\$ 1,500.00	\$ 1,500.00				
Building Maintenance Supplies and Repair	\$ 5,500.00	\$ 5,500.00				
Printing and Reproduction	\$ 250.00	\$ 250.00				
Insurance	\$ 9,000.00	\$ 9,000.00				
Staff Training	\$ 2,500.00	\$ 2,500.00				
Staff Travel(Local & Out of Town)	\$ -	\$ -				
Rental of Equipment	\$ 2,500.00	\$ 2,500.00				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Care Through Touch Institute	\$ 11,700.00	\$ 11,700.00				
Harm Reduction Therapy Center	\$ 88,183.00	\$ 88,183.00				
OTHER						
Client Supplies/Services, Food, Program Equipment	\$ 6,500.00	\$ 6,500.00				
Advertising/Job Posting	\$ 375.00	\$ 375.00				
TOTAL OPERATING EXPENSE	\$186,983	\$186,983	\$0	\$0	\$0	\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-6 Page 4
 Document Date: 9/17/2010

Provider Number (same as line 7 on DPH 1): Older Adult
 Provider Name (same as line 8 on DPH 1):

Expenditure Category	TOTAL	MHSA Prop 63	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term:	Term:
Rental of Property	\$ 10,185.00	\$ 10,185.00				
Utilities(Elec. Water, Gas, Phone, Scavenger)						
Office Supplies, Postage	\$ 500.00	\$ 500.00				
Building Maintenance Supplies and Repair	\$ 6,000.00	\$ 6,000.00				
Printing and Reproduction						
Insurance						
Staff Training						
Staff Travel-(Local & Out of Town)						
Rental of Equipment						
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
OTHER						
Client Supplies, Services, Food & Program Equipment	\$ 2,100.00	\$ 2,100.00				
TOTAL OPERATING EXPENSE	\$18,785	\$18,785	\$0	\$0	\$0	\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-7 Page 4
 Document Date: 9/17/2010

Provider Number (same as line 7 on DPH 1): Employment Vocational Rehab
 Provider Name (same as line 8 on DPH 1):

Expenditure Category	TOTAL	MHSA Prop 63	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term:	Term:
Rental of Property						
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 9,709.00	\$ 9,709.00				
Office Supplies, Postage	\$ 1,545.00	\$ 1,545.00				
Building Maintenance Supplies and Repair						
Printing and Reproduction						
Insurance						
Staff Training						
Staff Travel(Local & Out of Town)						
Rental of Equipment						
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
OTHER						
Client Supplies, Services, Food & Program Equipment	\$ 4,000.00	\$ 4,000.00				
Computer Supplies, Repairs, and Upgrades	\$ 1,500.00	\$ 1,500.00				
TOTAL OPERATING EXPENSE	\$16,754	\$16,754	\$0	\$0	\$0	\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-8 Page 4
 Document Date: 9/17/2010

Provider Number (same as line 7 on DPH 1): Senior Behavioral Health Screening

Provider Name (same as line 8 on DPH 1):

Expenditure Category	TOTAL	MHSA Prop 63	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term:	PROPOSED TRANSACTION Term:	PROPOSED TRANSACTION Term:	PROPOSED TRANSACTION Term:
Rental of Property						
Utilities(Elec. Water, Gas, Phone, Scavenger)	\$ 8,000.00	\$ 8,000.00				
Office Supplies, Postage	\$ 5,000.00	\$ 5,000.00				
Building Maintenance Supplies and Repair	\$ 5,500.00	\$ 5,500.00				
Printing and Reproduction						
Insurance						
Staff Training	\$ 3,000.00	\$ 3,000.00				
Staff Travel-(Local & Out of Town)						
Rental of Equipment	\$ 2,500.00	\$ 2,500.00				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
IT/Computer Consultant/Database Management	\$ 1,500.00	\$ 1,500.00				
Harm Reduction Therapy Center	\$ 49,787.00	\$ 49,787.00				
OTHER						
Client Supplies, Services, Food & Program Equipment	\$ 59,068.00	\$ 59,068.00				
TOTAL OPERATING EXPENSE	\$134,355	\$134,355	\$0	\$0	\$0	\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-9 Page 4
 Document Date: 9/17/2010

Provider Number (same as line 7 on DPH 1): Holistic Wellness Promotion
 Provider Name (same as line 8 on DPH 1):

Expenditure Category	TOTAL	MHSA Prop 63	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term:	Term:
Rental of Property	\$ 6,000.00	\$ 6,000.00				
Utilities(Elec. Water, Gas, Phone, Scavenger)						
Office Supplies, Postage	\$ 6,000.00	\$ 6,000.00				
Building Maintenance Supplies and Repair						
Printing and Reproduction						
Insurance						
Staff Training	\$ 4,000.00	\$ 4,000.00				
Staff Travel-(Local & Out of Town)	\$ 500.00	\$ 500.00				
Rental of Equipment						
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
IT/Computer Consultant/Database Management	\$ 3,500.00	\$ 3,500.00				
Harm Reduction Therapy Center	\$ 72,550.00	\$ 72,550.00				
Professional Services (Curriculum Development)	\$ 16,000.00	\$ 16,000.00				
OTHER	\$ -	\$ -				
Client Supplies/Services, Food	\$ 26,000.00	\$ 26,000.00				
Office & Program Equipment	\$ 39,704.00	\$ 39,704.00				
Participant Stipends & Incentives	\$ 24,561.00	\$ 24,561.00				
Workshop Supplies	\$ 1,000.00	\$ 1,000.00				
TOTAL OPERATING EXPENSE	\$199,815	\$199,815	\$0	\$0	\$0	\$0

CONTRACTOR NAME: Central City Hospitality House

DATE: 9/13/10

FISCAL

BUDGET JUSTIFICATION

Salaries and Benefits

Executive Director

Supports the Program Director in providing program and operations oversight, budgetary oversight, program development and planning. Involved in hiring and termination of staff, as well as progressive disciplinary action. Responsible for the development of contracts and the oversight of contract reporting. Supervises the Program Director. Responds to program crises and provides direct support to staff and clients, as needed.

Minimum qualifications: At least five years of senior management experience; ability to oversee all aspects of organization.

Annual Salary	\$100,000.00 x	0.55 FTE for	12
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Program Director

Is responsible for program and operations oversight, budgetary oversight, supervision of managers, and program planning. Responsible for contract reporting and other funder requirements.

Minimum qualifications: Previous senior program management experience, or college degree with an appropriate major and related experience.

Annual Salary	\$80,000.00 x	0.80 FTE for	12
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Program Managers

Provides program coordination, responsible for day to day operations. Provides supervision to the program and new service models as needed. Responsible for ensuring outcome objectives are completed and documented.

Minimum qualifications: Previous experience working in community programs as well as previous management/supervision experience or a demonstrated ability to manage programs. Masters degree/licensure plus. Specific salaries depend on experience, education, and clinical licensure.

TSHC	Annual Salary	\$42,539.00 x	1.00 FTE for	12
CAP	Annual Salary	\$42,539.00 x	1.00 FTE for	12
Sixth Street	Annual Salary	\$47,017.00 x	1.00 FTE for	12
Community Building Program	Annual Salary	\$55,000.00 x	0.80 FTE for	12

Program Associate

Provides program support services, including coordinating and tracking client supplies and incentives, maintaining client records and database, assisting with required Change Agent activities and other contractual requirements and other program-related projects.

Minimum qualifications: Computer literacy and previous related experience in an administrative capacity.

Annual Salary	\$35,720.00 x	0.95 FTE for	12
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Case Managers

Provides counseling, crisis intervention, and case management support to participants.

Minimum qualifications: Experience in case management with specific expertise in working with people with mental health and/or substance use issues in a harm reduction model.

TSHC	Annual Salary	\$35,642.00 x	2.00 FTE for	12
SSH (Adult & OA)	Annual Salary	\$35,642.00 x	2.00 FTE for	12
Sixth Street (Adult & OA)	Annual Salary	\$35,642.00 x	3.00 FTE for	12

Peer Advocates/Studio Assistants & Substitute Staff

Provide crisis intervention and peer counseling to motivate participants to engage in services, reduce harm, improve their physical, emotional, and economic health. Conduct outreach in the community; staff the drop-in especially focusing on reaching out to individuals who may be withdrawn or have a difficult time engaging in services; and provide brief initial assessments to identify high-risk participants who need immediate attention. Substitute Peer Advocates/Studio Assistants work on a per diem basis and fill in for regular staff when they are on vacation or sick leave.

Minimum qualifications: Ability to perform peer counseling duties with specific expertise in actively engaging individuals who have mental health and/or substance use issues using the modalities of harm reduction. Previous peer experience with poverty, homelessness, mental illness and/or substance use issues strongly preferred.

TSHC (Adult & OA)	Annual Salary	\$31,709.00 x	4.78 FTE for	12
CAP	Annual Salary	\$31,709.00 x	2.16 FTE for	12
Activities	Annual Salary	\$31,709.00 x	1.00 FTE for	12
Community Organizing	Annual Salary	\$31,709.00 x	1.00 FTE for	12
Sixth Street	Annual Salary	\$31,709.00 x	3.66 FTE for	12
Employment	Annual Salary	\$31,709.00 x	2.00 FTE for	12

Administrative Manager

Provides support services to the programs, including supervising the janitorial staff, troubleshooting maintenance facility issues, providing IT support, handling staff benefit issues, and providing support for human resources.

Minimum qualifications: Related human resources and facilities experience; previous supervisory experience.

	Annual Salary	\$42,539.00 x	0.85 FTE for	12
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Administrative Associate

Provides support to the programs, including handling telecommunications and internet issues, ordering supplies, translating program materials, assisting with new staff orientations, and other support duties.

Minimum qualifications: Previous related experience in an administrative capacity.

	Annual Salary	\$35,720.00 x	0.85 FTE for	12
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Peer Service Janitors

Provide regular janitorial services in program to keep program areas clean and sanitary; stock supplies as needed. Substitute Janitors work on a per diem basis and fill in for regular janitors when they are out on vacation or sick leave.

Minimum qualifications: Ability to perform janitorial duties in a harm reduction setting. Previous personal experience with poverty, homelessness, mental illness, and/or substance use strongly preferred.

Annual Salary \$28,827.00 x 1.99 FTE for 12

Bookkeeper

Responsible for handling personnel and bookkeeping responsibilities for contract reporting and compliance program managers in tracking expenses and securing proper documentation for expenditures. Provides financial reports as needed for contract management. Generates checks for client services and expenses.

Minimum qualifications: At least 3 years experience in bookkeeping.

Annual Salary \$47,044.00 x 0.50 FTE for 12

Data Entry Clerk

Supports programs through collecting data, entering it into the database system, generating reports, and administrative duties, as assigned.

Minimum qualifications: Ability to enter data in a timely manner; previous experience in data entry or similar.

Annual Salary \$34,709.00 x 1.00 FTE for 12

TOTAL

Fringe Benefits - Staff:

Social Security, Worker's Comp., health benefits, unemployment, state and federal taxes.

27% of total staff salaries

TOTAL

TOTAL SALARIES &

Operating Expenses

Rent:

Monthly program rent expenses:

TSHC (4,000 sq ft x \$.42/ft)	\$1,600.00	per month	x 12 months =
SSH Group/Activities Space	\$500.00	per month	x 12 months =
CBP (694 sq ft x \$.72/ft)	\$500.00	per month	x 12 months =
CAP (1,388 sq ft x \$.72/ft)	\$1,000.00	per month	x 12 months =
SS (2,840 sq ft x \$1.64/ft)	\$4,644	per month	x 12 months =

Utilities:

Monthly expenses for specific program utilization (gas, electric, water, phone, internet, etc.):

TSHC/CAP/CBP	\$6,117.00	per month	x 12 months =
SS	\$2,595.00	per month	x 12 months =

Insurance:

Annual costs for liability, property, and other insurance required by contract. Costs are allocated by program.

Bldg. Maint. Supplies & Repairs

Includes building maintenance expense based on programs associated with this contract. Maintenance and repairs of equipment and building structures as well as janitorial supplies and equipment.

TSHC/CAP/CBP	\$29,167.00	per month	x	12 months
SS	\$1,417	per month	x	12 months

Office Supplies/Postage:

General office supplies such as pens, paper, file folders, postage expenses, toner/computer upgrades, and office supplies for programs.

\$1,608.00	per month	x	12
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Printing/Reproduction:

Off-site printing expenses for program brochures and informational materials.

\$20.83	per month	x	12
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Client Supplies, Services, Food, Program Equipment, Housing Assistance Fund, Program Start-Up Costs

Includes program-specific costs to include a wide range of client supplies and services (hygiene items, bus laundry vouchers, clothing vouchers, client incentives, DMV identification cards, etc), food for groups and program equipment (chairs, easels, etc.), workshop supplies, and the Support Services for Housing Assistance.

\$20,278.00	per month	x	12
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Staff Training and Organizational Activities & Staff Travel:

Includes registration fees for work-related conferences and related expenses as well as fees for trainers and consultants to provide in-house, all-staff trainings. Also includes costs for staff-related team-building even long professional development sessions to promote peer staff cohesion and professionalism. Training and organizational activities are of the utmost importance to strengthening the programs' peer-based staff team.

\$1,398	per month	x	12 months
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Rental of Equipment:

Includes rental costs of office equipment such as copiers.

\$895.00	per month	x	12 months
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Consultants/Subcontractors:

Harm Reduction Therapy Center

Provides a range of on-site individual and group mental health services to clients and clinical consultation
Costs are determined by project and are different fees depending on the services.

Care Through Touch Institute

Provides holistic wellness services through massage therapy to adults and older adults.

Professional Curriculum Development and Training Services

Services from outside contractors to develop training curriculum and provide train-the-train services for ne
Wellness intern project.

IT/Computer Consultant/Database Management

Support with computer and database systems, networking, and server in order to complete necessary rep
contracts and to have computers function effectively and efficiently.

Advertising

Costs related to the purchase of advertising space for job postings.

TOTAL OPERATING

TOTAL DIRE

INDIRECT COSTS

Administrative Cost

Indirect expense is charged by agency at 5% of total direct costs, to cover operating expenses incurred.

Direct cost total \$2,467,401 x 5% Indirec

TOTAL INDIRE

Contract Total

**Appendix C
Insurance Waiver**

RESERVED

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[Use as appropriate and only if an insurance waiver has been signed and granted by the Risk Manager.]

**Appendix D
Additional Terms**

1. HIPAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

- A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- A Business Associate subject to the terms set forth in Appendix E;**
- Not Applicable, CONTRACTOR will not have access to Protected Health Information.

2. THIRD PARTY BENEFICIARIES

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

3. CERTIFICATION REGARDING LOBBYING

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Use a version of this section if you want to have the right to approve in advance any materials developed or distributed under the Agreement:

4. MATERIALS REVIEW

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.

Appendix E

BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

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

1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.

- g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
 - h. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
 - i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.F. Parts 160 and 164, Subparts A and E.
 - j. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
 - k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
 - l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
 - m. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).
2. **Obligations of Business Associate**
- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
 - b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable *written* assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a *written* agreement from such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C.

Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e. **Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.R.R. Section 164.308(b)].
- f. **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).
- h. **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected

Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

- i. Accounting Rights.* Within ten (10) calendar days of notice by CE of a request for an accounting for disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.
- j. Governmental Access to Records.* BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with the Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- k. Minimum Necessary.* BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- l. Data Ownership.* BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- m. Business Associate's Insurance.* BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.

- n.* **Notification of Breach.** During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o.* **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- p.* **Audits, Inspection and Enforcement.** Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum, BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

3. Termination

- a.* **Material Breach.** A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b.* **Judicial or Administrative Proceedings.** CE may terminate the Contract, effective immediately, if (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other

security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

- c. **Effect of Termination.** Upon termination of the Contract for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA or its agents or subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections of Section 2 of this Addendum to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible[45 C.F.R. Section 164.504(e)(ii)(2)(I)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed.

4. **Limitation of Liability**

Any limitations of liability as set forth in the contract shall not apply to damages related to a breach of the BA's privacy or security obligations under the Contract or Addendum.

5. **Disclaimer**

CE makes no warranty or representation that compliance by BA with this Addendum, HIPAA, the HITECH Act, or the HIPAA Regulations will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

6. **Certification**

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Addendum.

7. **Amendment**

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

CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

8. Assistance in Litigation or Administrative Proceedings

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

9. No Third-Party Beneficiaries

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

10. Effect on Contract

Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

11. Interpretation

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

12. Replaces and Supersedes Previous Business Associate Addendums or Agreements

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.

**Appendix F
Invoice**

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER:

Contractor: Central City Hospitality House

Ct. Blanket No.: BPHM

Address: 290 Turk Street, San Francisco, CA 94102

Ct. PO No.: POHM

Tel. No.: (415) 749-2100

Fund Source:

Fax No.: (415)

Invoice Period:

Contract Term: 07/01/2010 - 06/30/2011

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

Ace Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Tenderloin Peer-Based Wellness Recovery Center RU# 38CJ												
10/40 - 49 Socialization	37,500	2,500			-	-	0%	0%	37,500	2,500	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 318,712.00	\$ -	\$ -	0.00%	\$ 318,712.00
Fringe Benefits	\$ 89,983.00	\$ -	\$ -	0.00%	\$ 89,983.00
Total Personnel Expenses	\$ 408,695.00	\$ -	\$ -	0.00%	\$ 408,695.00
Operating Expenses:					
Occupancy	\$ 81,102.00	\$ -	\$ -	0.00%	\$ 81,102.00
Materials and Supplies	\$ 2,650.00	\$ -	\$ -	0.00%	\$ 2,650.00
General Operating	\$ 12,773.00	\$ -	\$ -	0.00%	\$ 12,773.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 51,976.00	\$ -	\$ -	0.00%	\$ 51,976.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Client Supplies, Svcs, Food & Program Equipment	\$ 24,000.00	\$ -	\$ -	0.00%	\$ 24,000.00
Advertising/Job Posting	\$ 375.00	\$ -	\$ -	0.00%	\$ 375.00
Total Operating Expenses	\$ 172,876.00	\$ -	\$ -	0.00%	\$ 172,876.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 581,571.00	\$ -	\$ -	0.00%	\$ 581,571.00
Indirect Expenses	\$ 48,625.00	\$ -	\$ -	0.00%	\$ 48,625.00
TOTAL EXPENSES	\$ 630,196.00	\$ -	\$ -	0.00%	\$ 630,196.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER:

Contractor: Central City Hospitality House

Cl. Blanket No.: BPHM

Address: 290 Turk Street, San Francisco, CA 94102

Cl. PO No.: POHM

Tel. No.: (415) 749-2100

Fund Source:

Fax No.: (415)

Invoice Period:

Contract Term: 07/01/2010 - 06/30/2011

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

Ace Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Support Svcs for Housing-Adult RU# 38CJ												
10/40 - 49 Socialization	50	50			-	-	0%	0%	50	50	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 65,425.00	\$ -	\$ -	0.00%	\$ 65,425.00
Fringe Benefits	\$ 17,818.00	\$ -	\$ -	0.00%	\$ 17,818.00
Total Personnel Expenses	\$ 83,243.00	\$ -	\$ -	0.00%	\$ 83,243.00
Operating Expenses:					
Occupancy	\$ 24,000.00	\$ -	\$ -	0.00%	\$ 24,000.00
Materials and Supplies	\$ 1,050.00	\$ -	\$ -	0.00%	\$ 1,050.00
General Operating	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Housing Assistance Fund, Client Supplies & Food	\$ 22,142.00	\$ -	\$ -	0.00%	\$ 22,142.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 52,192.00	\$ -	\$ -	0.00%	\$ 52,192.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 135,435.00	\$ -	\$ -	0.00%	\$ 135,435.00
Indirect Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL EXPENSES	\$ 135,435.00	\$ -	\$ -	0.00%	\$ 135,435.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

08/24/2009

Authorized Signatory _____ Date _____

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M03 JL 0

Ct. Blanket No.: BPHM _____

User Cd

Ct. PO No.: POHM _____

Fund Source: MHSA - Prop 63

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number: _____

Contractor: Central City Hospitality House

Address: 290 Turk Street, San Francisco, CA 94102

Tel. No.: (415) 749-2100

Fax No.:

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-6 Sixth Street Older Adult RU# 38CJ												
10/40 - 49 Socialization	25	25			-	-	0%	0%	25	25	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 97,763.00	\$ -	\$ -	0.00%	\$ 97,763.00
Fringe Benefits	\$ 27,226.00	\$ -	\$ -	0.00%	\$ 27,226.00
Total Personnel Expenses	\$ 124,989.00	\$ -	\$ -	0.00%	\$ 124,989.00
Operating Expenses					
Occupancy	\$ 16,185.00	\$ -	\$ -	0.00%	\$ 16,185.00
Materials and Supplies	\$ 500.00	\$ -	\$ -	0.00%	\$ 500.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Client Supplies & Services & Food	\$ 2,100.00	\$ -	\$ -	0.00%	\$ 2,100.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 18,785.00	\$ -	\$ -	0.00%	\$ 18,785.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 143,774.00	\$ -	\$ -	0.00%	\$ 143,774.00
Indirect Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL EXPENSES	\$ 143,774.00	\$ -	\$ -	0.00%	\$ 143,774.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment	
_____ Authorized Signatory	_____ Date

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M04 JL 0

Ct. Blanket No.: BPHM TBD
User Cd

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Contractor: Central City Hospitality House

Address: 290 Turk Street, San Francisco, CA 94102

Tel. No.: (415) 749-2100

Fax No.:

Contract Term: 07/01/20019- 06/30/2011

PHP Division: Community Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-7 Employment Vocational Rehab RU# 38CJ												
10/40 - 49 Socialization	25	25					0%		25		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 63,418.00	\$ -	\$ -	0.00%	\$ 63,418.00
Fringe Benefits	\$ 19,829.00	\$ -	\$ -	0.00%	\$ 19,829.00
Total Personnel Expenses	\$ 83,247.00	\$ -	\$ -	0.00%	\$ 83,247.00
Operating Expenses					
Occupancy	\$ 9,709.00	\$ -	\$ -	0.00%	\$ 9,709.00
Materials and Supplies	\$ 1,544.00	\$ -	\$ -	0.00%	\$ 1,544.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Client Supplies, Services, Food & Program Equipment	\$ 4,000.00	\$ -	\$ -	0.00%	\$ 4,000.00
Computer Supplies, Repairs and Upgrades	\$ 1,500.00	\$ -	\$ -	0.00%	\$ 1,500.00
Total Operating Expenses	\$ 16,753.00	\$ -	\$ -	0.00%	\$ 16,753.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 100,000.00	\$ -	\$ -	0.00%	\$ 100,000.00
Indirect Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL EXPENSES	\$ 100,000.00	\$ -	\$ -	0.00%	\$ 100,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M05 JL 0

Contractor: Central City Hospitality House

Ct. Blanket No.: BPHM User Cd

Address: 290 Turk Street, San Francisco, CA 94102

Ct. PO No.: POHM

Tei. No.: (415) 749-2100

Fund Source: MHSA - Prop 63

Fax No.: (415)

Invoice Period: July 2010

Contract Term: 07/01/2010 - 06/30/2011

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

Ace Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 Peer-Based Center RU# 38CJ												
10/40 - 49 Socialization	500	100			-		0%		500		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 78,361.00	\$ -	\$ -	0.00%	\$ 78,361.00
Fringe Benefits	\$ 20,540.00	\$ -	\$ -	0.00%	\$ 20,540.00
Total Personnel Expenses	\$ 98,901.00	\$ -	\$ -	0.00%	\$ 98,901.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 34,999.00	\$ -	\$ -	0.00%	\$ 34,999.00
Others:					
Client Supplies, Service & Food	\$ -	\$ -	\$ -	0.00%	\$ -
Advertising/Job Posting	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 34,999.00	\$ -	\$ -	0.00%	\$ 34,999.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 133,900.00	\$ -	\$ -	0.00%	\$ 133,900.00
Indirect Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL EXPENSES	\$ 133,900.00	\$ -	\$ -	0.00%	\$ 133,900.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER:

Ct. Blanket No.: BPHM

Contractor: Central City Hospitality House

User Cd

Address: 290 Turk Street, San Francisco, CA 94102

Ct. PO No.: POHM

Tel. No.: (415) 749-2100

Fund Source:

Fax No.: (415)

Invoice Period:

Contract Term: 07/01/2010 - 06/30/2011

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

Ace Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 Support Services for Housing-Older Adult RU# 38CJ												
10/40 - 49 Socialization	500	100			-	-	0%	0%	500	100	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 144,914.00	\$ -	\$ -	0.00%	\$ 144,914.00
Fringe Benefits	\$ 39,288.00	\$ -	\$ -	0.00%	\$ 39,288.00
Total Personnel Expenses	\$ 184,202.00	\$ -	\$ -	0.00%	\$ 184,202.00
Operating Expenses:					
Occupancy	\$ 40,500.00	\$ -	\$ -	0.00%	\$ 40,500.00
Materials and Supplies	\$ 1,050.00	\$ -	\$ -	0.00%	\$ 1,050.00
General Operating	\$ 9,774.00	\$ -	\$ -	0.00%	\$ 9,774.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 7,980.00	\$ -	\$ -	0.00%	\$ 7,980.00
Others:	\$ -	\$ -	\$ -	0.00%	\$ -
Housing Assistance Fund & Client Support/Services	\$ 32,760.00	\$ -	\$ -	0.00%	\$ 32,760.00
Food Program Equipment	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 92,064.00	\$ -	\$ -	0.00%	\$ 92,064.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 276,266.00	\$ -	\$ -	0.00%	\$ 276,266.00
Indirect Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL EXPENSES	\$ 276,266.00	\$ -	\$ -	0.00%	\$ 276,266.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory _____ Date _____

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

Appendix F
PAGE A

Control Number

Contractor: Central City Hospitality House
 Address: 290 Turk Street, San Francisco, CA 94102
 Tel. No.: (415) 749-2100
 Fax No.: _____
 Contract Term: 07/01/2010- 06/30/2011
 PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M07 JL 0
 Ct. Blanket No.: BPHM TBD
 User Cd _____
 Cl. PO No.: POHM TBD
 Fund Source: General Fund
 Invoice Period: July 2010
 Final Invoice: _____ (Check if Yes)
 ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-5 6th Street Peer-Based Wellness Recovery Center RU# 38CJ												
10/40 - 49 Socialization	6,250	250			-	-	0%	0%	6,250	250	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 248,061.00	\$ -	\$ -	0.00%	\$ 248,061.00
Fringe Benefits	\$ 70,381.00	\$ -	\$ -	0.00%	\$ 70,381.00
Total Personnel Expenses	\$ 318,442.00	\$ -	\$ -	0.00%	\$ 318,442.00
Operating Expenses					
Occupancy	\$ 64,475.00	\$ -	\$ -	0.00%	\$ 64,475.00
Materials and Supplies	\$ 1,750.00	\$ -	\$ -	0.00%	\$ 1,750.00
General Operating	\$ 14,000.00	\$ -	\$ -	0.00%	\$ 14,000.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 99,883.00	\$ -	\$ -	0.00%	\$ 99,883.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Client Supplies/ Services, Food, Program & Equipment	\$ 6,500.00	\$ -	\$ -	0.00%	\$ 6,500.00
Advertising/Job Posting	\$ 375.00	\$ -	\$ -	0.00%	\$ 375.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 186,983.00	\$ -	\$ -	0.00%	\$ 186,983.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 505,425.00	\$ -	\$ -	0.00%	\$ 505,425.00
Indirect Expenses	\$ 49,099.00	\$ -	\$ -	0.00%	\$ 49,099.00
TOTAL EXPENSES	\$ 554,524.00	\$ -	\$ -	0.00%	\$ 554,524.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES: _____

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

Signature: _____
 Printed Name: _____
 Title: _____

Date: _____
 Phone: _____

Send to: DPH Fiscal Invoice Processing
 1380 Howard St 4th Floor
 San Francisco CA 94103-2614

DPH Authorization for Payment

 Authorized Signatory Date

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

Appendix F
PAGE A

Control Number

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

Contract Term: 07/01/2010 - 06/30/2011
PHP Division: Community Behavioral Health Services

INVOICE NUMBER:	M08 JL 0
Ct. Blanket No.: BPHM	TBD
	User Cd
Ct. PO No.: POHM	TBD
Fund Source:	MHSA - Prop63
Invoice Period:	July 2010
Final Invoice:	(Check if Yes)
ACE Control Number:	

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9 Holistic Wellness Promotion RU# 38CJHW												
45/10 -19 MH Promotion	150	75			-	-	0%	0%	150	75	100%	100%

Unduplicated Counts for AIDS Use Only

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 145,566.00	\$ -	\$ -	0.00%	\$ 145,566.00
Fringe Benefits	\$ 34,619.00	\$ -	\$ -	0.00%	\$ 34,619.00
Total Personnel Expenses	\$ 180,185.00	\$ -	\$ -	0.00%	\$ 180,185.00
Operating Expenses:					
Occupancy	\$ 6,000.00	\$ -	\$ -	0.00%	\$ 6,000.00
Materials and Supplies	\$ 6,000.00	\$ -	\$ -	0.00%	\$ 6,000.00
General Operating	\$ 4,000.00	\$ -	\$ -	0.00%	\$ 4,000.00
Staff Travel	\$ 500.00	\$ -	\$ -	0.00%	\$ 500.00
Consultant/Subcontractor	\$ 92,050.00	\$ -	\$ -	0.00%	\$ 92,050.00
Others: Client Supplies/ Services, Food	\$ 26,000.00	\$ -	\$ -	0.00%	\$ 26,000.00
Office & Program Equipment	\$ 39,704.00	\$ -	\$ -	0.00%	\$ 39,704.00
Participant Stipends & Incentives	\$ 24,561.00	\$ -	\$ -	0.00%	\$ 24,561.00
Workshop Supplies	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 199,815.00	\$ -	\$ -	0.00%	\$ 199,815.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 380,000.00	\$ -	\$ -	0.00%	\$ 380,000.00
Indirect Expenses	\$ 8,000.00	\$ -	\$ -	0.00%	\$ 8,000.00
TOTAL EXPENSES	\$ 388,000.00	\$ -	\$ -	0.00%	\$ 388,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: **Central City Hospitality House**

Address: 290 Turk Street, San Francisco, CA 94102

Tel. No.: (415) 749-2100

Fax No.: (415)

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M09 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-8 Older Adult BH Screen & Response RU# 38CJOA												
45/10 - 19 MH Promotion	100	50					0%	0%	100	50	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 59,930.00	\$ -	\$ -	0.00%	\$ 59,930.00
Fringe Benefits	\$ 16,743.00	\$ -	\$ -	0.00%	\$ 16,743.00
Total Personnel Expenses	\$ 76,673.00	\$ -	\$ -	0.00%	\$ 76,673.00
Operating Expenses:					
Occupancy	\$ 13,500.00	\$ -	\$ -	0.00%	\$ 13,500.00
Materials and Supplies	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
General Operating	\$ 5,500.00	\$ -	\$ -	0.00%	\$ 5,500.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 51,287.00	\$ -	\$ -	0.00%	\$ 51,287.00
Others: Client Supplies, Services, Food & Program Equipment	\$ 59,068.00	\$ -	\$ -	0.00%	\$ 59,068.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 134,355.00	\$ -	\$ -	0.00%	\$ 134,355.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 211,028.00	\$ -	\$ -	0.00%	\$ 211,028.00
Indirect Expenses	\$ 11,833.00	\$ -	\$ -	0.00%	\$ 11,833.00
TOTAL EXPENSES	\$ 222,861.00	\$ -	\$ -	0.00%	\$ 222,861.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date



Appendix G

Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- **Step 1** The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- **Step 2** Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- **Step 3** Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute

shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H

San Francisco Department of Public Health Privacy Policy Compliance Standards

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.

As Measured by: Documentation showing individual was trained exists

Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists.

Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.

Appendix I

Emergency Response

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

