

Department of Benefits and Family Support

MEMORANDUM

Department of Disability and Aging Services

THROUGH:

TO:

DISABILITY AND AGING SERVICES COMMISSION

Office of Early Care and Education

SHIREEN McSPADDEN, EXECUTIVE DIRECTOR

FROM: CINDY KAUFFMAN, DEPUTY DIRECTOR

ESPERANZA ZAPIEN, ACTING DIRECTOR OF

CONTRACTS

P.O. Box 7988 San Francisco, CA 94120-7988 www.SFHSA.org

DATE: JANUARY 6, 2021

SUBJECT: NEW GRANT: MENTAL HEALTH ASSOCIATION OF

SAN FRANCISCO (NON-PROFIT) FOR THE PROVISION OF SOCIAL SUPPORT SERVICES TO COLLECTING

Federal

Contingency

Total

BEHAVIORS

GRANT TERM: 1/1/2021 - 6/30/2024

GRANT AMOUNT: New Contingency Total

County

\$1,045,772 \$104,577 \$1,150,349

ANNUAL AMOUNT <u>FY 20/21</u> <u>FY 21/22</u> <u>FY 22/23</u> <u>FY 23/24</u>

\$149,396 \$298,792 \$298,792 \$298,792

State

Funding Source

FUNDING: \$1,045,772 \$104,557 \$1,150,349

PERCENTAGE: 100% 100%

The Department of Disability and Aging Services (DAS) requests authorization to enter into a grant with Mental Health Association of San Francisco for the period of January 1, 2021 to June 30, 2024, in an amount of \$1,045,772, plus a 10% contingency for a total amount not to exceed \$1,150,349. The purpose of the grant is to provide social support services to improve quality of life and to prevent eviction and homelessness for individuals with hoarding and cluttering challenges, to improve coordination of the City's response to hoarding issues, and to improve the skills of family members and professionals working with individuals with hoarding and cluttering challenges.



London Breed Mayor

Trent RhorerExecutive Director



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Background

Compulsive hoarding and cluttering is a serious and treatable disorder. Hoarding Disorder (HD) cause people who suffer from it to feel isolated. These behaviors impede the development of relationships, lead to safety concerns, and can result in eviction. Hoarding Disorder and Collecting Behavior terminology is used interchangeably. The San Francisco Task Force on Compulsive Hoarding was created in 2007 to mitigate these problems. It is comprised of representatives from City departments, non-profit housing, service providers, including the Grantee, and others affected by compulsive hoarding issues. The members strategize on how to facilitate collaboration among service systems needed to implement multi-disciplinary strategies on compulsive hoarding. The ongoing goals of the task force are to identify gaps in services, design strategies to reduce eviction, raise community awareness about the complexities of hoarding behavior, and improve the quality of life for those who compulsively hoard and clutter.

Last year, based on recommendations from the Task Force, the Grantee adopted a family support group model, providing support and resources to the family members of individuals with hoarding and cluttering challenges as well as creating an on-line resource tool that links consumers not only to hoarding and cluttering resources, but to other community resources and services, as well.

As a member of the Task Force, the Grantee will continue to make new recommendations on policy and best practices for what is needed to improve the quality of life to prevent eviction and homelessness of individuals with hoarding and cluttering challenges.

Services to be Provided

Services will be provided in the Grantee's main location at 870 Market Street and throughout San Francisco. Services include but are not limited to coordinating and facilitating the San Francisco Task Force on Compulsive Hoarding; providing trainings in the community to service providers, landlords, attorneys, and family members; engaging in community outreach; facilitating various support groups and treatment groups; , expanding the resource database; increasing community collaborations, and providing one-to-one information and referrals.

For more specific information regarding the services to be provided, please refer to the attached Appendix A



P.O. Box 7988 San Francisco, CA 94120-7988 www.SFHSA.org

Selection

Contractor was selected through Request for Proposals 880, which was competitively bid in September 2020

Funding

Funding for this grant is provided through County General Funds.

ATTACHMENTS

Appendix A – Services to be Provided

Appendix B – Program Budget

Appendix F – Site Chart

APPENDIX A – SERVICES TO BE PROVIDED BY GRANTEE

Mental Health Association of San Francisco

Social Support Services for Collecting Behaviors

January 1, 2021 to June 30, 2024

I. Purpose

The purpose of this grant is to provide social support services to improve the quality of life and to prevent eviction and homelessness for individuals with hoarding disorder challenges; to improve coordination of the City's response to hoarding issues; and to improve the skills of family members and professionals working with individuals with hoarding disorder challenges.

II. Definitions

Adult with a Disability	Person 18-59 years of age living with a disability.					
CA-CetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service units, run reports, etc.					
City	City and County of San Francisco, a municipal corporation					
DAS	Department of Disability and Aging Services					
Disability	A condition or combination of conditions that is attributable to a mental, cognitive or physical impairment, including hearing and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: a) Self-care: activities of daily living (ADL), and instrumental activities of daily living (IADL); b) Capacity for independent living and self-direction; c) Cognitive functioning, and emotional adjustment					
Frail	An individual determined to be functionally impaired in one or both of the following areas: (a) unable to perform two or more activities of daily living (such as bathing, toileting, dressing, eating, and transferring) without substantial human assistance, including verbal reminding, physical cueing or supervision; (b) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or others.					

Grantee	Mental Health Association of San Francisco (MHASF)			
Hoarding Disorder (HD)/Collecting Behaviors	HD is the persistent difficulty discarding or parting with possessions, regardless of their actual value. This difficulty is due to a perceived need to save the items and to the distress associated with discarding them. The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas compromising the usability of the space. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, or the authorities). The resulting hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for oneself or others). The hoarding is not attributable to another medical condition (e.g., brain injury, cerebrovascular disease, Prader-Willi syndrome). (Diagnostic and Statistical Manual-5, American Psychiatric Association); Hoarding Disorder and Collecting Behavior terminology is used interchangeably.			
HSA	Human Services Agency			
LGBTQ+	An acronym/term used to refer to persons who self-identify as non - heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.			
Low Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services. This is only to be used by consumers to self-identify their income status, not to be used as a means test to qualify for the program.			
Minority	An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130.			

Older Adults	Person who is 60 years or older. Used interchangeably with senior.					
ОСР	Office of Community Partnerships					
Senior	Person who is 60 years or older. Used interchangeably with older adult.					
SOGI	Sexual Orientation and Gender Identity; Ordinance No. 159-16 amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (Chapter 104, Sections 104.1 through 104.9).					
Task Force	A group comprised of interested individuals, City department representatives and agency representatives concerned with a specific issue and working together to coordinate services and improve service delivery to a target population.					

III. Target Population

This grant funding is intended to serve older adults and adults with disabilities who reside in the City and County of San Francisco with one or more of the following target priorities:

- 1. Low-income
- 2. Non or limited-English speaking
- 3. Minority
- 4. Frail
- 5. Member of LGBTQ+ Community

IV. Eligibility for Social Support Services for Collecting Behaviors

To be eligible for the Social Support Services for Collecting Behaviors program, individuals must be a resident of San Francisco and have a demonstrated behavior related to hoarding disorder.

V. Location and Time of Services

The details of the sites and operational hours are attached in the Site Chart (Appendix F).

VI. Description of Services

Center of Excellence for Hoarding and Cluttering

The Mental Health Association of San Francisco (MHASF) plans to build the Center of Excellence for Hoarding and Cluttering housed within the Institute on Compulsive Hoarding and Cluttering (ICHC). The goal of the Center of Excellence is to become an entryway and a centralized navigational space for anyone seeking information or services on collecting behaviors. The information on the Center of Excellence will be hosted on the agency's online portal "SFResource Connect," which is a one-stop shop to obtain information on how

to engage in support groups; as a consumer or a family or friend, become a peer leader, community presentations and workshops, trainings, and more. The agency will develop the Center of Excellence in a two-phased approach. Phase one (years 1-2 of contract) will be to gather and centralize all information, trainings, and other data acquired through the program, other local programs and stakeholders, agencies, and providers with a focus on San Francisco resources and the greater Bay Area. Phase two (years 2-4 of contract) will be to develop the resource navigation site within SFResource Connect with the support of the technology team so that it may provide up to date information for anyone and can be readily accessible in one place. Secondarily, the Center of Excellence will focus on connecting, communicating, and disseminating nationwide level resources on regional task forces for collecting behaviors.

San Francisco Hoarding and Cluttering Task Force

MHASF developed the San Francisco Task Force on Hoarding in 2007 and continues to convene on a quarterly basis. The Task Force involves a variety of local stakeholders such as Adult Protective Services, Chinatown Community Development Center (CCDC), San Francisco Fire Department, and other national task forces on hoarding and cluttering behaviors. MHASF will facilitate these meetings and will focus on current issues and best practices, coordination of services, and identifying gaps in services. Special priority will be given to issues of eviction, homelessness, and the collection of nationwide resources, tools, other task forces, and peer-based services in this area. Through continued development and improvement of SFResource Connect, MHASF will continue to offer the San Francisco community a comprehensive online database of information and referral resources (through Center of Excellence, above) on information developed or acquired from Task Force meetings.

Stigma Reduction Speakers Bureau for Hoarding Disorder

The Speakers Bureau for Hoarding Disorder is a program that will recruit and train three speakers, all with lived experience with hoarding and cluttering challenges aimed to empower individuals to speak up on this issue. The proposed Speakers Bureau will be modeled from a similar program within MHASF called SOLVE (Sharing our Lives, Voices, and Experiences,) which seeks to replace misconceptions and harmful beliefs about mental health challenges through storytelling and empowerment and resiliency theories. While SOLVE is a highly successful program, ICHC has identified the need to develop a speakers bureau specific to hoarding and cluttering given the unique and intersectional challenges on this issue. Speakers will undergo training provided by the SOLVE program, which develop public speaking skills, motivational interviewing, etc. Upon completion of the training, speakers will shadow peer counselors at a community training, with the goal of preparing speakers to discuss their recovery with hoarding disorder. Once training is complete, speakers will be asked to participate in various community events and presentations; during these presentations, each speaker has 10 to 15 minutes to discuss their recovery story and then the remainder of the 30 minutes is open for questions and answers by the audience. After each presentation, speakers will engage in a debrief session with peer counselors and managers. Stipends will be provided to speakers after each presentation.

Training and Education

MHASF will continue to provide trainings and presentations facilitated by the Program Coordinator, peer counselors with lived experience with hoarding disorder and/or by a

contracted expert trainer. Information on various trainings are available on the MHASF website, at informational fairs and community events, at the annual conference, and through targeted emails to an extensive database of previous attendees and other contacts who have expressed interest in trainings. In addition to the above topics, there will also be trainings provided specifically tailored to meet requests. There is a sign-in sheet and evaluation form for all trainings.

Peer Support Group

MHASF will offer free drop-in support groups for hoarding and cluttering behaviors. Drop-in groups will meet four times a month either on-site or via telehealth format such as Zoom. Peers who have lived experience with hoarding and cluttering and will provide community support for residents of San Francisco will facilitate drop-in groups.

Treatment Group

The treatment group will be 16 weeks of intensive group therapy sessions starting with psychoeducation about hoarding and cluttering, cognitive behavioral therapy (CBT) and how participants can use CBT in their own situations. The recruitment process will involve a screening interview that attempts to determine if the individual is ready and fit to take part in an intensive group therapy environment. The total number of individuals selected will be a minimum of 12 unduplicated San Francisco residents. Participants will be given a workbook titled "Compulsive Hoarding and Acquiring: Work Book." The therapist will use the accompanying Therapist Guide. In the early stages of the group, participants will be given a pre-test along with an initial home visit. The CBT treatment will involve homework that includes identifying triggers, basic CBT tools and techniques, and flooding and exposure exercises (a form of behavior therapy and desensitization). Along with the CBT techniques and tools, the treatment group will focus on relapse prevention work, and finally as the group nears its end, participants will be given a post-test and provided in-person or telehealth-based home visit.

Advanced Drop-in Group

A trained peer counselor specializing in hoarding and cluttering as their own lived experience facilitates Advanced Drop-in groups. This action-oriented, person-centered recovery support group is for participants who have completed the "Buried in Treasures" group and/or the CBT treatment group. This Advanced Drop-in group utilizes bibliotherapy, coupled with an "action hour" in which participants engage in goal setting and bookending, a short-term goal setting exercise with a peer counselor to achieve personal goals. For example, the peer coach will set the timer for 15 minutes and set a goal with the participant and they check in on how the goal was met or perceived barriers during goal tasking. These groups meet twice a month with an average attendance rate of 15 participants per session.

Family and Friends Support Group

ICHC initiated the first family and friends support group in spring 2015. Through its course, ICHC has found that the most effective method is the combination of a peer and a clinician led approach. The family group is structured in a way to both provide support to family members and friends and to help build their skills to offer effective support to their loved ones. The structure of topics is as follows: 1) Providing Decluttering Skills 2) Learn Effective Communication Strategies, 3) Problem Solving, and 4) Self-Care and Boundaries. Groups meet monthly during the fiscal year.

Information and Referral Services

MHASF will provide information and referral services by phone, letter, walk-ins, and e-mail to persons seeking mental health services, hoarding and cluttering support, and other social services in the San Francisco Bay Area. MHASF staff will work with individuals to connect them to the most appropriate resources. Referrals will be made through a call center and referral management system. In the summer of 2016, MHASF launched a public and free online directory to connect people with resources, incorporating the continuously growing database, which currently includes over 450 records.

Community Outreach and Events

MHASF ICHC will continue to host numerous community events and outreach efforts to ensure as many individuals as possible are being reached. In 2019, MHASF hosted the Redefining Crazy Conference, which brings together peers, advocates, providers, and community-based stakeholders, government leaders, and technology developers in a collaborative and action-oriented learning environment to discuss what is "crazy" about the mental health system. After much success with this conference, an additional mini conference on hoarding and cluttering will be added. The Mini Conference on Hoarding and Cluttering will be hosted annually in San Francisco, beginning April 2021. The goal of this conference is to convene experts, stakeholders, scientists, and peers to discuss matters and new information on hoarding and cluttering. They will advertise a call for proposal and speaker topics and ensure that all members of the Task Force (including task forces from other states and cities) are involved in the conference planning and development.

VII. Contractor Responsibilities/Units Of Service and Definitions

During the term of the grant, the Grantee will be responsible for the following activities:

San Francisco Task Force on Hoarding Meeting

Meet with City departments, non-profit housing and service providers, and others affected by challenges related to hoarding disorder. Maintain a current list of recommendations, Task Force preparation time, bi-monthly follow up work groups, along with strategies and action steps for implementation of those recommendations. The Task Force meets on a quarterly basis. Task Force sub-committees meets six times a year to work on special projects as they are identified. Grantee shall provide **60 hours** in support of preparing and hosting Task Force and subcommittee meetings.

Community Training

Grantee shall conduct training for professionals and other groups to provide better interventions for the target population. The Program Manager, MHASF staff experts, or a training consultant for the ICHC will facilitate trainings. Community training hours include time for pre/post trainings and content development. Grantee shall provide **100 hours** of community trainings and presentations. Total number of participants in trainings and presentations is **500 unduplicated consumers**.

Support Group

Grantee shall provide peer-led support groups for individuals with challenges related to hoarding disorder to work on issues they face in their lives related to hoarding disorder. The peer facilitator will also assist support group members with creating goals for their recovery. The Grantee shall provide **90 hours** of support group services and serve **100 unduplicated participants** annually.

Treatment Group

A clinician led treatment group, utilizing Cognitive Behavioral Therapy (CBT), to work with individuals with challenges related to hoarding disorder who want to set clear goals and work through them utilizing treatment. The Grantee shall provide 32 hours of treatment groups and serve 12 unduplicated participants annually.

Information and Referral

To provide written and on-line resources related to individuals with challenges related to hoarding disorder by phone and/or in person. The Grantee shall provide **1000 information** and referral contacts annually. A contact is one interaction with an individual either in person or through the agency hotline.

Community Outreach

Community outreach will occur at **30 community events** in San Francisco and the Grantee will facilitate **30 community presentations** annually.

Family Support Group

Peer member led group for family and friends of individuals with challenges related to hoarding disorder. The group provides emotional support, promotes service utilization and creates a safe, confidential space to discuss experiences. The Grantee will provide **24 hours** of family support groups and serve **12 unduplicated participants** annually.

Online Resource Tool Development

Provide and maintain an online resource guide and database that functions as an interactive, accessible resource tool. During annual monitoring visit, Grantee shall provide a written **summary on web-site traffic** for that fiscal year.

VIII. Service Objectives

- 1. Grantee will provide a total of **60 hours of San Francisco Task Force on Hoarding** meetings.
- 2. Grantee will provide a total of **60 hours of community training** to professionals and other groups to a total of **500 unduplicated participants**.
- 3. Grantee will provide a total of **90 hours of peer-led support groups** in addition to **36 hours of advanced peer-led support groups**.
- 4. Grantee will provide **support group education** to a total of **100 unduplicated participants** of which **14** will attend the advanced peer-led support group.
- 5. Grantee will provide a total of **32 hours of clinician-led treatment groups**.
- 6. Grantee will provide **treatment group education** to a total of **12 unduplicated participants**.

- 7. Grantee will provide a total of **1000 information and referral contacts**.
- 8. Grantee will provide a total of **30 community outreach events and 30 community presentations**.
- 11. Grantee will provide a total of **24 hours of family and friends support group** meetings to **12 unduplicated participants**.

IX. Outcome Objectives

The Grantee is required to follow specific outcome objectives that demonstrate and measure the impact, outcomes, or results of services. The grantee will administer a survey to a minimum of 65% of the clients regarding the following outcomes:

Training and Education

At least eighty percent (80%) of attendees rate the training as good or excellent.

At least 80% of those trained or have received a presentation report improved understanding of compulsive hoarding and system linkages.

Support Group and Treatment Group

At least eighty percent (80%) of consumers served by the support group and treatment group will indicate that they have reduced their compulsive hoarding and cluttering.

Family Support Group

At least eighty percent (80%) of family and friends attending support groups report feeling better able to manage and support themselves and the individual with hoarding and cluttering challenges.

Information and Referral Services

At least eighty percent (80%) of those that receive or accessed in-person and telephone information and referral services will indicate that the information received was appropriate and useful.

X. Monitoring Activities

A. Program Monitoring: Program monitoring will include review of client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports on, CA GetCare maintenance of service unit logs; agency and organization standards, which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting; evidence that program staff have completed the California Department of Aging (CDA) Security Awareness Training; program operation, which includes a review of a written policies and procedures manual of all OCP funded programs, written project income policies if applicable, grievance

- procedure posted in the center/office, and also given to the consumers who are homebound, hours of operation are current according to the site chart; employee resume, job description, and whether services are provided
- B. <u>Fiscal Compliance and Contract Monitoring</u>: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

XI. Reporting Requirements

Grantee will provide various reports during the term of the grant agreement.

- A. The Grantee will enroll the clients into the CA GetCare database (https://ca.getcare.com/caprovider/), and enter all the required data in the database.
- B. The Grantee will enter into the CA GetCare Service Unit section all the units of service by the 5th working day of the month for the preceding month.
- C. Monthly, quarterly, and annual reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system as required by DAS and Contracts Department staff.
- D. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31st each grant year. This report must be submitted into the CARBON system.
- E. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAS for the months of February, May, August and November, if applicable. The time study is due on the 10th day following the time study month and shall be entered online to this website link: https://calmaa.hfa3.org/signin
- F. Grantee program staff will complete the California Department of Aging (CDA) Security Awareness Training on an annual basis; Grantee will maintain evidence of staff completion of this training.
- G. Grantee will provide an annual consumer satisfaction survey report to OCP by March 15th of the current year.
- H. Grantee shall develop and deliver ad hoc reports as requested by HSA and DAS.
- I. Grantee shall develop and deliver a bi-annual summary report of SOGI data collected as requested by DAS/HSA. The due dates for submitting the summary

- reports are January 10 (for July 1 December 31 data) and July 10 (for January 1 June 30 data).
- J. Grantee shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules to the extent applicable and to take all reasonable efforts to implement HIPAA requirements.

Additional reports may be required, and should be sent to:

Melissa McGee Human Services Agency DAS/Office of Community Partnerships 1650 Mission St. 5th Floor San Francisco, CA 94103 melissa.mcgee@sfgov.org Candace Gray
Human Services Agency
Office of Contract Management
1650 Mission St. 5th Floor
San Francisco, CA 94103
Candace.Gray@sfgov.org

Appendix B, Page 1 **HUMAN SERVICES AGENCY BUDGET SUMMARY** BY PROGRAM Name Term Mental Health Association of SF 1/1/21 - 6/30/24 (Check One) New __X__ Renewal Modification If modification, Effective Date of Mod. No. of Mod. **Program: Collecting Behaviors** Budget Reference Page No.(s) Total 7/1/22 - 6/30/23 7/1/23 - 6/30/24 1/1/21 - 6/30/24 Program Term 1/1/21 - 6/30/21 7/1/21 - 6/30/22 **Expenditures** Salaries & Benefits \$108,325 \$216,650 \$216,650 \$216,650 \$758,275 \$21,585 \$43,169 \$43,169 \$43,169 \$151,092 Operating Expenses Subtotal \$129,910 \$259,819 \$259,819 \$259,819 \$909,366 Indirect Percentage (%) 15% 15% 15% 15% 15% Indirect Cost (Line 16 X Line 15) \$19,487 \$38,973 \$38,973 \$38,973 \$136,406 Subcontractor/Capital Expenditures \$0 \$0 \$0 \$0 \$0 Total Expenditures \$149,396 \$298,792 \$298,792 \$298,792 \$1,045,772 **HSA** Revenues General Fund \$149,396 \$298,792 \$298,792 \$298,792 \$1,045,772 **TOTAL HSA REVENUES** \$1,045,772 \$149,396 \$298,792 \$298,792 \$298,792 Other Revenues \$1,045,772 **Total Revenues** \$149,396 \$298,792 \$298,792 \$298,792 Full Time Equivalent (FTE) 1.43 2.87 2.87 2.87 Prepared by: Telephone No.: **HSA-CO** Review Signature:

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Appendix B
Mental Health Association of San Francisco

HSA #1

6/20/2018

Mental Health Association of SF								Appe	ndix B, Page 2
Program: Collecting Behaviors									
Salaries & Benefits Detail									
					1/1/21 - 6/30/21	7/1/21 - 6/30/22	7/1/22 - 6/30/23	7/1/23 - 6/30/24	1/1/21 - 6/30/24
	Agency To	otals	HSA Program		DAS	DAS	DAS	DAS	TOTAL
	Annual Full		% FTE funded						
	Time Salary for	Total	by HSA	Adjusted					
POSITION TITLE	FTE	FTE	(Max 100%)	FTE	Budgeted Salary				
Executive Director	\$160,246	1.00	3%	0.03	\$2,003	\$4,006	\$4,006	\$4,006	\$14,022
Director of Peer Services	\$80,000	1.00	10%	0.10	\$4,000	\$8,000	\$8,000	\$8,000	\$28,000
Peer Services Manager (DAS/PES)	\$68,000	1.00	80%	0.80	\$27,200	\$54,400	\$54,400	\$54,400	\$190,400
Outreach Manager	\$65,000	1.00	10%	0.10	\$3,250	\$6,500	\$6,500	\$6,500	\$22,750
Outreach Coordinator	\$56,160	1.00	10%	0.10	\$2,808	\$5,616	\$5,616	\$5,616	\$19,656
Website/Social Media Coordinator	\$60,000	1.00	47%	0.47	\$14,040	\$28,080	\$28,080	\$28,080	\$98,280
Peer Programs Counselors \$20/hr	\$41,600	1.00	27%	0.27	\$5,688	\$11,376	\$11,376	\$11,376	\$39,818
Program Coordinator	\$58,160	1.00	100%	1.00	\$29,080	\$58,160	\$58,160	\$58,160	\$203,560
TOTALS	\$589,166	8.00	287%	2.87	\$88,069	\$176,139	\$176,139	\$176,139	\$616,485
FRINGE BENEFIT RATE 23%									
EMPLOYEE FRINGE BENEFITS	\$135,508				\$20,256	\$40,512	\$40,512	\$40,512	\$141,792
TOTAL SALARIES & BENEFITS	\$724,674				\$108,325	\$216,650	\$216,650	\$216,650	\$758,275
HSA #2									6/20/2018

Mental Health Association of SF Program: Collecting Behaviors				Арі	pendix B, Page 3
	Opera	ting Expense Detail			
					TOTAL
Expenditure Category TERM		7/1/21 - 6/30/22	7/1/22 - 6/30/23	7/1/23 - 6/30/24	1/1/21 - 6/30/24
Rental of Property	\$5,339	\$10,677	\$10,677	\$10,677	\$37,370
Utilities(Elec, Water, Gas, Phone, Garbage)	\$2,245	\$4,490	\$4,490	\$4,490	\$15,715
Office Supplies, Postage	\$202	\$404	\$404	\$404	\$1,414
Building Maintenance Supplies and Repair					
Printing and Reproduction	\$269	\$538	\$538	\$538	\$1,883
Insurance	\$235	\$470	\$470	\$470	\$1,645
Staff Training					
Staff Travel-(Local & Out of Town)					
Rental of Equipment					
CONSULTANTS					
Treament Group Consultant	\$4,200	\$8,400	\$8,400	\$8,400	\$29,400
IT & Web Developer	\$1,750	\$3,500	\$3,500	\$3,500	\$12,250
Family Support Group Consultant	\$2,250	\$4,500	\$4,500	\$4,500	\$15,750
OTHER					
Program Supplies	\$520	\$1,040	\$1,040	\$1,040	\$3,640
Conference	\$3,750	\$7,500	\$7,500	\$7,500	\$26,250
(\$150/Orientation + \$40/Stipend for					· · · · · · ·
Trainings)	\$825	\$1,650	\$1,650	\$1,650	\$5,775
TOTAL OPERATING EXPENSES	\$21,585	\$43,169	\$43,169	\$43,169	\$151,092
HSA #3					6/20/2018

SITE CHART F

Page <u>1</u> of <u>1</u>

AGENCY: Mental Health Association of San Francisco

HSA/DAS/OFFICE OF COMMUNITY PARTNERSHIPS

FY 21-24

CONTRACT MAILING ADDRESS: 870 Market Street, Suite 928, San Francisco, CA 94102

DIRECTOR: Erik Henriques				PHONE NO.: (415) 421-2926	5
SITES: (includes congregate nutrition, community/social services, home-delivered meal, food distribution, etc.)	Main Office	Other Site applicable to this program:			
Name of Site					
Address and Zip	870 Market Street, Suite 928; 94102				
Phone Number Fax Number	415-421-2926 415-421-2928				
Neighborhood Person in Charge Site Manager	Mark Salazar				
Programs Offered	Social Support Services for Hoarders and Clutterers				
Days Open	I Mon I Tues I Wed I Thurs I Fri Sat Sun	Mon Tues We Thur d Fri Sat Sun	Mon Tue We s d Fri Thur Sun Sat	Mon Tues We Thur d Fri Sat Sun	Mon Tue We s d Fri Thur Sun Sat
Hours Open	9:00AM - 5:00PM				
Hours of scheduled programming	Alternating Monday or Wednesday Monday: 5:30PM – 7:00PM Wednesday: 3:00PM – 4:30PM				
Hours of meal service					
Annual number of meals at site Annual # nutrition education units					
Average number of meals per day					
Total number of service days in FY					
Days closed	Saturday, Sunday, and Holidays See Attached Holiday Sheet				
Handicapped Accessible	<u>L</u> Yes No	Yes No	Yes No	Yes No	Yes No