

Div.	Contractor	Current Total Contract Not to Exceed (NTE) Amount with Contingency	Proposed Total Contract NTE Amount with Contingency	Change in Total Contract Amount	Current Contract Term	Proposed Contract Term	Prior Annual Amount without Contingency	Proposed Annual Amount without Contingency	Annual Difference	Annual Difference (%)	Requested Action
PHD/CHEP-CHPP	San Francisco Public Health Foundation	\$ -	\$ 3,061,930	\$ -		1/1/20 - 6/30/24	\$ -	\$ 665,383			New Contract ( to continue ongoing services)
<p><b>Purpose:</b> The requested action is the approval of a new contractual agreement for program administration with the San Francisco Public Health Foundation for the management of existing subcontractors and consultants. The program administration services were moved from a different vendor to the San Francisco Public Health Foundation as the result of a solicitation process. Additionally, the existing subcontractor and consultant services were also transferred from the prior contract. These subcontractor and consultant vendors were previously selected to provide services that align with the Community Health Equity &amp; Prevention's community-based primary prevention project goals to prevent illness and premature death and to promote the health of San Francisco's residents. These services include, but are not limited to, senior fall preventions and minor home repairs, pedestrian and traffic safety initiatives, healthy eating/active living, violence prevention initiatives, coordination of End Hep C SF initiative, and other community capacity building and health promotion work. The Total Contract Amount with Contingency requested is \$3,061,930 with a term from 01/01/2020 through 06/30/2024, for a total of 4.5 years. The San Francisco Public Health Foundation will receive a 10% administrative fee of \$66,538 annually, with the balance of the funding going towards programmatic costs, which includes direct subcontracting and consultant awards as well as community engagement activities. The proposed agreement is authorized under RFQ 36-2017. Funding will support the Program Administration modality. The proposed request is for retroactive approval. Approval was subject to delays due to scheduling issues at the Health Commission, and more recently due to meeting cancelled due to the pandemic.</p> <p><b>Reason for Funding Change:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$3,061,930, which includes (1) an initial funding amount of \$72,334 in start-up costs for 1/1/20 - 06/30/20; (2) an annual amount of \$665,383 for FY20/21 thru FY23/24, or \$2,661,532; and (3) an amount of \$328,064 which is the 12% Contingency value amount applied for FY19/20 thru FY23/24.</p>											
<b>Target Population:</b>		The target population of the subcontractors that will be receiving the Community-Based grants/funds are those who work with vulnerable San Francisco residents and communities, including but not limited to: African-Americans, Asians and Pacific Islanders, Latinx, Native Americans and American Indians, youth and transitional-age youth, immigrants, as well as seniors, and others as identified.									
<b>Service Description:</b>		<p>The goal of these services is to provide community capacity building services that enable community groups to work with the San Francisco Department of Public Health and other city agencies to prevent illness and premature death as well as promote the health of the San Francisco residents. Therefore, the San Francisco Public Health Foundation will provide program administrative services by funding and supporting subcontractor and consultants to implement initiatives and work related to the goals of these efforts. The following are the services that will be provided through this contract:</p> <p><b>Subcontract Management Services:</b> Program development and evolution of at least 11 selected community engagement subcontractors and various minor consultants that support the project work and services outlined. This includes issuance and processing RFPs and RFQs for solicitation of funds, and providing capacity building support to subcontractors and consultants.</p> <p><b>Program Administration Services:</b> Ensuring compliance and adherence from Community-based Organizations to City and County policy and procedures; program administration and management of awarded funds ensuring that agencies have Generally Accepted Accounting Principles (GAAP); capacity building and program support management to effectively provide quality service, fair employment management principles and practices, accurate reporting and invoicing, and ensuring that timeline and goals negotiated are met; and the preparation and submission of quarterly summary reports of program administrative support services provided.</p> <p><b>Coordination and Program Management Services:</b> Includes administration and general infrastructure support for the End Hep C SF Initiative.</p>									
<b>UOS (annual):</b>		Subcontract Management Services (and payment to subcontractors): \$307,691/132 (11 subcontractors x 12 Months = 132)= \$2,331 Program Administration Services (and payment to subcontractors): \$307,691/132 (11 subcontractors x 12 Months = 132)= \$2,331 Coordination and Program Administration Services: \$50,000/12 months of service=\$4,167									
<b>NOC (annual)</b>		N/A									
<b>Funding Source(s):</b>		General Fund and Federal Grant CDC Funds									
<b>Selection Type</b>		RFQ 36-2017 Department of Public Health As Needed Project Based Support Services									
<b>Monitoring</b>		Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)									

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PHD/CHEP	Heluna Health	\$ 4,577,944	\$ 5,605,652	\$ 1,027,708	1/1/18-12/31/22	1/1/18-12/31/24	\$ 787,490	\$ 1,131,067	\$ 343,577	43.63%	Amendment #1
<p><b>Purpose:</b> The requested action is the approval of a contract amendment with Heluna Health to increase the Total Contract Amount with Contingency by an amount of \$1,027,708, and to extend the current contract term of 1/1/18-12/31/22 by 18 months through June 30, 2024 to incorporate new grant funding and reelect a corresponding increase to the Contingency value. The Health Commission previously approved the subject contract on June 5th, 2018. This contract provides program administration and support services to the Community Health Equity &amp; Promotion (CHEP) section in the following areas: 1) Continuum of HIV Prevention, Care and Treatment, 2) The San Francisco Ending the Epidemics (SF EtE) HIV/HCV/STI Epidemics, and 3) Hepatitis C Virus Public Health Services (HCV PHS) programs. Of the \$1,131,067 in annual funding, Heluna Health will receive an 11% administrative fee of \$130,123, with the balance of \$1,000,944 going towards programmatic costs.</p> <p><b>Reason for Funding Change:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$5,605,652, or an increase of \$1,027,708 due to the following changes: (1) an increase in \$24,569 of additional Federal grant funding in support of Continuum of HIV Prevention, Care and Treatment; (2) an increase of new Federal CDC grant funding in the amount of \$226,000 (a one-year grant) in support of the SF EtE - HIV/HCV/STI Epidemics program; (3) an increase of a new California Department of Public Health (CDPH) 5-year grant funding in the amount of \$465,040 (or \$93,008 annually) in support of HCV PHS program; and (4) an additional amount of \$369,369 to the 12% Contingency value applied for current and future years.</p> <p>The annual increase of \$343,577 detail is as follows: 1) Continuum of HIV Prevention, Care and Treatment funding: \$24,569 (additional funding) 2) San Francisco Ending the Epidemics (SF EtE): \$226,000 (new Federal CDC one-year grant); 3) HCV Public Health Services (HCV PHS): \$93,008 (new State CDPH 5-year grant)</p>											
Target Population:		<p>Heluna Health will provide program administration and support services for the following Community Health Equity &amp; Promotion (CHEP) programs and target population:</p> <p>1) Continuum of HIV Prevention, Care and Treatment Program is responsible for implementing a comprehensive Continuum of HIV Prevention, Care, and Treatment services for people living with and at risk for HIV. Populations at risk include males who have sex with males (MSM), injection drug users (IDUs), and transfemales who have sex with males (TFSM).</p> <p>2) The San Francisco Ending the Epidemics (SF EtE) HIV/HCV/STI Epidemics program will support the implementation of services that will help five (5) San Francisco communities ( Black/African Americans, Latinos/Latinas/Latinx, Trans Women, People who use drugs, including people who inject drugs, and people who are experiencing homelessness) that are most impacted by HIV, HCV, and STIs.</p> <p>3) HCV Public Health Services (HCV PHS) program will support the implementation of public health activities related to monitoring, prevention, testing, and linkage to and retention in care activities for the most vulnerable and underserved individuals living with, or at high risk for, hepatitis C virus (HCV) infection.</p>									
Service Description:		<p>Heluna Health will provide program management, fiscal management, subcontract management, accounts payable, and human resources support services to the Community Health Equity &amp; Promotion (CHEP) team.</p> <p>Program Management for areas of service focusing on (1) <b>Continuum of HIV Prevention, Care and Treatment Program</b>; (2) <b>The San Francisco Ending the Epidemics (SF EtE) HIV/HCV/STI Epidemics program</b>; and (3) <b>HCV Public Health Services (HCV PHS) program</b>. The San Francisco Department of Public Health provides objectives, direction, and input regarding the work to be provided under this contract agreement, Heluna shall determine how such objectives, direction, and input are addressed and is solely responsible for the means by which such a result is obtained.</p> <p>Fiscal Management for this program consists of developing and monitoring the budget; managing employee payroll and benefits; managing programmatic expenditures such as invoice payments and travel reimbursements according to budget plan; executing contractual agreements and maintaining all program documentation as related to this contract.</p> <p>Resource management will include recruiting, hiring, and orienting new staff; managing employee benefits; monitoring employee training, skill development, and performance evaluations on regular basis, and implementing employee discipline when necessary.</p>									
UOS (annual):		<p>1) <u>Continuum of HIV Prevention, Care and Treatment Program</u>: \$ 812,059/12 = \$67,671.59 (of the total annual funding amount of \$812,059, a total of \$93,423 will be paid for indirect program administration and support services, with the balance of \$718,636 to be used for the program).</p> <p>2) <u>The San Francisco Ending the Epidemics (SF EtE) HIV/HCV/STI Epidemics Program</u>: \$226,000/11 = \$20,545.46 (of the total annual funding amount of \$226,000, a total of \$26,000 will be paid for indirect program administration and support services, with the balance of \$200,000 to be used for the program).</p> <p>3) <u>HCV Public Health Services (HCV PHS) Program</u>: \$93,008/12 = \$7,750.67 (of the total annual funding amount of \$93,008 a total of \$10,700 will be paid for indirect program administration and support services, with the balance of \$82,308 to be used for the program).</p>									
NOC (annual)		N/A									
Funding Source(s):		Federal CDC Grant and California Department of Public Health (CDPH) State Grant									
Selection Type		RFQ 36-2017 Department of Public Health As Needed Project Based Support Services									
Monitoring		Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)									

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SFHN/Office of Managed Care	San Francisco Community Health Authority (HSF Private Providers)	\$ 4,760,866	\$ 24,908,092	\$ 20,147,226	7/1/19-6/30/20	7/1/20-6/30/25	\$ 4,250,773	\$ 3,769,813	\$ (480,960)	-11.31%	New Contract
<p><b>Purpose:</b> The requested action is the approval of a new contract with the Total Contract Amount with Contingency of \$24,908,092 for a term of 7/1/2020 - 6/30/2025 to continue the currently existing services in providing reimbursement to non-SFHN health care providers participating in the Healthy San Francisco (HSF) provider network, to administer pharmacy benefits for certain medical homes, and to issue payments to ambulance companies who provide covered ambulance transports. In addition, this contract includes annual funding of \$350,00 for reimbursement to providers for gender confirming surgeries through the Gender Health SF program. The new proposed five-year contract term is for the period of July 1, 2020 through June 30, 2025. The proposed annual amount \$3,769,813 represents the annual cost for FY20-21. The contract amount represents the updated projections of members for FY20-21 based on most available data, which resulted in a slight decrease in the total contract amount. The contract was previously approved by the Health Commission on August 6, 2019 for the current term of one-year. As the Department has now completed all the contractual changes across the SF Community Health Authority contracts, the proposed term for the new contract is five years, and will be subject to approval by the Board of Supervisors. The proposed contract is authorized under a Sole Source 21.5.</p> <p><b>Reason for Funding Change:</b> The funding change includes an annual 2.5% increase in the per member per month rate for providers in line with current estimates for CBO annual rate increase year to year, an estimated increase in enrollment due to potential federal administrative policies that may encourage individuals to utilize HSF (public charge, etc) and a modest increase in pharmacy costs based on past utilization. Providers will only be paid PMPM rate based on actual monthly enrollment.</p>											
<b>Target Population:</b>		The target population is Healthy San Francisco (HSF) participants who are enrolled with a non San Francisco Health Network (SFHN) medical home, Healthy San Francisco members with covered ambulance transports, HSF participants who receive their pharmacy benefits through SFHP and those who receive gender confirming surgeries through the Gender Health SF program.									
<b>Service Description:</b>		HSF Private Provider Contract: Provides reimbursement to non-SFHN health care providers participating in the Healthy San Francisco private provider network, ambulance companies who provide covered ambulance transports to SFHN participants, pharmacy benefits for specific HSF medical homes, and reimbursement for providers providing gender confirming surgeries through Gender Health SF program.									
<b>UOS (annual):</b>		FY20-21: 72,175 estimated member months X \$37.82 avg per member per month = \$2,729,851 + \$1,039,962 (other payments) + 6 estimated gender confirming surgeries FY21-22: 79,175 estimated member months X \$36.54 avg per member per month = \$2,893,642 + \$1,235,000 (other payments including 6 estimated gender confirming surgeries and \$152,718 in due to potential increase in membership FY22-23: 84,440 estimated member months X \$36.32 avg per member per month = \$3,067,261 + \$1,285,000 (other payments including 6 estimated gender confirming surgeries and \$ 243,674 due to potential increase in membership FY23-24: 84,440 estimated member months X \$38.50 avg per member per month = \$3,251,296 + \$1,335,000 (other payments including 6 estimated gender confirming surgeries and \$ 142,412 due to potential increase in membership FY24-25: 84,440 estimated member months X \$40.81 avg per member per month = \$3,446,374 + \$1,385,000 (other payments including 6 estimated gender confirming surgeries and \$32,177 due to potential increase in membership PMPM rates differ for various non-SFHN provider, thus the average per member per month rate does not reflect the uniformed 2.5% rate increase for all provider groups.									
<b>UDC (annual)</b>		FY20-21: 6,015   FY21-22: 6,598   FY22-25: 7,037									
<b>Funding Source(s):</b>		General Fund									
<b>Selection Type</b>		Sole Source Admin Code 21.5									
<b>Monitoring</b>		N/A									

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SFHN/Office of Managed Care	San Francisco Community Health Authority (Third Party Administrator - HSF)	\$ 5,612,154	\$ 35,308,339	\$ 29,696,185	7/1/19-6/30/20	7/1/20-6/30/25	\$ 5,011,173	\$ 5,146,462	\$ 135,289	2.70%	New Contract
<p><b>Purpose:</b> The requested action is the approval of a new contract for a total contract amount of \$35,308,339 for the proposed term of 7/1/2020 - 6/30/2025. This contract will continue currently existing Third Party Administrative (TPA) services for the Healthy San Francisco (HSF) program. The proposed annual amount of \$5,764,038 represents the annual cost for FY20-21. For individual annual contract breakdown, refer to the "HSF TPA DETAIL" tab. The contract was previously approved by the Health Commission on August 6, 2019 for a one year term and amount. The proposed contract is authorized under a Sole Source 21.5. As the Department has now completed all the contractual changes across the SF Community Health Authority contracts, the proposed term for the new contract is five years, and will be subject to approval by the Board of Supervisors</p> <p><b>Reason for Funding Change:</b> The increase in the contract from FY19-20 to FY20-21 represents budget developed based on existing and projected program activities and the necessary staff and operations to meet them. This represents a total increase of net 1.95FTE (\$320,321) in various existing positions and a decrease in operational costs of \$185,032. The annual increase includes a 3.5% annual increase in personnel starting from FY21-22. The annual increase also includes the estimated costs of developing and maintaining the HSF eligibility and enrollment system in lieu of the current vendor and other estimated communication/outreach efforts needed for anticipated program changes. The 5 year contract includes these estimated costs, but DPH will determine program priority initiatives and review budgets annually with the San Francisco Health Plan.</p>											
Target Population:		The target populations are all of San Francisco's uninsured adult residents (including employees eligible for Healthy San Francisco) who are potentially ineligible for other government subsidized health benefits programs (such as Medi-Cal) and will be screened and may be determined eligible and enrolled in the Healthy San Francisco Program.									
Service Description:		Healthy San Francisco TPA Contract: For Healthy SF, administrative services include: providing in language enrollment assistance and customer services, provider relations to HSF network providers, trouble shooting and training to certified application assistants, data file and encounters processing, participant billing and payment processing, communication to participants, maintaining public facing marketing and collateral (website, flyers, etc.), reporting, management of the eligibility and enrollment system, and other functions such as project management of DPH program initiatives.									
UOS (annual):		Please refer to "HSF TPA DETAIL" for details of annual budget breakdown by service categories									
UDC (annual)		Please refer to "HSF TPA DETAIL" for details of annual budget breakdown by service categories									
Funding Source(s):		General Fund									
Selection Type		Sole Source Admin Code 21.5									
Monitoring		N/A									

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SFHN/Office of Managed Care	San Francisco Community Health Authority (Third Party Administrator - City Option)	\$ 8,138,117	\$ 49,054,357	\$ 40,916,240	7/1/19-6/30/20	7/1/20-6/30/25	\$ 7,266,176	\$ 7,929,341	\$ 663,165	9.13%	New Contract
<p><b>Purpose:</b> The requested action is the approval of a new contract for a total contract amount of \$49,054,357 and the proposed term of 7/1/2020 - 6/30/2025. This contract will continue currently existing Third Party Administrative (TPA) services for the SF City Option program. The new proposed contract term is for the period of July 1, 2020 through June 30, 2025. The proposed annual amount \$8,880,862 represents the annual cost for FY20-21. For the specific annual amounts refer to "SFCO TPA DETAIL" sheet. The contract was previously approved by the Health Commission in November 5, 2019 for the current term and amount. The proposed contract is authorized under a Sole Source 21.5. As the Department has now completed all the contractual changes across the SF Community Health Authority contracts, the proposed term for the new contract is five years, and will be subject to approval by the Board of Supervisors.</p> <p><b>Reason for Funding Change:</b> The increase in the contract from FY19-20 to FY20-21 represents budget developed based on existing and projected program activities and the necessary staff and operations to meet them. This represents a total increase of net 0.50FTE (\$265,926) in various existing positions and an increase in operational costs of \$397,239. Some of the increase in operations costs include planned outreach efforts to increase utilization among employees (increase of \$300K), among others. The annual increases includes a 3.5% annual increase in personnel and estimated costs for associated IT development resources and contracts costs for developing and implement outreach strategies to employees that will increase overall employee utilization as well as develop and implement the SFCO program simplification strategies. For details please refer to " SFCO TPA DETAIL" tab. The 5 year contract includes these estimated costs, but DPH will determine program priority initiatives and review budgets annually with SFHP.</p>											
Target Population		The target populations are all SF employers who are subjected to the Health Care Security Ordinance (HCSO) and have option to comply through participation in the SF City Option program and employees who receive contribution. Participating SFCO employers and employees records/accounts are maintained and managed going back to the program launch in 2008.									
Service Description:		SFCO TPA Contract: SFCHA will provide third party administrative functions for the SF City Option programs. Administrative services include: vendor management and oversight, enrollment and eligibility functionality, employer liaison and training activities, finance management, reporting, collateral/notice production and mailing, and other functions. The services also includes the development and implementation of additional outreach strategies to increase utilization in the program, and planning, project management and implementation of anticipated SFCO program simplification in FY21-22.									
UOS (annual):		Refer to "SFCO TPA DETAIL" tab for details									
UDC (annual)		Refer to "SFCO TPA DETAIL" tab for details									
Funding Source(s):		General Fund									
Selection Type		Sole Source Admin Code 21.5									
Monitoring		N/A									

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BHS/TAY/SUD	Harm Reduction Therapy Center	\$ 2,002,000	\$ 5,606,351	\$ 3,604,351	7/1/18 - 6/30/23	7/1/18 - 6/30/24	\$ 1,325,978	\$ 1,402,401	\$ 76,423	5.76%	Amendment #1
<p><b>Purpose:</b> The requested action is the approval of a contract amendment with Harm Reduction Therapy Center (HRTC) to increase the Total Contract Amount with Contingency by an amount of \$3,604,351 and extend the term by one year to align the contract term with the term approved by the Civil Service Commission for the service categories provided by HRTC and to seek approval for the additional funding. The proposed extension of one year results in a new term of January 1, 2018 through June 30, 2024. The Health Commission previously approved the subject contract on December 18, 2018 as a new contract for the TAY Homeless Treatment Team. Subsequently, the Department allocated State Homeless Mentally Ill Outreach and Treatment (HMIOT) funding to HRTC to provide a homeless outreach team, and in FY19-20, additional funding was added to the contract to expand outpatient treatment services.</p> <p><b>Reason for Funding Change:</b> The proposed Change in the Total Contact Amount of \$3,604,351 is due to the addition of the State HMIOT grant and the Outpatient Treatment Services funding, which up to now has not been reflected in the full Not to Exceed Amount of the contract, as well as funding to support the additional year added to the term. The annual increase of \$76,423 reflects an increase of \$23,400 for the TAY Homeless Linkage program funded by a work-order, and \$53,023 for the Outpatient Treatment Services, funded by a BHS-SUD funding reallocation.</p>											
Target Population:		<p>Program 1: <u>TAY Homeless Treatment Team</u> - this program targets transitional age youth (TAY), ages 16-24 who are living on the streets or in shelter, transitional housing, or permanent supportive housing (provided by the SF Department of Homelessness and Supportive Housing (DHS)) who have unmet behavioral health needs due to high program thresholds, cultural and/or clinical mismatch, and/or previous harmful experiences in the behavioral health system.</p> <p>Program 2: <u>Homeless Mentally Ill Outreach Team</u> - this program targets adults who are living on the streets and/or whose activities on the streets indicate possible unmet mental health needs and risky substance use, who come into regular contact with police and emergency services, and who are excluded from or avoid existing behavioral health programs because of chaotic lives, high program thresholds, cultural and/or clinical mismatch, and/or previous harmful experiences in the behavioral health system.</p> <p>Program 3: <u>Outpatient Treatment Services</u> - targets adults who are disconnected from mental health and, in many cases, medical care and who are using drugs on the streets of San Francisco in actual or potentially unsafe ways.</p>									
Service Description:		<p>Program 1: <u>TAY Homeless Treatment Team</u> - to engage Transitional Age Youth (TAY) with the goals of stabilizing their mental health, reducing the harm of substance use, and increasing their housing stability. This is a pilot program to develop best practices to effectively engage TAY who are disconnected from mental health care. For the duration of the project, HRTC will plan services in collaboration with the TAY System of Care. It will deliver, evaluate, and adapt services on an ongoing basis. The most unique aspect of this program will be the development of a mobile treatment office so that TAY can meet with clinicians in a private and confidential space wherever they live or hang out.</p> <p>Program 2: <u>Homeless Mentally Ill Outreach Team</u> - to assist the DPH Street Medicine Team and the Healthy Streets Operation Center (HSOC) in their efforts to improve the health and daily functioning of homeless adults experiencing extreme mental health symptoms and uncontained substance use, as well as other individuals in visible distress. This pilot program will utilize a mobile therapy office and "pop-up" drop-in center so that prospective clients can be located in areas of concern wherever they live or hang out, especially in or near Community "Hot Spots."</p> <p>Program 3: <u>Outpatient Treatment Services</u> - to outreach to and engage people who use drugs on the streets of San Francisco with the goal of introducing them to harm reduction tools and interventions by partnering with low-threshold community based organizations. Prospective clients can engage with HRTC's outreach staff, starting with casual conversations on the streets, in parks and encampments, in drop-in centers, and at HRTC's Mobile Program sites. Prospective clients can opt to meet with HRTC in private to discuss needs and to pursue treatment options.</p>									
UOS (annual):		<p>Program 1: <u>TAY Homeless Treatment Team</u>: \$307,500 = (2,034 staff hours x \$151.18 for 200 unduplicated clients)</p> <p>Program 2: <u>Homeless Mentally Ill Outreach Team</u>: = (5,970 staff hours x \$129.61 for 460 unduplicated clients)</p> <p>Program 3: <u>Outpatient Treatment Services</u>: = (810 staff hours x \$65.46 for 40 unduplicated clients)</p>									
UDC (annual)		700 unduplicated clients									
Funding Source(s):		General Fund, Mental Health Work Order, Mental Health Adult, and Mental Health State Grant									
Selection Type		RFQ 15-2017 Transitional Age Youth and Sole Source Administrative Code Section 21.42									
Monitoring		Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)									

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SFHN/HHS	Mission Neighborhood Health Center	\$ -	\$ 4,675,458	\$ -		3/1/20 - 2/29/24	\$ -	\$ 1,043,629			New Contract (to continue existing services)
<p><b>Purpose:</b> The requested action is the approval of a new agreement for existing services with Mission Neighborhood Health Center (MNHC). These services were solicited by HIV Health Services (HHS) to replace the expiring RFP authority, and Mission Neighborhood Health Center was selected. MNHC was the previous provider for these services. The Total Contract Amount with Contingency requested is \$4,675,458 with a term to reflect from 03/01/2020 - 02/29/2024, for a total of 4 years. This contract provides Center of Excellence services to clients engaged in primary care while providing the network of social support services to keep the clients engaged in care and improving viral load suppression at Mission Neighborhood Health Center. The proposed new agreement is authorized under RFP 5-2019. Funding will continue to support the ambulatory/outpatient medical care modality which include health care services (primary care), medical case management, treatment adherence, outpatient mental health and outpatient substance use services.</p> <p><b>Please Note:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$4,675,458, which includes (1) an annual amount of \$1,043,629 for FY20/21 thru FY23/24, or \$4,174,516; and (2) an amount of \$500,942 which is the 12% Contingency value amount applied for FY20/21 thru FY23/24.</p>											
Target Population:		The target population for the Mission Neighborhood Health Center - Center of Excellence is San Francisco residents who are HIV-positive Latinos/as, with a focus on immigrants who are monolingual Spanish-speaking or have limited English proficiency and belong to the following high risk sub-groups: gay, bisexual, transgender, injection drug users, other substance users, and their sex partners. The primary target enrollment population is reserved for those that are low income and/or at below poverty level and uninsured and the secondary target enrollment population is reserved for those that are low income and/or at below poverty level and underinsured. Services are provided both at Mission Neighborhood Health Center and Instituto Familiar de la Raza (IFR).									
Service Description:		<p><b>Medical Primary Care Encounters and Med/Psychiatric Consultation Encounters UOS:</b> are a face-to-face encounter between a patient and a physician, mid-level practitioner, or nurse lasting a minimum of ten (10) minutes and occurring during a visit to the clinic for a health assessment or re-assessment, and may include time spent with other providers on behalf of a client. Only encounters with the Physician, Physician Assistant, Nurse Practitioner, and the Nurse Evaluation are counted in the UOS total. General medical care is provided which includes medical evaluation and immune system monitoring, minor prevention and therapeutic medical services, referrals, tests, and follow-ups.</p> <p><b>Case Management Individual and Group, Nursing Treatment Adherence, and Treatment Education Individual and Groups UOS:</b> Individual UOS are defined as hours with, or on behalf of, a client. Group UOS are defined as 2 hour groups held weekly with approximately 6-10 participants. Group case management provides for coordination through team meetings to provide an individualized case management plan that involves comprehensive psychosocial assessments, development, implementation, and follow-up on individual client care plans. Clinical consultation is also provided as needed. Nursing treatment adherence provides ongoing sessions for both individuals and groups that track medication adherence protocols. Individual and group treatment education provides an assessment of the client's needs, HIV knowledge, support and instruction on risk behaviors, treatment, and well-being.</p> <p><b>IFR - Individual Psychotherapy Counseling, Substance Abuse Counseling Individual and Group UOS:</b> are defined as hours with, or on behalf of, a client. Group UOS are defined as 2 hour groups held weekly with approximately 6-10 participants. During the individual psychotherapy counseling there are professional services provided by a Medical Doctor Psychiatrist to clients who present psychiatric symptoms that compromise adaptive function, impact self-care, and involvement in the community; thereby jeopardizing HIV treatment and increasing risk behaviors. Individual and group substance abuse counseling provides for assessment, short-term counseling sessions as well as referrals to address substance use and abuse.</p>									
UOS (annual):		Medical Primary Care Encounter: \$442,882/1,061=\$417.42 Case Management Group Hours: \$50,184/598=\$83.92 Nursing Treatment Adherence Hours: \$59,048/514=\$114.88 Case Management Psychiatric Referral Hours: \$7,156/60=\$119.27 Case Management Individual Hours: \$201,006/2,392=\$84.03 Treatment Education Individual & Group Hours: \$68,447/860=\$79.59 IFR - Individual Psychotherapy Counseling Hours: \$170,698/1,016=\$168.00 IFR - Substance Abuse Counseling Individual Hours: \$40,285/956=\$42.14 IFR - Substance Abuse Counseling Group Hours: \$3,923/66=\$59.44									
UDC (annual)		Medical Primary Care Encounter: 325 Case Management Group Hours: 80 Nursing Treatment Adherence Hours: 325 Case Management Psychiatric Referral Hours: 25 Case Management Individual Hours: 325 Treatment Education Individual & Group Hours: 200 IFR - Individual Psychotherapy Counseling Hours: 70 IFR - Substance Abuse Counseling Individual Hours: 40 IFR - Substance Abuse Counseling Group Hours: 10									
Funding Source(s):	Ryan White Part A and Ryan White Part A/Minority AIDS Initiative Funds (M.A.I.)										
Selection Type	RFP 5-2019 Outpatient/Ambulatory HIV Health Services - Centers of Excellence Programs										
Monitoring	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)										

Div.	Contractor	Current Total Contract Not to Exceed (NTE) Amount with Contingency	Proposed Total Contract NTE Amount with Contingency	Change in Total Contract Amount	Current Contract Term	Proposed Contract Term	Prior Annual Amount without Contingency	Proposed Annual Amount without Contingency	Annual Difference	Annual Difference (%)	Requested Action
SFHN/HHS	Westside Community Mental Health Center, Inc.	\$ -	\$ 3,664,494	\$ -		3/1/20 - 6/30/24	\$ -	\$ 755,047			New Contract (to continue existing services)
<p><b>Purpose:</b> The requested action is the approval of a new agreement for existing services with Westside Community Mental Health Center Inc. These services were solicited by HIV Health Services when the last RFP expired and Westside was the selected provider. Westside was the previous provider for these services. The Total Contract Amount with Contingency requested is \$3,664,494 with a term to reflect from 03/01/2020 - 06/30/2024, for a total of 4.33 years. This contract provides HIV related support for Home &amp; Community Based AIDS Case Management Services and Home Health Care for clients, mostly older clients and long-time survivors of HIV, that are primarily home bound due to physical or mental health challenges. The proposed new agreement is authorized under RFP 39-2019. Funding will continue to support the Home &amp; Community Based Services and Home Health Care modality.</p> <p><b>Please Note:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$3,664,494, which includes (1) a pro-rated funding amount of \$251,682 for 03/01/2020 - 06/30/2020 (FY19/20); (2) an annual amount of \$755,047 for FY20/21 thru FY23/24, or \$3,020,188; and (3) an amount of \$392,624 which is the 12% Contingency value amount applied for FY19/20 thru FY23/24.</p> <p>FYI: The funding in FY19/20 of \$251,682 reflects a Pro-Rated Amount from 03/01/2020 - 06/30/2020 (the previous contract ended 02/29/2020).</p>											
<b>Target Population:</b>		The target population for Westside Community Mental Health Center, Inc. is primarily home bound and eligible clients meeting the acuity level need for services are served by this program, however the target population includes clients that are, multi-diagnosed individuals from the African American, Latinx, Asian Pacific Islander, Native American, and the LGBT communities living with HIV. Client enrollment priority is reserved for San Francisco residents who have low-income and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-income and are underinsured. Clients served by this program do not qualify for the state-funded Medi-Cal Waiver Program.									
<b>Service Description:</b>		<b>Home Health Care Services:</b> Providing Paraprofessional Care (homemaker, home health aide, or personal/attendant care) which include supportive services and assistance with activities of daily living provided in the home to allow a patient to continue living independently. These services include non-medical and non-nursing assistance such as housecleaning, running errands, escort to medical appointments, and preparing meals. <b>Case Management Services:</b> Providing Case Management through a Registered Nurse and a Social Worker for people with HIV in order to link and coordinate assistance from multiple agencies and caregivers who provide psychosocial, medical, and practical support. The purpose of case management is to encourage clients to obtain the highest level of independence and quality of life consistent with their functional capacity and preferences for care.									
<b>UOS (annual):</b>		Home Health Care Service Hours: \$209,659/2,736=\$76.63 Case Management Service - RN Hours: \$295,406/1,614=\$183.03 Case Management Service - Social Work Hours: \$249,982/2,152=\$116.16									
<b>UDC (annual)</b>		Home Health Care Services Hours: 30 Case Management Services RN/Social Work Hours: 60									
<b>Funding Source(s):</b>	General Fund										
<b>Selection Type</b>	RFP 39-2019 HIV Home Care Programs										
<b>Monitoring</b>	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)										



Div.	Contractor	Current Total Contract Not to Exceed (NTE) Amount with Contingency	Proposed Total Contract NTE Amount with Contingency	Change in Total Contract Amount	Current Contract Term	Proposed Contract Term	Prior Annual Amount without Contingency	Proposed Annual Amount without Contingency	Annual Difference	Annual Difference (%)	Requested Action
SFHN/HHS	Asian and Pacific Islander Wellness Center dba San Francisco Community Health Center	\$ 4,863,345	\$ 9,655,323	\$ 4,791,978	05/01/17 - 02/28/21	05/01/17 - 02/29/24	\$ 935,856	\$ 1,298,179	\$ 362,323	38.72%	Contract Modification
<p><b>Purpose:</b> The requested action is the approval of a contract amendment with Asian and Pacific Islander Wellness Center dba San Francisco Community Health Center for the following programs: Integrated Case Management, Tenderloin Area Center of Excellence (TACE), and Tenderloin Early Intervention Services - HHOME/TransAccess to increase the new Total Contract Amount with Contingency by an amount of \$4,635,978. The updated term will reflect from 05/01/2018 - 02/29/2024, for a total of 7.83 years. The Health Commission previously approved the contract on March 6th, 2018. This contract provides direct support through integrated medical case management, outreach to HIV+ homeless, and intervention services. The increase primarily reflects the addition of funding for FY21/22 through FY23/24. The proposed amendment is authorized under RFP 16-2017. Additional funding will continue to support the medical case management, ambulatory/outpatient medical care, and TransAccess modality.</p> <p><b>Reason for Funding Change:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$9,655,323, or an increase of \$4,791,978 due to the following changes: (1) Ryan White Part A funding for the Tenderloin Early Intervention Services - HHOME/TransAccess program in the amount of \$362,323 annually for 4 years, or \$1,449,292; (2) Ryan White Part A funding for Integrated Medical Case Management and Tenderloin Area Center of Excellence (TACE) in the amount of \$935,856 for 3 years, or \$2,807,568; (3) an additional amount of \$535,118 to the 12% Contingency value applied for FY20/21 thru FY23/24.</p> <p>FYI: Integrated Medical Case Management and Tenderloin Area Center of Excellence (TACE) have existing funding for FY20/21, while Tenderloin Early Intervention Services (HHOME/TransAccess does not). Hence, the increase in the annual amount of \$362,323.</p>											
Target Population:		The target population for APIWC dba SFCHC are primarily "severe need" and "special populations" living with HIV/AIDS who are severely under-served including homeless and marginally-housed residents in the Tenderloin, HIV positive homeless individuals who need intensive case and mobile delivered care and services, Transgender women who experience barriers to care, HIV positive Asian and Pacific Islanders living in San Francisco, all of who are coping with substance use and mental illness.									
Service Description:		<p><b>Integrated Case Management</b> - through the Ohana Program, specifically targets HIV positive Asian and Pacific Islanders living in San Francisco through medical case management, peer advocacy and treatment adherence.</p> <p><b>Tenderloin Area Center of Excellence (TACE)</b> - specifically targets homeless and marginally-housed residents of the Tenderloin through medical case management, peer navigation and advocacy, mental health referral and linkage as well as substance abuse group hours.</p> <p><b>Tenderloin Early Intervention Services - HIV Homeless Outreach and Mobile Engagement (HHOME)/TransAccess</b> - specifically targets HIV positive homeless individuals who need intensive case and mobile delivered care and services and HIV positive Transgender women who experience barriers to care through medical case management, peer navigation, and support group hours.</p>									
UOS (annual):		<p>ICM - Medical Case Management Hours: \$90,097/1,136=\$79.31</p> <p>ICM - Peer Advocacy Hours: \$22,924/371=\$61.79</p> <p>ICM - Treatment Adherence Individuals Hours: \$17,718/215=\$82.41</p> <p>ICM - Treatment Adherence Group Hours: \$3,216/18=\$178.67</p> <p>TACE - Medical Case Management Hours: \$484,438/5,616=\$86.26</p> <p>TACE - Peer Navigation Hours: \$219,181/3,105=\$70.59</p> <p>TACE - Mental Health Referral &amp; Linkage Hours: \$4,315/50=\$86.30</p> <p>TACE - Peer Advocacy Group Hours: \$80,330/540=\$148.76</p> <p>TACE - Mental Health &amp; Substance Abuse Group Hours: \$13,637/90=\$151.52</p> <p>TEI - TransAccess Medical Case Management: \$94,302/1,170=\$80.60</p> <p>TEI - TransAccess Peer navigation Hours: \$77,922/1,170=\$66.60</p> <p>TEI - Trans Access Support Group Hours: \$8,943/90=\$93.37</p> <p>TEI - HHOME Medical Case Management: \$103,246/1,206=\$85.61</p> <p>TEI - HHOME Peer Navigation Hours: \$77,910/1,170=\$66.59</p>									

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UDC (annual)		ICM - Medical Case Management Hours: 58 ICM - Peer Advocacy Hours: 30 ICM - Treatment Adherence Individuals Hours: 25 ICM - Treatment Adherence Group Hours: 30 TACE - Medical Case Management Hours: 200 TACE - Peer Navigation Hours: 200 TACE - Mental Health Referral & Linkage Hours: 50 TACE - Peer Advocacy Group Hours: 100 TACE - Mental Health & Substance Abuse Group Hours: 30 TEI - TransAccess Medical Case Management: 50 TEI - TransAccess Peer navigation Hours: 50 TEI - Trans Access Support Group Hours: 25 TEI - HHOME Medical Case Management: 50 TEI - HHOME Peer Navigation Hours: 50									
<b>Funding Source(s):</b>		Ryan White Part A and General Fund									
<b>Selection Type</b>		RFP 16-2017 Tenderloin Center of Excellence, Integrated Case Management, and Early Intervention Services									
<b>Monitoring</b>		Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)									

Div.	Contractor	Current Total Contract Not to Exceed (NTE) Amount with Contingency	Proposed Total Contract NTE Amount with Contingency	Change in Total Contract Amount	Current Contract Term	Proposed Contract Term	Prior Annual Amount without Contingency	Proposed Annual Amount without Contingency	Annual Difference	Annual Difference (%)	Requested Action
Primary Care/ HIV Health Services	UCSF/ Ward 86	\$ -	\$ 3,000,760	\$ -		2/1/20 - 6/30/24	\$ -	\$ 617,827			New Contract (to continue existing services)
<p><b>Purpose:</b> The requested action is the approval of a new contractual agreement for <b>the Women's COE (Center of Excellence) with UCSF/ Ward 86</b>. The Centers of Excellence were created to address health disparities among severe need clients and special populations. HIV Health Services (HHS) recognizes special populations as those communities which have specific and/or disproportionate The COE model sets primary medical care at the center of an integrated service delivery system that must also provide supportive services required to keep clients engaged in care including: medical case management; mobile and community-based outreach and client navigation; treatment adherence and medication assistance; outpatient mental health and/or substance use assessment, counseling, and referral. The Total Contract Amount with Contingency requested is \$3,000,760 with a term from 03/01/2020 through 06/30/2024, for a total of 4.25 years. UCSF will receive a 9% administrative fee for Ryan White Part A funding and 12% for local S.F. General Funds, with the balance of the funding going towards programmatic costs. The proposed agreement is authorized under RFP 05-2019.</p> <p><b>Please Note:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$3,000,760 which includes (1) an initial funding amount of \$207,942 for 3/1/20 - 06/30/20; (2) an annual amount of \$617,827 for FY20/21 thru FY23/24, or \$2,679,250; and (3) an amount of \$321,510 which is the 12% Contingency value amount applied for FY19/20 thru FY23/24.</p>											
Target Population:		The target population of this program includes HIV+ women who live in San Francisco and are uninsured or underinsured and live at or below 500% of Federal Poverty Level (FPL) with a specific focus to include Cisgender women of color and Transgender women of color experiencing homelessness, and women with behavioral health needs who may have difficulties remaining engaged in traditional primary care settings. In 2020, for a household size of one, 500% of FPL would be \$63,800.									
Service Description:		<p>The goal of these services is to create a network of services from a constellation of providers with the community expertise and expertise to provide COE service for women living with HIV to provide primary care services and the supportive services necessary to keep women, including women experiencing homelessness or who may be marginally housed, women with current or recent substance use histories and women with a history of active mental health experiences:</p> <p><b>Primary Medical Care Service:</b> comprehensive medical assessment, evaluation, diagnosis, and treatment services rendered by a physician, physician assistant, RN, nurse practitioner or licensed medical provider in an outpatient setting including the following: conducting diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination; providing, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties); taking medical history; diagnosing and treating of common physical and mental conditions; prescribing and managing medication therapy; and educating and counseling on health issues.</p> <p><b>Medical Case Management:</b> a service that links and coordinates assistance from multiple agencies and caregivers who provide psychosocial, medical, and practical support. The purpose of case management is to assist clients in obtaining the highest level of independence and quality of life consistent with their functional capacity and preferences for care including maintenance in care to attain optimal HIV health outcomes.</p> <p><b>Treatment Adherence and Medication Assistance:</b> Treatment adherence, adherence including the interactions of HIV medications with recreational and prescribed drugs, should be provided as a part of a multidisciplinary care team, as deemed appropriate by the health care clinician and outlined in the patient treatment plan</p> <p><b>Substance Use Counseling:</b> The provision of individual and/or group treatment, case planning, and counseling to address substance use issues (including alcohol, legal and illegal drugs - as they may adversely impact life and health outcomes), as well as service coordination, provided in an outpatient health service setting. Services include outpatient detoxification services as well as outpatient counseling within a methadone treatment setting to address adverse life and health outcomes.</p> <p><b>Mobile-based Retention and Re-Engagement and Navigation:</b> Providing clinic and mobile, community based practical support to ensure engagement in care and access to a continuum of care services (i.e. accompanying to appointments, appointment reminders, and arranging transportation); assisting clients in developing a service plan under the direction of case managers/care coordinators and/or other service team members providing information and referrals to needed and desired services according to the care plan; assisting clients in identifying service needs on an on-going basis and communicating them as appropriate to the client's multidisciplinary care team on an on-going basis; assisting clients in identifying and overcoming barriers to accessing services (i.e. homelessness or marginally housed, addiction patterns, cognitive disorders, financial constraints, transportation problems, language barriers, mental illness, or resistance to treatment); acting as a contact person for client and liaison to other service providers; conducting outreach defined as the identification of people with HIV disease so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding).</p>									
UOS (annual):		<p><b>Primary Medical Care Service:</b> \$270,701/ 1,575 UOS = \$171.87 average rate</p> <p><b>Medical Case Management:</b> \$143,962/ 1,420 UOS = \$101.38 average rate</p> <p><b>Mobile-based Retention and Re-Engagement and Navigation:</b> \$70,055/ 820 UOS = \$85.43 average rate</p> <p><b>Treatment Adherence &amp; Medication Assistance:</b> \$109,904/ 680 UOS = \$161.62 average rate</p> <p><b>Substance Use Counseling:</b> \$23,205/ 375 UOS = \$61.88 average rate</p>									
UDC (annual)		300									
Funding Source(s):		General Fund and Federal Grant Ryan White Part A Funds									
Selection Type		RFP 05-2019 Department of Public Health Center of Excellence Services									
Monitoring		Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)									

Div.	Contractor	Current Total Contract Not to Exceed (NTE) Amount with Contingency	Proposed Total Contract NTE Amount with Contingency	Change in Total Contract Amount	Current Contract Term	Proposed Contract Term	Prior Annual Amount without Contingency	Proposed Annual Amount without Contingency	Annual Difference	Annual Difference (%)	Requested Action
Div.	Contractor	Current Total Contract Amount with Contingency	Proposed Total Contract Amount with Contingency	Change in Total Contract Amount	Current Contract Term	Proposed Contract Term	Prior Annual Amount without Contingency	Proposed Annual Amount without Contingency	Annual Difference	Annual Difference (%)	Requested Action
Primary Care/ HIV Health Services	UCSF/ Ward 86	\$ -	\$ 4,146,141	\$ -		2/1/20 - 6/30/24	\$ -	\$ 853,650			New Contract (to continue existing services)
<b>Purpose:</b> The requested action is the approval of a new contractual agreement for the <b>Black Health COE (Center of Excellence) with UCSF/ Ward 86</b> . The Centers of Excellence were created to address health disparities among severe need clients and special populations. HIV Health Services (HHS) recognizes special populations as those communities which have specific and/or disproportionate The COE model sets primary medical care at the center of an integrated service delivery system that must also provide supportive services required to keep clients engaged in care including: medical case management; mobile and community-based outreach and client navigation; treatment adherence and medication assistance; outpatient mental health and/or substance use assessment, counseling, and referral. The Total Contract Amount with Contingency requested is \$4,146,141 with a term from 03/01/2020 through 06/30/2024, for a total of 4.25 years. UCSF will receive a 9% administrative fee for Ryan White Part A funding and 12% for local S.F. General Funds, with the balance of the funding going towards programmatic costs. The proposed agreement is authorized under RFP 05-2019.											
<b>Please Note:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$4,146,141 which includes (1) an initial funding amount of \$287,312 for 3/1/20 - 06/30/20; (2) an annual amount of \$853,650 for FY20/21 thru FY23/24, or \$3,701,912; and (3) an amount of \$444,229 which is the 12% Contingency value amount applied for FY19/20 thru FY23/24.											
<b>Target Population:</b>		The target population of this program includes HIV+ African-Americans who live in San Francisco and are uninsured or underinsured and live at or below 500% of Federal Poverty Level (FPL). This COE has a citywide focus on African American individuals including men who have sex with men (MSM) and those experiencing unstable housing/homelessness and with behavioral health (mental health issues and substance use) needs resulting in challenges to remaining engaged in primary care. In 2020, for a household size of one, 500% of FPL would be \$63,800.									
<b>Service Description:</b>		The goal of these services is to create a network of services from a constellation of providers with the community experience and expertise to provide COE service for African-Americans living with HIV to provide primary care services and the supportive services necessary to keep African-Americans, including African-American MMS, African-Americans experiencing homelessness or who may be marginally housed, African-Americans with current or recent substance use histories and/or with a history of active mental health experiences: <b>Primary Medical Care Service:</b> comprehensive medical assessment, evaluation, diagnosis, and treatment services rendered by a physician, physician assistant, RN, nurse practitioner or licensed medical provider in an outpatient setting including the following: conducting diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination; providing, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties); taking medical history; diagnosing and treating of common physical and mental conditions; prescribing and managing medication therapy; and educating and counseling on health issues. <b>Medical Case Management:</b> a service that links and coordinates assistance from multiple agencies and caregivers who provide psychosocial, medical, and practical support. The purpose of case management is to assist clients in obtaining the highest level of independence and quality of life consistent with their functional capacity and preferences for care including maintenance in care to attain optimal HIV health outcomes. <b>Treatment Adherence and Medication Assistance:</b> Treatment adherence, adherence including the interactions of HIV medications with recreational and prescribed drugs, should be provided as a part of a multidisciplinary care team, as deemed appropriate by the health care clinician and outlined in the patient treatment plan. <b>Mental Health Counseling:</b> The provision of psychosocial and psychiatric treatment and counseling services to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional, licensed (or under license supervision) or authorized within the State to render such services. Services may be provided by an intern under the supervision of a licensed provider and may be crisis, short-term, or ongoing. <b>Substance Use Counseling:</b> The provision of individual and/or group treatment, case planning, and counseling to address substance use issues (including alcohol, legal and illegal drugs - as they may adversely impact life and health outcomes), as well as service coordination, provided in an outpatient health service setting. Services include outpatient detoxification services as well as outpatient counseling within a methadone treatment setting to address adverse life and health outcomes. <b>Mobile-based Retention and Re-Engagement and Navigation:</b> Providing clinic and mobile, community based practical support to ensure engagement in care and access to a continuum of care services (i.e. accompanying to appointments, appointment reminders, and arranging transportation); assisting clients in developing a service plan under the direction of case managers/care coordinators and/or other service team members providing information and referrals to needed and desired services according to the care plan; assisting clients in identifying service needs on an on-going basis and communicating them as appropriate to the client's multidisciplinary care team on an on-going basis; assisting clients in identifying and overcoming barriers to accessing services (i.e. homelessness or marginally housed, addiction patterns, cognitive disorders, financial constraints, transportation problems, language barriers, mental illness, or resistance to treatment); acting as a contact person for client and liaison to other service providers; conducting outreach defined as the identification of people with HIV disease so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding).									
<b>UOS (annual):</b>		<b>Primary Medical Care Service:</b> \$143,882/ 439 UOS = \$327.75 average rate <b>Medical Case Management:</b> \$362,558/ 3,357 UOS = \$108.00 average rate <b>Mobile-based Retention &amp; Re-Engagement and Navigation:</b> \$59,555/ 500 UOS = \$119.11 average rate <b>Treatment Adherence &amp; Medication Assistance:</b> \$224,364/ 1,475 UOS = \$152.11 average rate <b>Mental Health Counseling:</b> \$56,091/ 249 = \$225.27 rate <b>Substance Use Counseling:</b> \$7,200/ 50 UOS = \$143.98 rate									
<b>UDC (annual)</b>		220									
<b>Funding Source(s):</b>		General Fund and Federal Grant Ryan White Part A Funds									
<b>Selection Type</b>		RFP 05-2019 Department of Public Health Center of Excellence Services									
<b>Monitoring</b>		Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)									

Div.	Contractor	Current Total Contract Not to Exceed (NTE) Amount with Contingency	Proposed Total Contract NTE Amount with Contingency	Change in Total Contract Amount	Current Contract Term	Proposed Contract Term	Prior Annual Amount without Contingency	Proposed Annual Amount without Contingency	Annual Difference	Annual Difference (%)	Requested Action
Div.	Contractor	Current Total Contract Amount with Contingency	Proposed Total Contract Amount with Contingency	Change in Total Contract Amount	Current Contract Term	Proposed Contract Term	Prior Annual Amount without Contingency	Proposed Annual Amount without Contingency	Annual Difference	Annual Difference (%)	Requested Action
Primary Care/ HIV Health Services	UCSF/ Ward 86	\$ -	\$ 10,637,617	\$ -		3/1/20 - 6/30/24	\$ -	\$ 2,190,181			New Contract (to continue existing services)
<b>Purpose:</b> The requested action is the approval of a new contractual agreement for the <b>HALT COE (Homeless, Aging &amp; LongTerm survivors Center of Excellence) with UCSF/ Ward 86</b> . The Centers of Excellence were created to address health disparities among severe need clients and special populations. HIV Health Services (HHS) recognizes special populations as those communities which have specific and/or disproportionate The COE model sets primary medical care at the center of an integrated service delivery system that must also provide supportive services required to keep clients engaged in care including: medical case management; mobile and community-based outreach and client navigation; treatment adherence and medication assistance; outpatient mental health and/or substance use assessment, counseling, and referral. The Total Contract Amount with Contingency requested is \$3,000,760 with a term from 03/01/2020 through 06/30/2024, for a total of 4.25 years. UCSF will receive a 9% administrative fee for Ryan White Part S funding and 12% for local S.F. General Funds, with the balance of the funding going towards programmatic costs. The proposed agreement is authorized under RFP 05-2019.											
<b>Please Note:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$10,637,617 which includes (1) an initial funding amount of \$737,148 for 3/1/20 - 06/30/20; (2) an annual amount of \$2,190,181 for FY20/21 thru FY23/24, or \$9,497,872; and (3) an amount of \$1,139,745 which is the 12% Contingency value amount applied for FY19/20 thru FY23/24.											
<b>Target Population:</b>		The target population of this program includes HIV+ clients who are experiencing homeless or are marginally housed, aging (age 50 years and older) and/or are long-term survivors, who live in San Francisco and are uninsured or underinsured and live at or below 500% of Federal Poverty Level (FPL). This COE has a citywide foci on older adults, long-term survivors and clients with advanced HIV disease requiring complex medical management and/or experiencing unstable housing/homelessness, and with behavioral health (mental health issues and substance use) needs resulting in challenges remaining engaged in traditional primary care settings or any type of health care. In 2020, for a household size of one, 500% of FPL would be \$63,800.									
<b>Service Description:</b>		The goal of these services is to create a network of services from a constellation of providers with the community experience and expertise to provide COE service for clients who may be homeless, marginally housed, aging and/or living with HIV for 10 years or more to provide primary care services and the supportive services necessary to keep clients actively engaged in primary medical care, especially for those clients living with a history of substance use of active mental health issues: <b>Primary Medical Care Service:</b> comprehensive medical assessment, evaluation, diagnosis, and treatment services rendered by a physician, physician assistant, RN, nurse practitioner or licensed medical provider in an outpatient setting including the following: conducting diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination; providing, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties); taking medical history; diagnosing and treating of common physical and mental conditions; prescribing and managing medication therapy; and educating and counseling on health issues. <b>Medical Case Management:</b> a service that links and coordinates assistance from multiple agencies and caregivers who provide psychosocial, medical, and practical support. The purpose of case management is to assist clients in obtaining the highest level of independence and quality of life consistent with their functional capacity and preferences for care including maintenance in care to attain optimal HIV health outcomes. <b>Treatment Adherence and Medication Assistance:</b> Treatment adherence, adherence including the interactions of HIV medications with recreational and prescribed drugs, should be provided as a part of a multidisciplinary care team, as deemed appropriate by the health care clinician and outlined in the patient treatment plan. <b>Mental Health Counseling:</b> The provision of psychosocial and psychiatric treatment and counseling services to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional, licensed (or under license supervision) or authorized within the State to render such services. Services may be provided by an intern under the supervision of a licensed provider and may be crisis, short-term, or ongoing. <b>Substance Use Counseling:</b> The provision of individual and/or group treatment, case planning, and counseling to address substance use issues (including alcohol, legal and illegal drugs - as they may adversely impact life and health outcomes), as well as service coordination, provided in an outpatient health service setting. Services include outpatient detoxification services as well as outpatient counseling within a methadone treatment setting to address adverse life and health outcomes. <b>Mobile-based Retention and Re-Engagement and Navigation:</b> Providing clinic and mobile, community based practical support to ensure engagement in care and access to a continuum of care services (i.e. accompanying to appointments, appointment reminders, and arranging transportation); assisting clients in developing a service plan under the direction of case managers/care coordinators and/or other service team members providing information and referrals to needed and desired services according to the care plan; assisting clients in identifying service needs on an on-going basis and communicating them as appropriate to the client's multidisciplinary care team on an on-going basis; assisting clients in identifying and overcoming barriers to accessing services (i.e. homelessness or marginally housed, addiction patterns, cognitive disorders, financial constraints, transportation problems, language barriers, mental illness, or resistance to treatment); acting as a contact person for client and liaison to other service providers; conducting outreach defined as the identification of people with HIV disease so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding).									
<b>UOS (annual):</b>		<b>Primary Medical Care Service:</b> \$458,427/ 1,411 UOS = \$324.99 average rate <b>Medical Case Management:</b> \$423,031/ 3,458 UOS = \$122.33 average rate <b>Mobile-based Retention &amp; Re-Engagement and Navigation:</b> \$144,831/ 1,210 UOS = \$119.69 average rate <b>Treatment Adherence &amp; Medication Assistance:</b> \$763,393/ 5,089 UOS = \$150.11 average rate <b>Mental Health Counseling:</b> \$194,014/ 567 = \$342.38 rate <b>Substance Use Counseling:</b> \$206,485/ 1,750 UOS = \$117.99 rate									
<b>UDC (annual)</b>		600									
<b>Funding Source(s):</b>		General Fund and Federal Grant Ryan White Part A Funds									
<b>Selection Type</b>		RFP 05-2019 Department of Public Health Center of Excellence Services									

Div.	Contractor	Current Total Contract Not to Exceed (NTE) Amount with Contingency	Proposed Total Contract NTE Amount with Contingency	Change in Total Contract Amount	Current Contract Term	Proposed Contract Term	Prior Annual Amount without Contingency	Proposed Annual Amount without Contingency	Annual Difference	Annual Difference (%)	Requested Action
<b>Monitoring</b>		Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)									
PHD/CPHR	Heluna Health	\$ 2,179,604	\$ 2,699,899	\$ 520,295	1/1/16-12/31/20	1/1/16-12/31/20	\$ 260,593	\$ 738,567	\$ 477,974	183.42%	Amendment #2
<p><b>Purpose:</b> The requested action is the approval of a contract amendment with Heluna Health to increase the Total Contract Amount with Contingency by an amount of \$520, 295 for the period of 1/1/2016 to December 31, 2020. This contract provides fiscal administration services to support the Center for Public Health Research, National HIV Behavioral Surveillance (NHBS) activities. The Health Commission previously approved the National HIV Behavioral Surveillance contract on September 2, 2014. The Proposed Annual Amount without Contingency of \$738,567 reflects the increase of additional Federal CDC grant funding and carryforward funding from 2019. The additional funding will continue to support the National HIV Behavioral Surveillance activities. The proposed agreement is authorized under RFQ 27-2015.</p> <p><b>Reason for Funding Change:</b> The Department is requesting the approval of a Proposed Total Contract Amount with Contingency of \$2,699,899, or an increase of \$520,295 due to the following changes: (1) an annual increase of \$477,974 is due to an additional Federal CDC grant award in 2020 and carryforward funding from 2019 to support National HIV Behavioral Surveillance activities; and (2) an increase of \$42,321 added to the 12% Contingency value applied to current year.  <i>\$520,295 (Change in Total Contract Amount) = \$477,974 (Annual Difference) + \$42,321 (contingency)</i></p>											
<b>Target Population:</b>		Heluna Health will provide fiscal administration services for the following National HIV Behavioral Surveillance (NHBS) target population: 1) NHBS survey of heterosexuals, men who have sex with men, people who inject drugs; 2) transgender women at high risk for HIV infection; and 3) HIV infected Kenyans.									
<b>Service Description:</b>		<p>Heluna Health will provide fiscal administration/management, accounts payable, and human resources support services to the Center for Public Health Research (CPHR) team.</p> <p>Fiscal administration/management for this program consists of developing and monitoring the budget; managing employee payroll and benefits; managing programmatic expenditures such as invoice payments and travel reimbursements according to budget plan; executing contractual agreements and maintaining all program documentation as related to this contract.</p> <p>Resource management will include recruiting, hiring, and orienting new staff; managing employee benefits; monitoring employee training, skill development, and performance evaluations on regular basis, and implementing employee discipline when necessary.</p>									
<b>UOS (annual):</b>		Fiscal Administration: \$ 738,567/12 = \$61,547.25 (of the total annual funding amount of \$738,567, a total of \$96,014 will be paid for indirect fiscal administration services, with the balance of \$642,553 to be used for the NHBS projects).									
<b>UDC (annual)</b>		N/A									
<b>Funding Source(s):</b>		Federal CDC Grant									
<b>Selection Type</b>		RFQ 27-2015 Project Based Fiscal Administration Support & Research Development and Consultation Services									
<b>Monitoring</b>		Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)									

Div.	Contractor	Current Total Contract Not to Exceed (NTE) Amount with Contingency	Proposed Total Contract NTE Amount with Contingency	Change in Total Contract Amount	Current Contract Term	Proposed Contract Term	Prior Annual Amount without Contingency	Proposed Annual Amount without Contingency	Annual Difference	Annual Difference (%)	Requested Action
BHS	Justice & Diversity Bar Association of San Francisco	\$ 1,127,379	\$ 3,246,813	\$ 2,119,434	1/1/18-12/31/19	1/1/20-12/31/24	\$ 562,900	\$ 579,788	\$ 16,888	3.00%	Original
<b>Purpose:</b> The requested action is the approval of an original contract with Justice and Diversity Bar Association of San Francisco for a Total Contract Amount with Contingency of \$3,246,813 for the period of January 1, 2020 to December 31, 2024. This contract provides advocacy for clients who are either applying for or receiving Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits who are homeless or at risk of homelessness. The Proposed Annual Amount without Contingency of \$579,788 reflects a 3.0% Cost of Living Adjustment for Fiscal Year 2019-20. The proposed original agreement is authorized under RFQ 19-2019. This subject contract approval is retroactive due to scheduling delays.											
<b>Reason for Funding Change:</b> The Department is requesting the approval of a Proposed Total Contract Amount with Contingency of \$3,246,813, or an increase of \$2,119,434 due to the following changes: (1) an annual increase of \$16,888 is due to a 3.0% Cost of Living Adjustment for Fiscal Year 2019-20; (2) a 12% percent contingency (\$283,580) applied to the adjusted base and longer term; and (3) an increase of \$1,818,296 due to a 5.0 year proposed versus a 1.5 year current term; $\$2,119,434 \text{ (Change in Total Contract Amount)} = \$16,888 \text{ (Annual Difference)} + \$283,580 \text{ (contingency)} + \$1,818,296 \text{ (longer term)}$ .											
<b>Target Population:</b>	Justice and Diversity Bar Association of San Francisco will provide SSI advocacy for the following target population: 1) homeless and those at risk of homelessness who are referred to Justice and Diversity by the Department of Public Health 2)										
<b>Service Description:</b>	Justice and Diversity Bar Association of San Francisco advocates help clients effectively document a valid SSI/SSDI disability claim. Advocacy consists of helping clients with application forms, documenting level and nature of disability, physical and mental impairment, arranging for medical examination and obtaining medical records so that SSI/SSDI can effectively evaluate a claim.										
	Advocacy also includes assisting clients with problems that prevent the award of SSI/SSDI benefits such as probation, parole and outstanding warrants. Advocacy includes assistance in overcoming post-entitlement obstacles. Staff represent clients at entitlement reviews and appeals with overpayment problems and cessation of benefits. Finally, if clients are ineligible for SSI/SSDI benefits, advocates refer clients to other resources including Veterans's Benefits, employment training and county assistance.										
<b>UOS (annual):</b>	2,407 Staff Hours or Client Days at \$240.88 Per Hour or Day Depending on the Contract										
<b>UDC (annual)</b>	112 UDC										
<b>Funding Source(s):</b>	General and Work Order Funds										
<b>Selection Type</b>	RFP 19-2019 Supplemental Security Income (SSI) Linked Medi-Cal Advocacy Services										
<b>Monitoring</b>	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)										