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 (btwn. FY17-18 and FY18-19)	Annual Difference (%)	Requested Action
SFHN-Primary Care	**Curry Senior Center**	**$1,129,363**	**$1,147,424**	**$18,061**	**7/1/17-12/31/18**	**7/1/18-12/31/19**	**$501,937**	**$512,243**	**$ 10,306**	**2.01%**	**New**

Purpose: The requested action is the approval of a new contract for the period 7/1/18-12/31/19, authorized under Sole Source 21.42. The purpose of this contract is to bridge the gap between the expiration of the prior contract (that could not be extended) and the completion of RFP 50-2019. The proposed contract is necessary to allow for the provision of ongoing Primary Care services for Older Adult health and social services. While the Department anticipates the new solicitation will be effective July 1, 2019, the longer proposed period through 12/31/19 is to ensure a smooth transition if Curry Senior Center does not recieve the award to continue to provide these services.

Reason for Funding Change: For comparison purposes, there is a change in annual funding, or an increase of $10,306 reflecting a 2.5 percent annual Cost of Doing Business (CODB) allocation for FY18-19.

Target Population:	Services are targeted to the un-insured and under-insured lower-income and homeless older adults, 55 years of age or older, who live in the Tenderloin and South of Market neighborhoods. Approximately 15% of the patients seen at Curry's primary care clinic are homeless.
Service Description:	Curry provides a broad spectrum of culturally and linguistically appropriate health and social services to meet the diverse, complex needs of clients of the multi-ethnic and low-income residents of San Francisco's Civic Center neighborhoods. Curry Senior Center has adopted a client-centered and team-based approach where all staff: providers, nurses, medical assistants, front-office staff, case managers, behavioral health counselors and outreach workers all participate and provide input to a client's care. **Services are provided in three phases: 1) Prevention of illness** through health education, screenings, vaccines, **2) Early detection of treatable problems**; and **3) Treatment of existing medical problem**s, including ongoing care for chronic health conditions. Specialty care and hospital care is arranged at San Francisco General Hospital or through private physicians and hospitals, as appropriate. The Curry primary care provider remains available for follow-up care when the patient is back in the community. Podiatry, pharmacy/medi-set preparation and medication management, health screenings, and eye exams (UCSF/SFGH/CHN Eye Vision Van) are provided on site. The program also incorporates motivational interviewing to reach and connect with clients and engage them in services. Case Management programming for homeless seniors, offers: 1) comprehensive assessment – which includes a review of functional abilities including Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL); a cognitive assessment; a review of financial resources; and the identification of a support system; 2) care planning – involves linkage to community services such as meals, transportation, in-home care; acquisition of adaptive devices; and a review and eligibility for financial and benefit assistance; 3) monitoring and follow-up includes varies from one-month to three months depending on client needs.
UOS (annual):	Curry Senior Center Primary Health Care: 6,400 at $66.02/per encounter=$422,527 Curry Senior Center Primary Care for the Homeless: 652 at $137.60/per encounter=$89,716
UDC (annual)	Curry Senior Center Primary Health Care: 1,000 Curry Senior Center Primary Care for the Homeless: 169
Funding Source(s):	Primary Care General Fund
Selection Type	Admin Code 21.4 Sole Source
Monitoring	Monitored by the Business Office of Contract Compliance (BOCC)

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DPH-CHEP	**Harm Reduction Coalition**	**$704,106**	**$2,594,539**	**$1,890,433**	**1/1/18 - 6/30/19**	**1/1/18 - 12/31/22**	**$376,096**	**$516,319**	**$ 140,223**	**27.16%**	**Amendment**

Purpose: The requested action is the approval of a contract amendment to extend the contract term from 1/1/18 to 6/30/19 to 1/1/18-12/31/22, and to increase the corresponding Total Contract Amount by $1,890,433. In FY18-19, there is an annual budget of $516,319, which reflects an increase of $140,223 over the prior annual amount of $376,096. The increase will enhance and support the HIV Prevention modality. The proposed amendment is authorized under Administrative Sole Source 21.42. The Harm Reduction Coalition was selected and approved by the Drug Overdose Prevention and Education (DOPE) Project to be the exclusive distributor of Naloxone to treat all San Francisco residents who are using opioids (prescription or illicit).

Reason for Funding Change: The annual increase of $140,223 includes: 1) $40,000, (6 month general fund) for additional staff support for the Drug Overdose Prevention and Education (DOPE) Project (annualized at $80,000); 2) $50,000 one-time OPT-IN CDC Demonstration Project CDC funding for social marketing formative research for the Harm Reduction Training Institute (HRTI), 3) $50,000 one-time OPT-IN CDC Demonstration Project CDC funding for the Harm Reduction Training Institute (HRTI) to conduct formative research, including focus groups with drug users, to explore best methodologies to promote services, engage client and develop social marketing strategies, and 4) $223 for CODB FY18/19 for both the Drug Overdose Prevention and Education (DOPE) Project and the Harm Reduction Training Institute (HRTI).

Target Population:	**The Harm Reduction Coalition is funded under two programs:** 1) **The Harm Reduction Training Institute (HRTI)** provides large-group harm reduction trainings and individual agency technical assistance to the Department of Public Health (DPH) and Department-funded providers to ensure culturally appropriate and effective engagement strategies for those who work with people who use drugs in San Francisco in an effort to reduce the risk of client overdose and minimize the transmission of HIV and other communicable disease, including Hepatitis C (HCV). These activities build agency and program capacities to improve the citywide system of care, prevention and education to meet client needs through a harm reduction approach. 2) **The Drug Overdose Prevention and Education (DOPE) Project;** the DOPE Project is the only program eligible to provide Narcan trainings in San Francisco. DOPE will be providing activities that target all San Francisco residents who are using opioids (prescription or illicit) and are at-risk for overdose and at-risk for HIV and other communicable diseases, including Hepatitis C. The primary target population are those whose drug of choice is heroin and other opiate/opioids, the secondary target population are residents of high-needs neighborhoods, such as the Tenderloin, SOMA/6th Street corridor, the Mission District, and the Bayview, the tertiary target population are homeless, those living in shelters, those exiting treatment or jail and those that live in a single room occupancy (SRO) hotels. These activities are completed through individual training and naloxone kit distribution and group overdose prevention trainings.
Service Description:	**1. HRTI Group Trainings:** Staff will provide training sessions that are delivered on a variety of topics to improve provider capacity by addressing drug use, minimizing harm, understanding social determinants of health and social context of drug use, and engagement strategies. **2. HRTI Technical Assistance:** Staff will provide remote and in-person technical assistance for organizations (DPH and DPH-funded) to implement harm reduction approaches and best practices, from policies to training staff as well as client engagement strategies. **3. DOPE Project Individual Training:** Staff will perform one-on-one trainings in overdose prevention, response at community-based sites, including distribution of naloxone kit when appropriate, and follow-up encounters with trained participants, refills of naloxone. **4. DOPE Project Group Overdose Prevention Trainings:** Staff will perform group overdose prevention and response trainings for at-risk community members for service providers working with at-risk community members. **5. Formative Research Activities:** The Harm Reduction Coalition will conduct a formative research project to explore awareness of risk of overdose among non-opioid users and of naloxone as well as develop messages to successfully communicate risk and provide recommendation for message dissemination (place and mode) to the Department of Public Health. **6. HRTI Curriculum Development:** The HRTI will develop curriculum to train DPH staff and DPH supported subcontractors on issues specific to San Franciscans experiencing homelessness, who may or may not live in encampments or may or may not attend Health Fairs.
UOS (annual):	**1) HRTI Trainings:** $82,921/141 Staff Hours =$588.09 per hour, **2) HRTI Technical Assistance**: $35,539/141 Staff Hours =$252.05 per hour, **3) DOPE Individual Overdose Prevention Training:** $178,715/764 Staff Hours=$233.92 per hour, **4) DOPE Group Overdose Prevention Training:** $119,144/94 Staff Hours=$1,267.49 per hour, **5) Formative Research Activities:** $50,000/6 months of activities=$8,333.34 per month, **6) HRTI Curriculum Development:** $50,000/6 months of activities= $8,333.34 per month.
NOC (annual)	1) **HRTI Trainings**: 705 NOC, 2) **HRTI Technical Assistance:** N/A (provided to staff at agencies), 3) **DOPE Individual Overdose Prevention Training:** 3056 NOC, 4) **DOPE Group Overdose Prevention Training:** 470 NOC, 5) **Formative Research Activities:** N/A, (applies to literature review, research to create marketing campaign), 6) **HRTI Curriculum Development:** N/A. Technical Assistance is provided to an individual agency (ie; API, SFAF), and participation depends on the size of the agency; HRC has no control over who the agency involves, in some cases it may be one, or a handful, or a larger group. HRC controls the registration for Trainings and has a target number for each so can estimate number of participants.
Funding Source(s):	General Fund, CDC Grant, and CDC Opt-In Component B Grant
Selection Type	Sole Source Administrative Code 21.42
Monitoring	Monitored by the Business Office of Contract Compliance (BOCC)

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Behavioral Health	**Healthright 360 (Check Writing)**	**$73,093,138**	**$100,947,391**	**$27,854,253**	**12/31/13-06/30/19**	**12/31/13-12/31/20**	**$14,696,807**	**$15,196,807**	**$ 500,000**	**3.29%**	**Amendment Four**

Purpose: The requested action is to approve an amendment to extend the contract term from 12/13/13 to 6/30/19 to 12/31/13 to 12/31/20, (an additional 18 months), and to increase the corresponding Total Contract Amount by $27,854,253. The current contract was previously approved by both the Health Commission and the Board of Supervisors. The purpose of this contract is to issue payments to non-DPH entities for critical services that are not conducive to the creation of contracts. Payments are issued to out-of-county Private Providers serving SF clients, to Residential Care home providers (daily patch rate for beds housing BHS clients), for Client Wrap-Around Related Services, Emergency Housing, and for expenses related to the Parent Training Institute. HealthRight 360 is issued reimbursement at a rate of $22 per check. Annually, approximately $50,000 is the expended on check fees, with the balance of the funding used for the direct expenses. The proposed amendment will extend the contract under Administrative Code 21.42 (sole source), to enable the Department to complete a new solicitation. The current solicitation authority expires 6/30/19.

Reason for Funding Change: The annual increase of $500,000 represents an increase of $500,000 to the budget for Residential Care Home Adult Supplemental beds.

Target Population:	This contract provides check-writing services for reimbursement of specified Department of Public Health, Behavioral Health programs.
Service Description:	The HealthRight 360 Check-Writing contract issues payment on behalf of the Department to enable the Department to access critical services, where it is not feasible or practical for the vendor of the services to enter into a contract with the Department.
UOS (annual):	While there is fluxuation in the number of checks written each year, in FY17-18, a total of 2,190 checks were issued.
NOC (annual)	N/A
Funding Source(s):	General Fund
Selection Type	Admin Code 21.42 Sole Source
Monitoring	Monitored by the Business Office of Contract and Compliance.

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Behavioral Health	**Positve Resource Center (PRC)**	**$10,744,447**	**$18,075,044**	**$7,330,597**	**10/01/13-06/30/18**	**10/01/13-06/30/22**	**$2,410,357**	**$2,011,294**	**($399,063)**	**-19.84%**	**Amendment Four**

Purpose: The requested action is to approve an amendment to extend the contract term from 10/01/13 to 6/30/18 to 10/01/13 to 06/30/22, or an additional 4.5 years, and to increase the corresponding Total Contract Amount by $7,330,597. The current contract was previously approved by the the Health Commission in March, 2017. The Department is requesting the approval of an FY18-19 annual amount of $2,011,294. In 2018-19, Positive Resource Center completed its merger with Baker Places and the AIDS Emergency Fund (AEF) to improve access and enrollment for Medi-Cal clients and to broaden the services available to PRC's clients. The proposed amendment exercises the options authorized under RFP11-2013.

Reason for Funding Change: The reduction of $399,063 includes: 1) reduction of $358,750 in one-time merger support funding completed in 2018-19, 2) offset by a one-time increase of $500,000 to support technology upgrades and the integration of client records and administrative systems of all three merging organizations, 3) a reduction $576,890 for the Equal Access to Health Care Program funding (these funds were moved to a new contract in the HIV Health Services section, previously presented to the Health Commission), and 4) an increase of $36,577 in CODB annual funding.

Target Population:	Positive Resource Center provides services to the following populations: people living with HIV/AIDS in San Francisco with an emphasis on those with disability beneifts unable to work; people receiving County assistance, CalWorks, State Disability insurance; people who are uninsured, underinsured, or at risk of losing public or private health insurance; multiple diagnosed people with mental health and substance abuse, people who may have been incarcerated, the homeless and people of color, immigrants, women and the LGBT community.
Service Description:	This contract serves the uninsured and underinsured people living with HIV by improving their access to health care and public disability beneifts (SSI/Social Security Disability Insurance/CAPI benefits/Medi-Cal/Cash Assistance Programs). The contract assists the target population by facilitating and advocating for clients in the benefits application process, providing legal representation and helping clients who have problems qualifying for benefits or who have been terminated for benefits to improve their eligibility and enrollment in healthcare and other public benefits.
UOS (annual):	1. MH Benefits Counseling: 7,317 Staff Hours at $136.25 Per Hour; 2. HIV Benefits Counseling: 3,507 Hours at $139.57 Per Hour, 3. EAHP Client Intake, 3,855 x $1,30.19/staff hour and 468 UOS x $160.26/staff hour, 4) Organizational Support for Merger, $28,895.83 x 12 mos.
NOC (annual)	MH Benefits Counseling: 475 UDC; HIV Benefits Counseling: 400 UDC
Funding Source(s):	General Fund
Selection Type	RFP-11-2013
Monitoring	Monitored by the Business Office of Contract and Compliance.