

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	Harm Reduction Coalition	\$ 3,644,630	\$ 4,375,237	\$ 730,607	07/01/2019 - 06/30/2023 (4 Years)	07/01/2019 - 06/30/2024 (5 Years)	\$ 1,016,756	\$ 1,116,852	\$ 100,096	9.84%	Amendment	CID#1-13476 HRC (NM)
<p><b>Purpose:</b> The requested action is the approval of a contract amendment with the Harm Reduction Coalition to increase the Total Contract Amount with Contingency to reflect \$4,375,237 and to reflect a new term of 07/01/2019 - 06/30/2024 (5 years). The Health Commission previously approved this contract on September 7th, 2021. This contract supports the Harm Reduction Training Institute (HRTI), which provides harm reduction trainings, and the Drug Overdose Prevention and Education (DOPE) Project, which provides Narcan trainings. The Harm Reduction Coalition is the only approved and exclusive distributor of Naloxone which treats all San Francisco residents who are using opioids (prescription or illicit). This increase will provide continued support under the HIV Prevention modality. The proposed amendment is authorized under Administrative Sole Source 21.5(b).</p> <p><b>Reason for Funding Change:</b> The Department is requesting approval of a Total Contract Amount with Contingency of \$4,375,237, or an increase of \$730,607, due to the following changes: (1) One-time CDC funding in the amount of \$3,000 for FY22/23; (2) A 6-month allocation for the remaining FY22/23 in the amount of \$197,248 for the DOPE Project (original funding in the amount of \$182,638 was for the term of 7/1/22 - 12/31/22, this additional 6 month funding which is for the term of 1/1/23 - 6/30/23 also includes the 4% Cost of Doing Business (CODB) in the amount of \$14,610); (3) A 6-month allocation for the remaining FY22/23 in the amount of \$69,559 for HRTI (original funding in the amount of \$64,407 was for the term of 7/1/22 - 12/31/22, this additional 6 month funding which is for the term of 1/1/23 - 6/30/23 also includes the 4% Cost of Doing Business (CODB) in the amount of \$5,152); (4) Additional funding in the amount of \$379,886 for the DOPE Project for FY23/24; (4) Additional funding in the amount of \$133,966 for the HRTI for FY23/24; and (3) an increase in the amount of \$53,052 to the 12% Contingency value to have the Contingency value only applied to current and future years. Previous Contingency Amount was \$142,632 and current Contingency Amount is \$195,684.</p> <p><b>To Note:</b> The annual amount is increased by a total amount of \$100,096 due to the following (1) One-Time CDC funding in the amount of \$3,000 for FY22/23; (2) 4% Cost of Doing Business (CODB) in the amount of \$14,610 for FY22/23; (3) 4% Cost of Doing Business (CODB) in the amount of \$5,152 for FY22/23; (4) an increase of \$200,000 to the additional One-Time Mayor's Office General Funds Surplus for FY22/23 (the initial amount was \$400,000 for the DOPE-SRO Project, current amount is \$600,000); (5) a decrease in California Department of Public Health Funding in the amount of \$122,666 for FY22/23.</p>												
<b>Target Population:</b>	<p><b>The Harm Reduction Coalition is funded under two programs:</b></p> <p><b>1) The Harm Reduction Training Institute (HRTI)</b> 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.</p> <p><b>2) The Drug Overdose Prevention and Education (DOPE) Project</b>, which is the only program eligible to provide Narcan trainings in San Francisco. The DOPE Project 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.</p>											
<b>Service Description:</b>	<p><b>1. HRTI Group Trainings:</b> 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.</p> <p><b>2. HRTI Technical Assistance:</b> 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.</p> <p><b>3. DOPE Project Individual Training:</b> 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.</p> <p><b>4. DOPE Project Group Overdose Prevention Trainings:</b> Staff will perform group overdose prevention and response trainings for at-risk community members for service providers working with at-risk community members.</p> <p><b>5. DOPE/SRO Project Launch, Project Outreach/Site Recruitment, Project Training, and Technical Assistance/Individual Training:</b> As part of the expansion of the overdose prevention program, HRC will implement an overdose prevention program in Single Room Occupancy (SRO) hotel rooms. This will included the identification, education, recruitment, and follow-up of SROs to participate as well as engaging tenants in overdose and Naloxone trainings.</p>											
<b>UOS (annual):</b>	<p>DOPE Individual Overdose Prevention Training Hours: \$227,931/748=\$304.72                  DOPE Group Overdose Prevention Training Hours (Trainings are multiple hours, involve several staff, cover training preparation/development time, and incentives for attendees): \$151,954/92=\$1,651.67                  HRTI Group Training Hours: \$93,775/144=\$651.22                  HRTI Technical Assistance Hours: \$40,189/144=\$279.09                  DOPE/SRO Project Launch Months: \$3,000/6=\$500.00                  DOPE/SRO Project Outreach/Site Recruitment Months (Education and Recruitment of participants in SROs for trainings, involving utilization of residents in SROs to assist with these efforts): \$239,998/12=\$19,999.83                  DOPE/SRO Project Training Hours (Trainings are multiple hours, involve several staff, cover training preparation/development time, and incentives for attendees): \$150,000/52=\$2,884.62                  DOPE/SRO Project Technical Assistance/Individual Training Hours: \$210,005/334=\$628.76</p>											
<b>NOC (annual):</b>	4,142											
<b>Funding Source(s):</b>	General Fund, CDC Grant, CDC Opt-In Component B Grant, and California Department of Public Health (CDPH)											

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<b>Selection Type:</b>	San Francisco Sole Source Administrative Code 21.5(b)										
<b>Monitoring</b>	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)										

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Population Health Division	San Francisco Public Health Foundation	\$840,000	\$6,131,618	\$5,291,618	7/01/2022-6/30/2023 (1 year)	7/01/2022-6/30/2023 (1 year)	\$750,000	\$5,474,659	\$ 4,724,659	629.95%	Amendment #1	CID# 1-23254) CA - AG
<p><b>Purpose:</b> The requested action is for the approval of an amendment to a contract with the San Francisco Public Health Foundation (SFPHF). SFPHF has provided the San Francisco Department of Public Health (SFDPH) program administration and management services of Community Based Organizations (CBOs). SFPHF's subcontractor management services of CBOs for this agreement are in support of the programs relating to COVID-19 community prevention, mitigation, and wellness programs, including focused outreach, mobile test site support, and community care for COVID-19 positive individuals, and to serve other vulnerable populations. This contract was previously approved at the 06/07/2022 Health Commission. The Total Contract Amount with Contingency requested is \$6,131,618, with a continued and unchanged term from 07/01/2022 through 06/30/2023, for a total of 1 year. SFPHF will receive a 5.7% administrative fee of \$293,161 in FY22/23, with the balance of the funding going towards programmatic costs, including staff recruitment and onboarding, as needed subcontract agreements, and community outreach and engagement activities. The increase will continue to support the COVID 19 modality. This amendment continues to be under the San Francisco Administrative Code Chapter 21.42 authority.</p> <p><b>Reason for Funding Change:</b> The Department is requesting the approval of a Total Contract Amount with Contingency in the amount of \$6,131,618, or an increase of \$4,724,659, due to the following changes: 1) COVID 19 funds in the amount of \$4,724,659.</p>												
<b>Target Population:</b>	<p><b>Program Administration Target Population (A-1: Accelerating Vaccine Equity):</b> Subcontractors receiving Accelerating Vaccine Equity funds through the CDPH COVID 19 funds - Governors Office Health Grant will serve all ethnicities and populations with a focused expertise to address the unique needs of: (1) People Experiencing Homelessness (PEH) by providing access to COVID-19 vaccinations in neighborhoods including the Tenderloin, South of Market Area, Western Addition/Fillmore, Mission, and Bayview Hunters Point; (2) school-aged children (5-18 years), Transition Aged Youth (TAY) (18-24 years), youth who identify as LGBTQ, youth with disabilities, and their families across the City and County of San Francisco; and (3) others, as identified during the contract period.</p> <p><b>Program Administration Target Population (A-2: Community Outreach Services):</b> Subcontractors receiving COVID 19 Community Outreach Services funds through the DPH COVID Task Force will serve all ethnicities and populations with a focused expertise to address the unique needs of populations in San Francisco that are disproportionately impacted by COVID 19's adverse effects including: Black/African American, Native Hawaiian/Pacific Islander, Latino/a/x, and Native American/Indigenous community. Grant awards will be delineated by zip code, targeting the following neighborhoods: 94124 (Bayview-Hunter's Point), 94110 (Mission, Bernal Heights), 94134 (Visitacion Valley, Sunnysdale, Portola), 94102 (Tenderloin), 94112 (Excelsior, Outer Mission, Crocker Amazon), 94115 (Western Addition), 94107 (Potrero Hill), 94127, 94132 (OMI/Lakeview), and 94108 (Chinatown).</p>											
<b>Service Description:</b>	<p>SFPHF will provide program management services to SFDPH, ensuring that all deliverables are met by the CBOs. The goal of the Accelerating Vaccine Equity program is to improve access to COVID vaccinations and encourage increased vaccination rates for People Experiencing Homelessness (PEH), school aged children and their families, and to ensure that community members are engaged in designing interventions appropriate to their communities. The goal of the COVID-19 Community Outreach Services Program is to provide prevention, mitigation, and wellness programs that include focused outreach and mobile test site support, community care for COVID-19 positive individuals, and to serve other vulnerable populations. SFPHF, working with CBOs selected by a competitive Request for Proposal (RFP) process, will provide oversight of project implementation and ensure the projects comply with DPH standards and protocols, as well as all city contract requirements. SFPHF will provide all fiscal management of contracted funds – including audits, invoicing, purchasing, and budget reconciliation; and will oversee and ensure payroll meets standard accounting practices. SFPHF will provide program administration support services and funding distribution, manage/monitor performance and accountability of subcontractors and project funds, issue payments on a cost reimbursement basis, monitor budgets, maintain records, produce financial reports as requested, and will undergo annual audit.</p> <p>Program Administration of Subcontract Management and Staff Recruitment for: (1) Program Administration for 1 CBO selected by RFP for 12 months to perform outreach, engagement, and resource referral for people experiencing homelessness; (2) Program Administration for 1 CBO selected by RFP for 12 months to perform outreach, engagement, and resource referral for school aged children, TAY, and their families; (3) Program Administration for surge support services including communication, promotion, and educational campaigns; (4) Preparation for issuance of two RFPS; and (5) Program Administration for 10 CBOs selected by RFP for 12 months to perform COVID 19 Community Outreach Services</p>											
<b>UOS (annual)</b>	<p><b>Accelerating Vaccine Equity:</b>                      Program Administration services for people experiencing homelessness population: \$330,000/12 months= \$27,500                      Program Administration services for school aged children, TAY, and their families: \$330,000/12 months= \$27,500                      Program Administration services for surge support services including communication, promotion, and educational campaigns: \$82,500/2 months = \$41,250                      Start-Up/RFP development/distribution, accounting, and administration: \$7,500/1 month = \$7,500</p> <p><b>Community Outreach Services:</b>                      Program Administration services for COVID 19 Community Outreach Services: \$4,724,659/12 = \$393,722</p>											
<b>UDC (annual)</b>	<p>(NOC represents number of subcontractors)                      Accelerating Vaccine Equity: 2 and Community Outreach Services: 10</p>											
<b>Funding Source(s):</b>	<p>CDPH COVID 19 funds - Governors Office Health Grant and DPH COVID Task Force</p>											

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<b>Selection Type</b>	San Francisco Administrative Code Chapter 21.42											
<b>Monitoring</b>	The contracted services will be monitored by the DPH Program Administrator overseeing these services.											

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PHD/CHEP	Heluna Health	\$ 8,934,677	\$ 9,697,459	\$ 762,782	1/1/18-12/31/25	1/1/18-12/31/25	\$ 1,678,458	\$ 2,062,641	\$ 384,183	22.89%	Amendment #3
<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 to reflect an amount of \$9,599,360. The Contract term will remain the same. The Health Commission previously approved this contract on May 4, 2021. 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) CHEP Ending the HIV Epidemic (EtHE 20-2010), (3) Hep B Free, and (4) End Hep C. Of the \$2,062,641 in annual funding, Heluna Health will receive a 12.1% administrative fee of \$222,640, with the balance of \$1,840,001 going towards programmatic costs. The proposed amendment is authorized under RFQ 36-2017. Additional funding will continue to support prevention services for the CHEP Program.</p> <p><b>Reason for Funding Change:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$9,599,360, or an increase of \$762,782 due to the following changes: (1) a One-Time increase of \$315,000 unspent CDC grant funds to provide all San Franciscans with low barrier FREE access to home-based Lab full panel HIV, STI, and HEP C testing for 6 months (7/1/22 - 12/31/22); (2) a One-Time increase of \$50,000 unspent CDC funds to expand STI testing for young women, specifically African American and Latina women for 6 months (7/1/22 - 12/31/22); (3) a One-Time increase of \$10,000 unspent CDC funds to provide equipment support for the LINC team for 6 months (7/1/22 - 12/31/22); (4) a One-Time increase of \$35,000 unspent CDC grant funds to continue ongoing Mobile Commons texting platform for 6 months (7/1/22 - 12/31/22); (5) a One-Time increase of \$5,000 unspent CDC HEP C grant funds used to develop material for Ending the HEP C Epidemic for 6 months (7/1/22 - 12/31/22); (6) a One-Time increase of \$56,400 CDC EtHE Component C in support of CHEP ending the HIV Epidemic for FY22/23; (7) a One-Time increase of \$30,000 COVID General Fund to support HEP B initiatives for the implementation of Strategic Program Planning for FY22/23; (7) an increase of \$233,341 CDC HEP C grant funds to support End Hep C elimination community engagement planning for FY22/23; and (8) an additional amount of \$28,041 to the 12% Contingency value applied for current and future years. Previous Contingency Amount was \$373,705 and current Contingency Amount is \$401,746</p>											
<b>Target Population:</b>	<p>Heluna Health will provide program administration and support services for the following Community Health Equity &amp; Promotion (CHEP) programs and target population:</p> <ol style="list-style-type: none"> <li>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).</li> <li>CHEP Ending the HIV Epidemic (EtHE 20-2010) program will support San Francisco communities that are most impacted by HIV, HCV, and STIs: Black/African Americans, Latinos/Latinas/Latinx, Trans Women, People who use drugs, including people who inject drugs, People experiencing homelessness.</li> <li>San Francisco Hep B Free - Bay Area's mission is to provide free and low-cost hepatitis B testing, community and physician education on hepatitis B and promote routine testing and vaccination for those Asian and Pacific Islander (API) adults at risk. San Francisco has a rich network of services and efforts that must be maintained; shifts in policies and approaches are needed to realize the goals of getting to zero, ending Hep B, and turning the curve on STIs.</li> <li>HEP C Initiative: The main focus of funding is to improve HEP C surveillance efforts and provide backbone support for Ending HEP C SF initiatives. The priority populations are people co-infected with HIV/HCV, perinatal HCV, and young PWUD/young newly reported cases.</li> </ol>										
<b>Service Description:</b>	<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) Continuum of HIV Prevention, Care and Treatment Program, (2) CHEP Ending the HIV Epidemic (EtHE 20-2010), (3) Take Me home Lab-Based Home Testing Program, (4) Don't Think You Know Home Testing Program, (5) LINC Team, (6) Mobile Commons (Texting Platform), (7) Ending HEP C Material Development, and (8) HEP B Free Initiatives. 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>										

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<b>UOS (annual):</b>	<p>1) <u>Continuum of HIV Prevention, Care and Treatment Program</u>: \$787,490 (Federal CDC)/12 = \$65,624.17 (of the total annual funding amount of \$787,490, a total of \$85,001 will be paid for indirect program administration and support services, with the balance of \$702,489 to be used for the program).</p> <p>2) <u>CHEP Ending the HIV Epidemic (EtHE 20-2010)</u>: \$447,402 (Federal CDC)/12 = \$37,283.50 (of the total annual funding amount of \$447,402, a total of \$48,292 will be paid for indirect program administration and support services, with the balance of \$399,110 to be used for the program).</p> <p>3) <u>HCV Public Health Services (HCV PHS)</u>: \$93,008 (CDPH State)/12 = \$7,750.67 (of the total annual funding amount of \$93,008, a total of \$10,039 will be paid for indirect program administration and support services, with the balance of \$82,969 to be used for the program).</p> <p>3) <u>Take Me home Lab-Based Home Testing Program</u>: \$315,000 (Federal CDC)/6 = \$52,500.00 (of the total annual funding amount of \$315,000, a total of \$34,001 will be paid for indirect program administration and support services, with the balance of \$280,999 to be used for the program).</p> <p>4) <u>Don't Think Know Home Testing Program</u>: \$50,000 (Federal CDC)/6 = \$8,333.34 (of the total annual funding amount of \$50,000, a total of \$5,397 will be paid for indirect program administration and support services, with the balance of \$44,603 to be used for the program).</p> <p>5) <u>LINCS Team</u>: \$10,000 (Federal CDC)/6 = \$1,666.67 (of the total annual funding amount of \$10,000, a total of \$1,079 will be paid for indirect program administration and support services, with the balance of \$8,921 to be used for the program).</p> <p>6) <u>Mobile Commons (Texting Platform)</u>: \$35,000 (Federal CDC)/6 = \$5,833.34 (of the total annual funding amount of \$35,000, a total of \$3,778 will be paid for indirect program administration and support services, with the balance of \$31,222 to be used for the program).</p> <p>7) <u>Ending HEP C Material Development</u>: \$5,000 (Federal CDC)/6 = \$833.34 (of the total annual funding amount of \$5,000, a total of \$540 will be paid for indirect program administration and support services, with the balance of \$4,460 to be used for the program).</p> <p>8) <u>EtHE Component C CHEP ending the HIV Epidemic</u>: \$56,400 (Federal CDC)/12 = \$4,700.00 (of the total annual funding amount of \$56,400, a total of \$6,088 will be paid for indirect program administration and support services, with the balance of \$50,312 to be used for the program).</p> <p>9) <u>Hep B Free</u>: \$30,000 (COVID General Fund)/12 = \$2,500.00 (of the total annual funding amount of \$30,000, a total of \$3,238 will be paid for indirect program administration and support services, with the balance of \$26,762 to be used for the program).</p> <p>10) <u>End HEP C SF Elimination Community Engagement Planning</u>: \$233,341 (Federal CDC)/11 = \$21,212.82 (of the total annual funding amount of \$233,341, a total of \$25,187 will be paid for indirect program administration and support services, with the balance of \$208,154 to be used for the program).</p>										
<b>NOC (annual)</b>	N/A										
<b>Funding Source(s):</b>	Federal CDC Grant, State Grant, and General Fund										
<b>Selection Type</b>	RFQ 36-2017 Department of Public Health As Needed Project Based Support Services										
<b>Monitoring</b>	The contracted services will be monitored by the DPH Program Administrator overseeing these services.										