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	Richmond Area Multi- Services Inc. – Adult	\$23,467,824	\$61,994,663	\$38,526,839	7/1/18 - 6/30/23	7/1/18 - 12/31/27	\$5,986,907	\$7,013,128	\$ 1,026,221	14.63%	Amendment
Purpose: The requested action 12/31/22, or by 5 years. The H	Health Commission previou	usly approved the subject o	ontract in November 2018. T	he amendment is a	uthorized under	RFP 8-2017, RFQ	18-2014, and RFQ	20-2019.			
Reason for Funding Change: to: (1) Removal of FY21-22 on Outpatient Services of \$126,7 3% increase of \$25,061, (8) On	ne-time MHSA (PEI) increas 120, (4) Move Outpatient P	e in API Mental Health Coll eer Counseling Services mo	aborative of \$351,439, (2) Or oved to Peer contract of \$55,	ne-time MHSA (PEI) 465, (5) One-time N	increase in API M IHSA (Adult) incre	1ental health Co ease in Adult Ou	llaborative of \$221 tpatient Services o	.,439, (3) Removal o f \$376,000, (6) FY22	of FY21-22 one- 2-23 3% Genera	time MHSA (Adul al Fund CODB of \$	lt) increase in Adult 5130,342, (7) MHSA
Target Population:	18 years and older, in n supporting the transitic that is traditionally und Broderick Street Reside not have a physical hea Facility (ARF) setting, bu offering permanent hot traditionally underserve API Mental Health Coll and Southeast Asians (4 (94103), Tenderloin (94	need of psychiatric services, on to the community. The contential and the community of the condition, where the clust not a Skilled Nursing Facusing, funded through the Sted. aborative: Asian Americans Cambodian, Laotian, & Viet 102, 94109), Bayview-Hunt 102, 94109), Bayview-Hunt	er Counseling Services: RAM! ranging from those with sev linic is designed with a specia ies, ages 18-59 years old, wit ient has had difficulty remair ility (SNF) level setting. RAM! SFDPH Long Term Care. There is & Pacific Islander (AA & PI), namese) who are of migrant iters Point (94124), Potrero Hi inited English-speaking indivice	rere behavioral heal al focus serving the hard serving the has serving stable due to las Broderick Residen e is a special focus contact experiencing the mand immigrant groul (94108), and Visit	th symptoms & fi Asian & Pacific Is nt mental illness, ck of either clinic tial Program serv on serving the Asi nost significant m ups residing in pr	unctional impair lander American including those al or medical supers the 33 adults an and Pacific Isl ental health disp edominantly low	ments with many in (APIA) and Russia with co-occurring port. All residents residing at the Brollander American (Aparities in mental hydronee areas of States	repeat users of high n-speaking commun disorders (mental has require the level of derick Street Adult APIA) communities, nealth services and s San Francisco as ide	ner end emerge nities, both imi nealth and sub- f treatment ca Residential (B both immigrar service provide entified by the	ency, acute & inst migrants and U.S. stance abuse), and re from a licensed SAR), an adult res ats and U.Sborn rs that include Fil following zip code	itutional care, and -born – a group d who may or may d Adult Residential idential facility – a group that is lipinos, Samoans, es: South of Market
Service Description:	of resources, and increa Outpatient Peer Couns additional services and Broderick Street Reside community and/or reduminimizing harm and/o API Mental Health Coll	ase level of self-sufficiency eling Services: The goal is to support to clients of the RA ential: To transition & stabilize the level of care and sever establishing supportive no aborative: To promote mei Filipino, Samoan, and Soutl	Iness and recovery, improve to achieve individualized pla co: (1) to diversify behavioral AMS Outpatient Clinic from a lize adults with serious & pervices. Additionally, to improetworks to sustain recovery. Intal wellness, increase aware heast Asian (Cambodian, Lao	n of care goals and health workforce b Wellness and Reco rsistent mental illne ove emotional/physi eness of mental hea	reduce level of ca y increasing cons very approach. ss and who may cal well-being an	are for adults/old umer & family m have a physical h d quality of life, the stigma of mei	der adults. nember representa nealth condition to positive engageme ntal illness in all etl	ition and identified long-term housingent in the communithicities and popula	underrepreser in the commu ty, awareness	nted groups, and on the distribution of the di	(2) to provide bility and live in the use of resources, the unique cultural
UOS (annual) FY21-22	OP-Case Mgt Brokerage OP-MH Svcs: 386,000 St OP-Medication Support OP-Crisis Intervention: OP-Case Mgt Brokerage OP-MH Svcs: 41,500 Sta OP-Crisis Intervention:	ces Clinic = \$2,623,148 2: 7500 Staff Minute x \$3.96 taff Minute x \$4.28 = \$1,644 2: 72,000 Staff Minute x \$8.815 Staff Minute x \$7.02 = 2: 1350 Staff Minute x \$3.75 aff Minute x \$4.28 = \$177,5 115 Staff Minute x \$7.06 = 4 Staff Hour x \$90.90 = \$12	0,455 85 = \$637,057 \$5720 9 = \$5118 40 \$812	Outpatient Peer C Services = \$55,465 DS-Vocational: 188 x \$277.33 = \$52,07 DS-Vocational: 12 \$277.33 = \$3386	3 Client Full Day 79	OP-Case Mgt B OP-MH Svcs: 58 OP-Medication OP-Crisis Interv SS-Other Non-P \$37.53 = \$89,7: SS-Other Non-P \$53.81 = \$269, SS-Other Non-P \$53.81 = \$1,075	3,000 Staff Minute Support: 56,500 S vention: 750 Staff N MediCal Client Sup 12 MediCal Client Sup 467 MediCal Client Sup 9,880 MediCal Client Sup	,484,238 ff Minute x \$3.89 = x \$4.25 = \$246,331 taff Minute x \$6.96 Minute x \$7.04 = \$5; port Exp: 2391 Staff port Exp: 5008 Staff port Exp: 20,068 Staff	= \$393,437 278 f Hour x f Hour x	\$1,186,799	th Collaborative = on: 4985 Staff Hour 86,799

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
	Adult Outpatient Service			Outpatient Peer C	ounseling		et Residential = 28			th Collaborative =	
	OP-Case Mgt Brokerage	e: 750		Services = 120 OP-Case Mgt Brokerage: 28					235		
	OP-MH Svcs: Included			DS-Vocational: 113	3	OP-MH Svcs: In	cluded	OS-MH Promotic	on: 235		
	OP-Medication Support	:: Included		DS-Vocational: 7		OP-Medication	Support: Included				
UDC (annual) FY21-22	OP-Crisis Intervention: I	Included				OP-Crisis Interv	ention: Included				
	OP-Case Mgt Brokerage	DP-Case Mgt Brokerage: Included				SS-Other Non-N	MediCal Client Sup				
	OP-MH Svcs: Included					SS-Other Non-N	MediCal Client Sup				
	OP-Crisis Intervention: Included					SS-Other Non-N	MediCal Client Sup	port Exp: Included			
	OS-MH Promotion: Inclu	uded				SS-Other Non-N	MediCal Client Sup	port Exp: Included			
Funding Source(s):	MediCal, State Realignn	nent, General Fund, Prop 6	3/MHSA, MH Medicare, MH	Long Term Care, MI	H MHSA (PEI), MI	H MHSA (Adult),	MH Grant SAMHS	A Adult SOC			
Selection Type	RFP 8-2017 Mental Hea	Ith Outpatient Programs fo	r Adult/Older Adult System	of Care, RFQ 18-201	4 Peer to Peer En	nployment and F	Peer Specialist MH	Certificate, and RFO	Q 20-2019 Cult	urally relevant Me	ental Health
	Promotion & Early Inter	rvention (PEI) services for F	ilipino, Samoan & Southeast	Asian Communities	i						
Monitoring	Annual DPH Business Of	ffice monitoring through B	usiness Office of Contract Co	mpliance (BOCC). So	coring of Monitor	ing Reports for F	FY-20-21 was suspe	ended due to the in	pact of COVID)-19. For Adult Ou	utpatient Services,
	the program met 92.5%	of its contracted performa	ance objectives and 150.5% of	of its contracted unit	ts of service (UOS	s) target. The Ou	tpatient Peer Cour	nseling Services met	66.7% of cont	tracted performan	nce objectives and
	services were paid for o	on a cost reimbursement ba	asis so no units of service we	re reported. For the	Broderick Street	Residential prog	gram 48% of perfo	rmance objectives v	were met and	180% of UOS targe	ets were met. For
	the Asian & Pacific Islan	der Mental Health Collabo	rative 100% of performance	objectives were me	t and 99/8% of co	ontract UOS targ	ets were met.				

Div.	Contractor	Current Total Contract	Proposed Total Contract	Change in Total	Current	Proposed	Prior Annual	Proposed Annual	Annual	Annual	Requested Action
		Not to Exceed (NTE)	NTE Amount with	Contract Amount	Contract Term	Contract Term	Amount without	Amount without	Difference	Difference (%)	
		Amount with	Contingency				Contingency	Contingency			
		Contingency									
Div.	Contractor	Current Total Contract	Proposed Total Contract	Change in Total	Current	Proposed	Prior Annual	Proposed Annual	Annual	Annual	Requested Action
		Not to Exceed (NTE)	NTE Amount with	Contract Amount	Contract Term	Contract Term	Amount without	Amount without	Difference	Difference (%)	
		Amount with	Contingency				Contingency	Contingency			
		Contingency									
HS	Richmond Area Multi-	\$25,765,744	\$56,004,755	\$30,239,011	7/1/18 -	7/1/18 -	\$5,382,458	\$5,659,314	\$ 276,856	4.89%	Amendment
	Services Inc. – CYF				6/30/23	12/31/27					
<u>urpose:</u> The requested ac	tion is the approval of a cont	I ract amendment with Rich	mond Area Multi-Services In	c. – CYF (RAMS-Chil	l dren) to increasse	l e the Total Cont	ract Amount with	L Contingency to \$56	,004,755, and	l to extend the cor	tract term to
2/31/27 from 12/31/22, o	r increase by 5 years. The He	alth Commission previously	y approved the subject contr	act in February 201	9. The amendme	nt is authorized	under RFP 8-2017,	RFQ 18-2014, and I	RFQ 20-2019.		
eason for Funding Change	: The Department is reques	sting the approval of a Tota	I Contract Amount with Cont	tingency of \$56,004.	.755. which is \$5.	659.341 The ann	iual amount witho	ut contingency will	increase by S2	76.856 due to: (1	Decrease MH CYF

\$14,211; (5) Increase CFC work order to ECMHCI of \$6619; (6) MHSA Increase of \$17,357; (7) Increase DCYF work order to Children Wellness of \$13; (8) FY22-23 3% Work Order CODB of \$51,049 and \$4944; (9) FY22-23 General Fund CODB of \$48,874 and \$5810; (10) Decrease budget for MC Outpatient program of \$100,277; (11) Increase budget for Children Outpatient program of \$100,277; (12) FY22-23 CYF Work Order CODB increased to 4% of \$17,017 and \$1648; (13) FY22-23 CYF General Fund CODB increased to 4% of \$16,291 and \$1937 1) Children Outpatient/School Based: Youth between the ages of 2-21 who are beneficiaries of public health insurance (e.g., Medi-Cal), and their siblings and parents who are in need of psychiatric and psychological **Target Population:** prevention and/or intervention services. The San Francisco Unified School District (SFUSD), serving the following schools: Abraham Lincoln, Thurgood Marshall, George Washington, Mission, and Galileo High Schools for Emotionally Disturbed (ED) youth and their families and support to the school personnel who work with them. Also serving the following schools: Ruth Asawa School of The Arts (SOTA), Independence HS, Lawton K-8 School, Roosevelt MS, Presidio MS, Wallenburg HS, and Lowell HS. 2) Wellness Services: Fifteen SFUSD high schools (e.g. students & families; administrators & teachers), focusing on students with behavioral health concerns. Additionally, RAMS serves Early and Periodic Screening Diagnosis and Treatment (EPSDT) eligible residents who are not currently served by the SF community mental health system. The SF TRACK (Treatment Recovery Accountability Collaboration Knowledge) serve youth at-risk or already involved in juvenile justice, regardless of their school or court placement, and is a portable intensive outpatient treatment program that serves qualified youth on probation. 3) High Quality Care Initiative (Fu Yau): Young children from prenatal to five years old, who are from low-income families, TANF and CalWORKs recipients, with a special focus on new

immigrants and refugees residing in San Francisco, and underserved families of color in San Francisco. Service Description: The subject RAMS-CYE contract administers three primary programs, described as follows: 1) School Rased Services/Outnatient: Provide on-site, school-based mental health services for students with the former

Service Description:	designation of "Emotional Disturbance" (ED) as well as other special engagement in learning and school connections, 2) Wellness Services:	described as follows: 1) School Based Services/Outpatient : Provide on-site, ducation students that have identified mental health needs, as well as supp. Provide integrated behavioral health and case management services at 15 gh Quality Care Initiative (Fu Yau); Prevent emotional disturbance and prov	ort to teachers/classroom/school environments to increase student of the school-based Wellness Centers, as well as intensive case
	<u>Children Outpatient</u> = \$1,062,748	Children-Wellness Center Mental Health = \$1,936,641	High Quality Childcare Initiative (Fu Yau) = \$1,476,440
	OP-Case Mgt Brokerage: 3750 Staff Minute x \$3.88 = \$14,562	OP-Case Mgt Brokerage: 6774 Staff Minute x \$3.89 = \$26,351	OS-MH Promotion: 2749 Staff Hour x \$104.50 = \$287,313
	OP-MH Svcs: 247,781 Staff Minute x \$3.88 = \$962,202	OP-MH Svcs: 52,372 Staff Minute x \$3.89 = \$203,731	OS-MH Promotion: 1434 Staff Hour x \$104.50 = \$149,858
	OP-Medication Support: 5200 Staff Minute x \$7.61 = \$39,583	OP-Medication Support: 484 Staff Minute x \$7.58 = \$3669	OS-MH Promotion: 3179 Staff Hour x \$104.50 = \$332,198
	OP-Crisis Intervention: 2278 Staff Minute x \$3.88 = \$8848	OP-Crisis Intervention: 757 Staff Minute x \$3.89 = \$2945	OS-MH Promotion: 230 Staff Hour x \$104.50 = \$24,067
	OS-MH Promotion: 416 Staff Hour x \$90.27 = \$37,553	OS-MH Promotion: 16,648 Staff Hour x \$90.27 = \$1,502,718	OS-MH Promotion: 1548 Staff Hour x \$104.50 = \$161,817
		OS-MH Promotion: 475 Staff Hour x \$90.26 = \$42,856	OS-MH Promotion: 2999 Staff Hour x \$104.50 = \$313,447
UOS (annual)	Children Outpatient SD = \$424,733	OS-MH Promotion: 1710 Staff Hour x \$90.26 = \$154,371	OS-MH Promotion: 1420 Staff Hour x \$104.50 = \$148,382
	OP-Case Mgt Brokerage: 2850 Staff Minute x \$3.89 = \$11,086		OS-MH Promotion: 284 Staff Hour x \$104.50 = \$29,677
	OP-MH Svcs: 51315 Staff minute x \$3.89 = \$199,619	Children-Wellness Center Substance Abuse = \$369,230	OS-MH Promotion: 235 Staff Hour x \$104.50 = \$24,510
	OP-Medication Support: 275 Staff Minute x \$7.58 = \$2084	SA-Sec Prev Outreach: 343 Hours x \$596 = \$204,427	OS-MH Promotion: 17 Staff Hour x \$132.02 = \$2215
	OP-Crisis Intervention: 465 Staff Minute x \$3.89 = \$1809	SA-Sec Prev Outreach: 276 Hours x \$597.11 = \$164,803	OS-MH Promotion: 13 Staff Hour x \$104.50 = \$1330
	OS-MH Promotion: 1695 Staff Hour x \$90.27 = \$153,000		OS-MH Promotion: 16 Staff Hour x \$104.50 = \$1626
	Admin Work: 633 Staff Hour x \$90.26 = \$57,135	MHSA PEI - School-Based Wellness	
		OS-MH Promotion: 1833 Staff Hour x \$192.38 = \$352,629	

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Div.	Contractor	Current Total Contract Not to Exceed (NTE)	Proposed Total Contract NTE Amount with	Change in Total Contract Amount	Current	Proposed	Prior Annual Amount without	Proposed Annual Amount without	Annual Difference	Annual Difference (%)	Requested Action
		Amount with	Contingency	Contract Amount	Contract Term	Contract Term	Contingency	Contingency	Difference	Difference (70)	
		Contingency									
	<u>Children Outpatient</u> = 160			Children-Wellness	Center Mental H	l <u>ealth</u> = 155		High Quality Child	care Initiative	(Fu Yau) = 2500	
	Children Outpatient SD	<u>)</u> = 65		OP-Case Mgt Brok	erage: 25						
				OP-MH Svcs, OP-N	ledication Suppor	rt, OP-Crisis Inte					
UDC (annual)				Promotion: Include	ed						
ODC (annual)				OS-MH Promotion	: 1070						
				OS-MH Promotion	:130						
			Children-Wellness	Center Substanc	<u>e Abuse</u> = 150						
				MHSA PEI - School	-Based Wellness	= 205					
Funding Source(s):	General Fund; Federal I	Drug Medi-Cal; State Drug I	Medi-Cal; State Realignment;	State General Fund	l; Work Order fro	m HSA Childcare	e, DCYF Violence P	revention, DCYF Hig	h School, DCY	F Child Care, CFC	WO; MH MHSA
	(CYF, PEI)										
Selection Type	RFQ 16-2018 Early Child	dhood Mental Health Consu	ultation (ECMHCI); RFP1-2017	7 Mental Health Out	patient Treatmer	nt Services (Child	dren, Youth and Fa	milies); RFQ 13-201	7 (CYF) Menta	al Health Treatme	nt Support &
	Training Services; and F	RFQ 17-2016 School Based F	Programs (MHSA)								
Monitoring	Annual DPH Business O	ffice monitoring through B	usiness Office of Contract Co	mpliance (BOCC). So	coring of Monitor	ing Reports for I	Y-20-21 was suspe	ended due to the im	pact of COVID	-19. For Children	n's
	Outpatient/Managed C	are, the program met 50%	of its contracted performanc	e objectives and 12	6% of its contract	ed units of servi	ice (UOS) target. Tl	ne Wellness Service	s met 82% of c	contracted perfor	mance objectives
	and 97% of UOS targets	s. The High Quality Care Init	iative/ Fu Yan program had o	difficulty meeting ar	ny of its performa	nce objectives d	luring this term, bu	ıt did meet 123% of	UOS targets		

Div.	Contractor	Current Total Contract	Proposed Total Contract	Change in Total	Current	Proposed	Prior Annual	Proposed Annual	Annual	Annual	Requested Action
		Not to Exceed (NTE)	NTE Amount with	Contract Amount	Contract Term	Contract Term	Amount without	Amount without	Difference	Difference (%)	
		Amount with	Contingency				Contingency	Contingency			
		Contingency									
Div.	Contractor	Current Total Contract	Proposed Total Contract	Change in Total	Current	Proposed	Prior Annual	Proposed Annual	Annual	Annual	Requested Action
		Not to Exceed (NTE)	NTE Amount with	Contract Amount	Contract Term	Contract Term	Amount without	Amount without	Difference	Difference (%)	
		Amount with	Contingency				Contingency	Contingency			
		Contingency									
BHS	UCSF Infant and	\$10,777,955	\$11,362,814	\$584,859	7/1/18 -	7/1/18 -	\$1,955,133	\$2,097,103	\$ 141,970	6.77%	Amendment
l l l l l l l l l l l l l l l l l l l	Parent Program	\$10,777,955	311,302,614	3304,839	12/31/23	6/30/24	\$1,555,155	32,037,103	\$ 141,970	0.77%	Amendment

<u>Purpose:</u> The requested action is the approval of a contract amendment with UCSF Infant and Parent Program to increase the Total Contract Amount with Contingency to an amount of \$11,362,814 and to extend the contract end date from 12/31/23 to 630/24, or by six months. The Health Commission previously approved the subject contract in December 2018. The amendment is authorized under the solicitation RFP 1-2017 Mental Health Outpatient Treatment Services (Children, Youth and Families) and RFQ 16-2018 Early Childhood Mental Health Consultation (ECMHCI).

Reason for Funding Change: The Department is requesting the approval of a Total Contract Amount with Contingency of \$11,361,814, which is an increase of \$584,859. The annual amount without contingency will increase by \$141,970 due to: (1) FY22-23 4% General Fund CODB of \$21,002, (2) MHSA increase of \$5786, (3) FY22-23 3% Work Order CODB of \$3620, (4) Increase CFC work order to ECMHCI of \$6619, (5) Increase H.S.A Preschool work order to ECMHCI of \$14,211, (6) Increase DCYF work order to ECMHCI of \$31,170, (7) Increase H.S.A work order to ECMHCI of \$59,562.

Target Population:

Day Care Consultants (ECMHCI): Young children, ages prenatal through 5. In the coming year, 2,009 children (birth through 5 years) and 397 staff participating in 25 childcare programs, 8 family resource centers, 4 residential substance abuse treatment centers, 1 family childcare network site and 6 homeless shelters throughout San Francisco. Approximately 30 of these children and their parents may be the focus of consultation. Approximately 15 children will receive Early Intervention support and up to 11 children and their families may receive direct treatment (group, dyadic parent-child, or individual therapy). Additionally, IPP will support providers within the Family Childcare Quality Network (FCCQN), though the number of providers and children is unknown at this point. The UCSF IPP makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

Spring Project: The IPP SPRING Project is designed to meet the unique needs of all ethnicities and populations of high-risk pregnant women and newly parenting families receiving prenatal and postpartum care at ZSFG Hospital with a focused expertise on serving the Latinx community. Thirty-five women and their 25 infants will benefit from early intervention, mental health and consultation services. Fifteen health care professionals, including doctors, nurses, and social work staff will also benefit from consultation services. Based on recent hospital demographic information, the families served in this program will likely be 70% Hispanic/Latinx, 10% African American and 10% Asian and 10% representing other ethnicities. The ages of the pregnant and newly parenting women range from late teens to early 40s. The parent-child dyads are followed through the first three months of life or longer, when needed.

Psychotherapy Services (IPP): a) Children three years of age or younger at the time of referral and their families or pregnant women who are deemed to be medically indigent, and either partner in the parent-child dyad is identified as having serious mental health difficulties effecting the relationship(s) and the child's development. b) Children birth to five years of age and their caregiver(s) who are residing in/or previously resided in a homeless shelter or transitional housing arrangement or residential substance abuse treatment program receiving mental health consultation and are identified as having a diagnosable mental health problem. c) Children birth to five years of age who are enrolled in childcare programs or family resource centers receiving mental health consultation when they are identified for direct treatment based on difficulties in the child's social and emotional functioning.

Service Description:

Day Care Consultants (ECMHCI): The aim of Daycare Consultants is to improve the quality of relationships within the early childhood education, group care, or residential program, thereby positively impacting the mental health of all the children. Particular attention is paid to children in the setting with evidence behavioral, developmental or emotional difficulties. When a specific child is the focus, the aim of the clinical service is to engage all of the adults in that child's life to understand and sensitively respond to the child's needs. Daycare Consultants will accomplish these goals through provision of the following services: Mental Health Consultation services to providers (ECE, Shelter, FRC staff) who serve young children and their families; Early Intervention and Direct Clinical Services including direct treatment and on-site therapeutic groups and shadowing; Linkage/Coordination/Case Management for staff and families involved in consultation in the provision of consultation in childcare settings; and training for childcare providers and parents.

Spring Project: Services to support high risk pregnant women and new parents, served within the pre and postnatal medical care clinics at Zuckerberg San Francisco General Hospital (ZSFG), through transition from

Spring Project: Services to support high risk pregnant women and new parents, served within the pre and postnatal medical care clinics at Zuckerberg San Francisco General Hospital (ZSFG), through transition from pregnancy to parenthood-helping to ensure healthy outcomes for their infants and toddlers. Additionally, to provide direct mental health services and consultation within pre and postnatal and pediatric medical care clinics at ZSFG.

Psychotherapy Services (IPP): To provide community and home-based mental health services that are linguistically and culturally responsive and evidence-based to children birth to five years of age and their caregivers with the aim of maintaining or restoring the child's development to a typical trajectory. Treatment is provided primarily though weekly visits in the home in order to gain a better understanding of the family's/child's daily circumstances and to be available to those most in need.

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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
UOS (annual - FY21-22)	Outreach Svcs Consultation Outreach Svcs Consultation Outreach Svcs Staff Trainit Outreach Svcs Parent Tray Outreach Svcs Early Refer Outreach Svcs Evaluation Outreach Svcs Systems W Outreach Svcs Early Interv Outreach Svcs Early Interv Outreach Svcs MH Service Outreach Svcs MH Service	on Indiv: 2679 Staff Hour x \$10 on Group: 2399 Staff Hour x \$1 on Observ: 765 Staff Hour x \$1 ng: 200 Staff Hour x \$104.5 /Supp Grp: 299 Staff Hour x ral Linkage: 540 Staff Hour x \$	1.04.50 = \$250,659 04.50 = \$79,943 0 = \$20,913 \$104.50 = \$31,246 104.50 = \$56,430 104.50 = \$43,472 \$104.50 = \$43,472 \$104.50 = \$86,944 50 = \$30,305 x \$132 = \$7260 x \$104.50 = \$16,920 332 = \$8316	Spring Project = \$75 Outreach Svcs Const Outreach Svcs Const Outreach Svcs Early Outreach Svcs Early Outreach Svcs Const \$9510 Outreach Svcs Evalu Outreach Svcs Syste Outreach Svcs MH S	ultation Indiv: 200 Sultation Group: 283 Interv Indiv: 30 Stai Referral Linkage: 40 Iltant Train/Supv (1 ation (5% Cap): 30 ms Work (5% Cap):	s Staff Hour x \$104.50 ff Hour x \$104.50 0 Staff Hour x \$10 1.0% Cap): 91 Staff Staff Hour x \$104 61 Staff Hour x \$	4.50 = \$29,574 = \$3135 4.50 = \$4180 Hour x \$104.50 = 0.50 = \$3135 104.50 = \$6375	Psychotherapy Serv MH Svcs: 137,596 St MH Promotion: 56 S H.S.A Other Non N \$65,376	aff Minute x \$4 taff Hour x \$180	= \$550,384 0.15 = \$10,000	ff Hour x \$319.62 =
UDC (annual)	Day Care Consultants (EC Outreach Svcs Consultatic Outreach Svcs Consultatic Outreach Svcs Consultatic Outreach Svcs Staff Traini Outreach Svcs Parent Trn/Outreach Svcs Early Refer Outreach Svcs Early Refer Outreach Svcs Evaluation Outreach Svcs Systems W Outreach Svcs Early Interv Outreach Svcs Early Interv Outreach Svcs MH Service Outreach Svcs MH Service Outreach Svcs MH Svcs GOutreach Svcs COVID-19 N	on Indiv: 2406 on Group: 2406 on Observ: 2406		Spring Project = 60 Outreach Svcs Const Outreach Svcs Const Outreach Svcs Early Outreach Svcs Early Outreach Svcs Const Outreach Svcs Const Outreach Svcs Evalu Outreach Svcs Syste Outreach Svcs MH S	ultation Group: 45 Interv Indiv: 10 Referral Linkage: 10 Iltant Train/Supv (1 ation (5% Cap): N/ ms Work (5% Cap):	L0% Cap): N/A A N/A		Psychotherapy Serv MH Svcs: 70 MH Promotion: N/A H.S.A Other Non N		upport Exp: N/A	
Funding Source(s):	`	, ,	PSR-EPSDT, MH CYF COUNT				,	, , ,			
Selection Type Monitoring	Annual DPH Business O	ffice monitoring through Bu	ervices (Children, Youth and usiness Office of Contract Co	mpliance (BOCC). S	coring of Monitor	ring Reports for	FY-20-21 was susp	ended due to the ir			
	Consultants program ha	ad difficulty meeting any of	and 68% of its contracted ur its performance objectives of account of challenges to de	or its contracted UO	S due to challeng	ges during the CO	OVID pandemic an				

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 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
внѕ	Booker T. Washington Community Service Center	\$1,477,643	\$6,274,757	\$4,797,114	7/1/22 - 6/30/23	7/1/22 - 6/30/26	\$1,319,324	\$1,319,324	\$ -	0.00%	Amendment
with Contingency in the an however the HC Memo wa Reason for Funding Chang	ction is the approval of a four nount of \$6,274,757 and to ex s mistakenly submitted for or e: Current annual funding for 30/24; and \$1,484,060 for the	ktend the contract term of only one year, instead of a to or these Black African Americ	7/1/22 through 6/30/23 to educate of four years. The amend can Community Wellness He	etend to 6/30/26 for Iment is authorized alth Services is \$1,3	an additional th under RFP 4-202 19,324, with add	ree more years. 2. itional years of f	The Health Comm	ission previously ap \$1,372,097 for the t	proved the su	oject contract in (October of 2022,
Target Population:	Booker T. Washington C American population in housing residents, and I	Community Service Center (San Francisco across age, § low-income community me	(BTWCSC) welcomes and sengender, and sexual orientations and workers. Our produces and workers our produces and workers.	ves all ethnicities ar on with a targeted for ject will support an	nd populations. Bocus towards low	TWCSC services	are specifically des , transitional-aged	signed to meet the o	dults, families	with children, pu	blic and subsidized
Service Description:	physical and behavioral Community Stabilizatio - Crisis and emergency - Material support - ter - Physical and Nutrition Mental Health and Beh - Substance abuse serv - Mental Health & Tele = Psychosocial Peer Su - Individual & Group Th Cultural Gatherings (W - Ceremonial/Social Eve - Black Healing Circles/I Case Management - Assessment and Intak - Referrals and Service - Non-clinical case man Outreach, Engagement - Street Outreach, Trus	In and Emergency Support support support morary housing, direct cashal Health and Wellness Wolavioral Health Services (Wices health Subscriptions poort and Counseling perapeutic Services and Wolelness Promotion Activities ents/Soul Suppers Memorials The Linkage sagement services and Community Coordinates	es - WPA)	e Fillmore/Western ies - WPA) basic needs cation				•	•		ind responsive
UOS (annual)	•	ices - (MH MHSA) 6,510 Sta ices - (General Fund) 3,619									
UDC (annual)	MH MHSA = 6,520 Clien General Fund = 3,619 C										
Funding Source(s):	MHSA and General Fun										
Selection Type Monitoring		n-American Community We	ellness Health Initiatives usiness Office of Contract Co								

Div.	Contractor	Current Total Contract	Proposed Total Contract	Change in Total	Current	Proposed	Prior Annual	Proposed Annual	Annual	Annual	Requested Action
		Not to Exceed (NTE)	NTE Amount with	Contract Amount	Contract Term	Contract Term	Amount without	Amount without	Difference	Difference (%)	
		Amount with	Contingency				Contingency	Contingency			
		Contingency									
PHD/CHEP	Heluna Health	\$ 1,335,092	\$ 6,057,413	\$ 4,722,321	12/1/19- 12/31/26	12/1/19- 12/31/26	\$ 464,598	\$ 973,335	\$ 508,737	109.50%	Amendment #2

Purpose: 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 \$6,057,413. The Contract term will remain the same. This contract provides program administration and support services to the Disease Prevention & Control section in support of Strengthening STD Prevention and Control for Health Department (PCHD). Of the \$973,335 in annual funding, Heluna Health will receive a 12.1% administrative fee in the amount of \$104,285, with the balance of \$869,050 going towards PCHD programmatic costs. The proposed amendment is authorized under RFQ 36-2017. Additional funding will continue to support the efforts to reduce and educate the San Franciscan target population about STDs and other communicable diseases.

Reason for Funding Change: The Department is requesting the approval of a Total Contract Amount with Contingency of \$6,057,413, or an increase of \$4,722,321 due to the following reasons: (1) an increase in the amount of \$761,566 from PCDH Supplemental grant award in CY 2023; (2) an increase in the amount of \$1,162,743 from PCDH Supplemental grant award in CY 2024; (3) an increase in the amount of \$2,386,360 from PCDH Supplemental grant award in CY 2025 and CY 2026, or \$1,193,180 annually; and (4) an increase of \$411,652 added to the 12% Contingency value applied for current and future years. Previous Contingency Amount was \$186,792 and current Contingency Amount is \$598,444.

Target Population:	Heluna Health will provide program administration and support services for the STD Program and target population. The Strengthening STD Prevention and Control for Health Departments (PCHD) Project serve all ethnicities and population within San Francisco, with focused expertise on two primary target populations: gay and bisexual men and other men who have sex with men (MSM) and adolescent females, both of whom are at high risk for acquiring or transmitting STDs, as well as other communicable diseases, and HIV.
Service Description:	Heluna Health will provide program management, fiscal management, subcontract management, accounts payable, and human resources support services to the STD Program. The Strengthening STD Prevention and Control for Health Departments (PCHD) Project seeks (1) to leverage the existing infrastructure of public primary care clinics in SF, which are part of the SFHN, to establish and improve the quality performance measures of STD screening coverage and diagnoses, and (2) expand the provision of technical assistance and public health detailing to improve screening and care at both clinical and community-based sites that serve populations with high STD burden.
	Program Management for areas of service focusing on the Strengthening of STD Prevention and Control for Health Departments (PCHD) Projects. 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.
	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.
	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.
UOS (annual):	1) The Strengthening STD Prevention and Control for Health Departments (PCHD) Project: \$973,335 (Federal CDC)/12 = \$81,108.50 (of the total annual funding amount of \$973,302, a total of \$104,285 will be paid for indirect program administration and support services, with the balance of \$869,050 to be used for the program).
NOC (annual)	N/A
Funding Source(s):	Federal CDC-PCHD Grant, State Grant
Selection Type	RFQ 36-2017 Department of Public Health As Needed Project Based Support Services
Monitoring	The contracted services will be monitored by the DPH Program Administrator overseeing these services.

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Div.	Contractor	Current Total Contract Not to Exceed (NTE) Amount with	Proposed Total Contract NTE Amount with Contingency	Change in Total Contract Amount	Current Contract Term	Proposed Contract Term		Proposed Annual Amount without Contingency	Annual Difference	Annual Difference (%)	Requested Action
		Contingency									
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
Dumana The second orbital	Chinese Hospital Association	\$19,000,000	\$8,578,080	(\$10,421,920)	12/1/2020- 12/31/2022	12/1/2022- 11/30/2023	\$8,142,857	\$8,832,000	\$ 689,143		New Original Agreement (to continue existing services)

<u>Purpose:</u> The requested action is the approval of a new contract to continue existing services with Chinese Hospital for a total contract amount with contingency of \$9,891,840 for a term of 1 year from 12/01/22 to 11/30/23. The contracting authority is through RFP- SFGOV-0000006964. The proposed contract will retain the same number of beds, however, the licensure is intended to change from acute to sub-acute beds. The difference in the annual amount is largely do to annual increases in operating expenses. These beds were initially purchased as emergency and surge beds during COVID. The original contract was presented to the Health Commission on February 1, 2022. The Department will utilize the next year to determine ongoing need prior to extending the contract further.

Reason for Funding Change: While this is a new contract, this a continuation of a previous emergency COVID-19 contract that was presented to the Health Commission on February 1, 2022. The reason for change in contract amount of \$823,143 is that subacute beds in addition to skilled nursing beds for hospital surge. The increase of \$689,143 represents an increase in the cost of beds from the prior year due to increased operating expenses.

Lower level of care and subacute care patients from Zuckerberg San Francisco General Hospital (ZSFGH)							
To provide surge capacity for skilled nursing beds and subacute skilled nursing beds. Patients will be evaluated for appropriate referral from ZSFGH inpatient units, admit appropriate patients and provide identified care needs and discharge planning.							
23 beds per month occupancy							
23 beds per month occupancy SNF beds \$500/\$1350 per bed day Subacute beds \$650/\$1800 per bed day Cost per bed once SNF licensed/Cost per bed pending SNF license							
General Fund							
RFP SFGOV-0000006964 Subacute skilled Nursing & Skilled Nursing Facility beds for Hospital Overflow or Emergency needs							
Laguna Honda Hospital Utilization Management staff will conduct monthly audit of Chinese Hospital Association Utilization Management finding via HIPAA secure electronic record.							

Div.	Contractor	Current Total Contract	Proposed Total Contract	Change in Total	Current	Proposed	Prior Annual	Proposed Annual	Annual	Annual	Requested Action
		Not to Exceed (NTE)	NTE Amount with	Contract Amount	Contract Term	Contract Term	Amount without	Amount without	Difference	Difference (%)	
		Amount with	Contingency				Contingency	Contingency			
		Contingency									
PC/ HHS	San Francisco AIDS	\$ 9,407,633	\$ 51,164,612	\$ 41,756,979	7/1/21 - 6/30/23	7/1/21 -	\$ 4,455,606	\$ 4,633,830	\$ 178,224	4.00%	AMD#1
	Foundation				(2 years)	6/30/31 (10					
						years)					

Purpose: The requested action is the approval of a contract amendment with the San Francisco AIDS Foundation to increase the Total Contract Amount with Contingency to reflect \$51,164,612 as well as extend the contract term from 07/01/21 - 06/30/23 (2 years) to 07/01/21 - 06/30/31 (10 years). The Health Commission previously approved this contract on April 6th, 2021. This contract provides monthly financial assistance in the form of a rental subsidies to clients with disabling HIV or AIDS including those who are imminently homeless and HIV positive clients to help secure and maintain stable, safe, and affordable housing. The proposed amendment is authorized under RFP 39-2020. Additional funding will continue to support services under the HIV Rental Subsidies modality.

Reason for Funding Change: The Department is requesting approval of a Total Contract Amount with Contingency of \$51,164,612, or an increase of \$41,756,979 due to the following changes: (1) Additional Cost of Doing Business (CODB) for FY22/23 in the amount of \$178,224; (2) Additional General Fund funding for FY23/24 thru FY30/31 in the amount of \$37,070,640, of \$4,633,830 annually; and (3) an increase of \$4,508,115 in Contingency value applied only to current and future years. The previous Contingency Amount was \$496,421 and the current Contingency Amount is \$5,004,536.

Please Note: The annual amount has increased due to Cost of Doing Business (CODB) in the amount of \$178,224 for FY22/23.

Target Population:	The Target Population includes San Francisco residents who are defined as low income by HUD and who may have a history or are active drug users and/or have co-existing chronic psychiatric conditions. There are (3) three tiers for the HIV Rental Subsidies Program, which include the Standard Rental Subsidy Program (STD-RSP) that targets clients with disabling HIV or AIDS who are homeless, at risk of homelessness or marginally housed; the Shallow Rental Subsidy Program (S-RSP)that targets clients who are HIV positive and are chronically, currently or imminently homeless due to the rent burden exceeding 50% of their income; and the Partia Rental Subsidy (P-RSP) that targets clients with disabling HIV or AIDS who are imminently homeless due to rent burden exceeding 50% of their income and are referred from the City and County of San Francisco's Plus
	Housing Program managed by the Mayor's Office.
Service Description:	Services are provided in three separate tiers. They are as follows: STANDARD RENTAL SUBSIDY PROGRAM (STD-RSP): The program's goal is to provide monthly financial assistance in the form of a rental subsidy to clients with disabling HIV or AIDS to help clients secure and maintain stable, safe, and affordable housing.
	SHALLOW RENTAL SUBSIDY (S-RSP): The program's goal is to provide monthly financial assistance in the form of a rental subsidy to extremely low-income HIV+ clients engaged in care at San Francisco's Centers of
	Excellence and other community providers of HIV care, as well as individuals exiting transitional housing to help them secure and maintain stable, safe and affordable housing.
	PARTIAL RENTAL SUBSIDY (P-RSP): The program's goal is to provide financial assistance in the form of rental subsidy to people with disabling HIV or AIDS who are in stable housing but who are imminently homeless
	because a high percentage (50% or more) of their income is paid in rent.
UOS (annual):	Standard Rental Subsidy Program (STD-RSP): \$3,614,055/89,060=\$40.58
	Shallow Rental Subsidy (S-RSP): \$880,351/26,645=\$33.04
	Partial Rental Subsidy (P-RSP): \$139,424/4,745=\$29.38
UDC (annual)	349
Funding Source(s):	General Fund
Selection Type	RFP 39-2020 HIV Health Rental Subsidies Services
Monitoring	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC). Scoring of Monitoring Reports for FY-20-21 was suspended due to the impact of COVID-19. The San Francisco AIDS Foundation Rental Subsidies program met 100% of its contracted performance objectives, 77% of its contracted units of service target, and 105% of its contracted unduplicated client target.

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UDC (annual)

Funding Source(s):

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
PC/ HHS	Asian and Pacific Islander Wellness Center (dba San Francisco Community Health Center)	\$ 9,655,323	\$ 15,443,256	\$ 5,787,933	5/1/17 - 2/29/24 (6.83 years)	5/1/17 - 2/28/27 (9.83 years)	\$ 1,485,104	\$ 1,569,244	\$ 84,140	5.67%	AMD#3
the Tenderloin Early Interver (TACE) in the amount of \$48 thru FY26/27, or \$579,467 a \$911,921 to the 12% Conting	: The Department is requesting t ntion Services - HHOME/TransAce ,280 for FY22/23 and FY23/24, or nnually; (4) Ryan White Part A (R\ gency value applied only to currer	ss program in the amount of \$24,140 annually; (3) Ryan WPA) grant funding for Integat and future years. The pre	f \$120,000 for FY22/23 and FY23 White Part A (RWPA) - Ending the rated Medical Case Managemen	6/24, or \$60,000 annu e HIV Epidemic (EtHE) t and Tenderloin Area \$29,625 and the curre	ally; (2) Ryan White grant funding for t Center of Excellen nt Contingency Am	e Part A (RWPA) g the Tenderloin Ear ce (TACE) in the a nount is \$941,546.	rant funding for Integral Intervention Servi mount of \$2,969,332	grated Medical Case I ces - HHOME/TransA 1 for FY24/25 thru FY2	Management an cess program in 26/27, or \$989,	d Tenderloin Area the amount of \$1, 777 annually; (5) ar	Center of Excellence 738,401 for FY24/25 additional amount
Target Population:	ine raiget i opaiation i						•	-			
Target Population:	· '	ndividuals who need inte substance use and menta				'				· ·	Sun Francisco, an
Target Population: Service Description:	of who are coping with Integrated Case Manag Tenderloin Area Center and linkage as well as so Tenderloin Early Interven	substance use and menta ement - through the Oha of Excellence (TACE) - sp ubstance abuse group ho ention Services - HIV Hon	l illness. na Program, specifically target ecifically targets homeless and	d marginally-housed	d residents of the	Tenderloin thro	ugh medical case r	management, peer i	navigation and	l advocacy, menta	eatment adherenc al health referral

RFP 16-2017 Tenderloin Center of Excellence, Integrated Case Management, and Early Intervention Services

Monitoring

Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC). Scoring of Monitoring Reports for FY-20-21 was suspended due to the impact of COVID-19. The Integrated Case Management program met 70% of its contracted performance objectives and 150% of its contracted units of service (UOS) target. The Tenderloin Area Center of Excellence (TACE) program met 83% of contracted performance objectives and 55% of UOS targets. The Tenderloin Early Intervention (TransAccess and HHOME) program met 73% of its contracted performance objectives and 185% of its UOS targets.

TACE - Mental Health & Substance Abuse Group Hours: \$8,481/90=\$94.23
TEI - TransAccess Medical Case Management: \$278,144/2,679=\$103.82
TEI - Trans Access Support Group Hours: \$11,589/90=\$128.77
TEI - HHOME Medical Case Management: \$289,734/2,679=\$108.15

Ryan White Part A (RWPA), Ryan White Part A - Ending the HIV Epidemic (RWPA - EtHE), and General Fund

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