

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
HHS	Regents of the University of California, San Francisco (Ward 86)	\$ 2,065,671	\$ 7,836,602	\$ 5,770,931	7/1/23 - 6/30/24 (1 year)	7/1/23 - 6/30/28 (5 years)	\$ 1,844,349	\$ 1,755,322	\$ (89,027)	-5%	Amendment
<p><b>Purpose:</b> The requested action is the approval of a contract amendment with the Regents of the University of California, San Francisco (UCSF) - Ward 86 HIV Positive outpatient clients to increase the Total Contract Amount with Contingency to an amount of \$7,836,602. The current contract term will reflect a new term of 7/1/23 - 6/30/28 (5 years). The Health Commission previously approved this contract on February 6th, 2024. UCSF provides comprehensive primary and specialty medical care services for HIV positive outpatient clients. The proposed amendment exercises the options authorized under Administrative Sole Source Admin 21.42. Funding will continue to provide support under the Ambulatory/Outpatient Medical Care, Support for Long-term HIV Survivors, Quality Management, and Medical Case Management modalities.</p> <p><b>Reason for Funding Change:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$7,836,602, or an increase of \$5,770,931 to extend the funded programs in this contract from a term of one year to five years : (1) Additional General Funding in the amount of \$2,769,060 for FY24/25 thru FY27/28, or annually \$692,265; (2) Additional Ryan White Part B (RWPB) grant funding in the amount of \$99,675 for FY24/25; (3) Additional Ending the HIV Epidemic (EtHE) grant funding in the amount of \$594,016 for FY24/25; (4) Additional Federal Ryan White Part A (RWPA) funding in the amount of \$22,762 for FY24/25; (5) Additional Ryan White Part B (RWPB) grant funding in the amount of \$1,271,643 for FY25/26 thru FY27/28, or \$423,881 annually; (6) Additional Federal Ryan White Part A (RWPA) funding in the amount of \$102,429 for FY25/26 thru FY27/28, or \$34,143 annually; (7) Additional Ryan White Part B funding in the amount of \$324,206 for FY27/28; (8) Additional Federal Ryan White Part A (RWPA) funding in the amount of \$11,381 for FY27/28; and (9) an increase in the amount of \$575,759 to the 12% Contingency value applied for FY23/24 through FY27/28. The current Contingency amount is \$797,081. The previous Contingency amount was \$221,322.</p> <p>Please Note: The annual funding level is decreased by \$89,027 due to the following reasons: (1) a revision to the funding term for the One-Time carry-forward Ryan White Part B (RWPB) grant funding in the amount of \$33,225 that was included for FY23/24 - new funding term is 4/1/2024 - 3/31/2025; and (2) a revision to the funding term for Ending the HIV Epidemic (EtHE) grant funding in the amount \$55,802 in FY23/24 - new funding term is 3/1/2024 - 2/28/2025. These allocations of RWPB and EtHE grant funds were provided to FY-23/24 grant-funded programs to extend the grant funds through 6/30/2024 to align with the new General Fund funding term to begin on 7/1/2024.</p>											
<b>Target Population:</b>	The target population for this program includes newly diagnosed HIV positive individuals, pregnant people living with HIV, unstably housed populations living with HIV/AIDS, older adults living with HIV.										
<b>Service Description:</b>	<p>These HIV Health Service programs are located at Ward 86 and are committed to improving engagement in primary care and reducing the stigma surrounding HIV and AIDS as well as addressing the barriers to care that affect the patients of UCSF – Ward 86. <b>The programs include the following:</b></p> <p><b>Positive Health Access to Services and Treatment (PHAST)</b> for newly diagnosed HIV positive individuals will provide services to marginalized HIV positive individuals who have fallen out of care in order to relink them to primary care and HIV treatment.</p> <p><b>Positive On-Site Program for Unstably Housed Populations (POP-UP)</b> for individuals living with HIV/AIDS will provide services to clients that range from asymptomatic to advance or end-stage illnesses that are not considered medically complex. For patients who have more complex needs referrals will be made to the Center of Excellence that is also located at Ward 86. Client navigation will be provided to help mitigate barriers to care including addressing co-morbidities for those that are homeless or have unstable housing which includes text messaging and enhanced contact.</p> <p><b>Golden Compass (GC)</b> for older adults living with HIV will address critical physical, mental and social health needs of older adults living with HIV. This program integrates aging (geriatric) and HIV services to improve quality of life for older adults and helps them navigate the challenges of living with HIV as a chronic disease.</p> <p><b>HIVE</b> for HIV+ persons who are pregnant or considering/planning to be pregnant will serve individuals who range from asymptomatic to advance or end-stage illnesses and will provide preconception and prenatal care.</p> <p>These programs will provide the following services:</p> <p><b>Outpatient Ambulatory Health Services:</b> will be provided thru multidisciplinary healthcare services that include medical assessments, evaluation, diagnosis, and treatment including history, general medical care, care plans, treatment adherence services, and referral to specialty, ancillary services.</p> <p><b>Medical Case Management:</b> will also provide for comprehensive psychosocial assessment and navigation, referrals and linkage to health and social services that includes specialty services. The services will also include counseling, client navigation, medical case management, referral and linkage to care, and multi-disciplinary health care that includes rapid linkage and sustained engagement in primary medical care.</p> <p><b>HIV Quality Improvement:</b> Quality improvement hours as these programs are committed to improving engagement in primary care and reducing the stigma surrounding HIV and AIDS as well as addressing the barriers to care that affect the patients of UCSF – Ward 86. This includes leading the path in HIV initiatives and ensuring that there is quality control and improvement of care for HIV + patients.</p>										
<b>UOS (annual):</b>	Outpatient/Ambulatory Health Hours: \$1,301,225/5,787=\$224.85 Medical Case Management Hours: \$419,954/3,318=\$126.57 HIV Quality Improvement Months: \$34,143/12=\$2,845.25										
<b>UDC (annual)</b>	1,173										
<b>Funding Source(s):</b>	SF General Fund, Ryan White Part B (RWPB), Federal Grant Ending the HIV Epidemic (EtHE), and Federal Grant Ryan White Part A (RWPA) Funds										
<b>Selection Type</b>	Administrative Sole Source 21.42										

<b>Monitoring</b>	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC). For the latest BOCC Monitoring Report for FY-22-23 the UCSF - Ward 86 Outpatient Services program received an Overall Program Score of Commendable/ Exceeds Standards in all four sections of the monitoring report. The UCSF Ward 86 program met 97.8% of its contracted performance objectives, 120.2% of its contracted units of services and 141% of its contracted unduplicated client targets.
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Community Health Equity & Promotion (CHEP)	Heluna Health	\$ 9,697,459	\$ 11,003,885	\$ 1,306,426	1/1/18-12/31/25 (8 years)	1/1/18-12/31/25 (8 years)	\$ 1,060,936	\$ 1,208,743	\$ 147,807	13.93%	Amendment
<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 \$11,003,885. The Contract term will remain the same. This contract provides program administration and support services to the Community Health Equity &amp; Promotion (CHEP) section in the following areas: (1) CHEP Hepatitis C Prevention Services and (2) CHEP Ending the HIV Epidemic. From the annual amount of \$1,208,743, Heluna Health will receive an annual administrative fee of 12.1% administrative fee in the amount of \$130,471, with the balance of \$1,078,272 going towards programmatic costs. The Health Commission previously approved this contract on September 6, 2022. This increase in funding will require Board of Supervisor approval. The proposed amendment is authorized under RFQ 36-2017. Additional funding will continue to support prevention services for the CHEP Program under the Fiscal Intermediary modality.</p> <p><b>Reason for Funding Change:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$11,003,885, or an increase of \$1,306,426 due to the following changes: (1) an additional Federal CDC (PS21-2103) grant funding in the amount of \$114,942 for the current and future fiscal year; (2) an additional Federal CDC (PS24-0047) grant funding in the amount of \$1,000,793 for FY24/25; (3) an additional State Grant funding in the amount of \$93,008 for FY24/25; and (4) an additional amount of \$97,683 to the 12% Contingency value applied for FY24/25. Previous Contingency Amount was \$47,366 and current Contingency Amount is \$145,049.</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> <ol style="list-style-type: none"> <li>1) CHEP Hepatitis C Prevention Services: As part of the End Hepatitis C Initiative, services will help 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> <li>2) CHEP Ending the HIV Epidemic: As part of HIV Prevention Services, this 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> </ol>										
Service Description:	<p>Heluna Health will provide program management, fiscal management, subcontract management, accounts payable, and human resources support services (including payroll and benefits expenses for contractor staff hired under this contract) to the Community Health Equity &amp; Promotion (CHEP) team.</p> <p>Program and Subcontractor Management Services will be provided for (1) Hepatitis C Prevention Services which includes a Viral Hepatitis Data Analyst and a Research Study Coordinator and (2) Ending the HIV Epidemic Program which includes a Data Management Analyst and a Data Analyst as well as subcontracting and consulting services for community engagement. 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 how such a result is obtained.</p> <p>Included as part of the Program and Subcontractor Management, Heluna Health will provide both Fiscal Management which 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 sub contractual agreements and maintaining all program documentation as related to this contract and Human Resource Management which consists of 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>Program Administration for CHEP Hepatitis C Prevention Services: \$185,504/12 months= \$15,458.67                      Coordination and Program Administration for the CHEP Hepatitis C Prevention Services: \$22,446/12 months=\$1,870.50</p> <p>Program Administration for CHEP Ending the HIV Epidemic Services: \$892,768/12 months= \$74,397.33                      Coordination and Program Administration Services for CHEP Ending the HIV Epidemic Services: \$108,025/12 months=\$9,002.08</p>										
UDC (annual)	N/A										
Funding Source(s):	Federal CDC Grant, State Grant, and General Fund										
Selection Type	RFQ 36-2017 Department of Public Health As Needed Project Based Support Services										
Monitoring	The contract services will be monitored the SFDPH Program Administrator responsible for the accomplishment of the project. There are monthly meetings to ensure that budget and program activities are on target. There is also annual review to ensure that the program objectives and budget allocations have been met.☐										

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Community Health Equity & Promotion (CHEP)	San Francisco Public Health Foundation (SFPHF)	\$20,027,567	\$21,887,633	\$ 1,860,066	1/1/18-12/31/25 (8 years)	1/1/20-12/31/24 (5 years)	\$ 1,198,771	\$ 1,084,521	\$ (114,250)	-9.53%	Amendment
<p><b>Purpose:</b> The requested action is the approval of a contract amendment with the San Francisco Public Health Foundation to increase the Total Contract Amount with Contingency to an amount of \$21,887,633 and to extend the current contract term from 1/1/2020 thru 12/31/2024 (5 years) to reflect a new term of 01/01/2020 thru 07/31/2026 ( 6 years, 7 months). The amendment will reflect additional funding for 1 year and 7 months for the continued management of subcontractors and consultants to the Community Health Equity &amp; Promotion Branch (CHEP). From the annual amount of \$1,084,521 for FY24/25, the San Francisco Public Health Foundation will receive an annual administrative fee of 10% in the amount of \$98,592 with the remaining amount of \$985,929 for programmatic costs, which includes direct subcontracting and consultant as well as community engagement activities including the Hepatitis C Initiative. The contract was previously approved by Health Commission on October 5th, 2021. The contract was previously approved by the Board of Supervisors on January 21st, 2022. The increase in funding and extension of funding term will require Board of Supervisor approval. The proposed agreement is authorized under RFQ 36-2017. Funding will continue to support the Program Administration modality.</p> <p><b>Reason for Funding Change:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$21,887,633, or an increase of \$1,860,066, due to the following changes: (1) a one-time reduction in Federal CDC grant funding in the amount of \$10,416 for FY23/24; (2) an additional General Fund funding in the amount of \$208,000 for End Hepatitis C for FY24/25 thru FY25/26, or \$104,000 annually; (3) an additional CDC Hepatitis C grant funding in the amount of \$230,000 for End Hepatitis C for FY24/25 thru FY25/26, or \$115,000 annually; (4) an additional General Fund funding in the amount of \$1,481,042 for Community Health Engagement for FY24/25 thru FY25/26, or \$740,521 annually; (5) an additional CDC Federal grant funding in the amount of \$50,000 for Community Health Engagement for FY24/25 thru FY25/26, or \$25,000 annually; (6) an additional General Fund funding in the amount of \$200,000 for End Hepatitis C - Street Intercept Survey (Springboard) for FY24/25 thru FY25/26, of \$100,000 annually; and (7) a reduction of \$298,560 to the 12% Contingency Value in order to only include FY24/25 thru FY25/26. The Previous Contingency Amount was \$560,595 and the current Contingency Amount is \$262,035.</p> <p>The decrease in annual amount of \$114,250 reflects (1) a decrease in previous one-time Federal CDC grant funding in FY23/24 not included in FY24/25 in the amount of \$85,632; (2) a decrease in previous Work Order funding in FY23/24 not included in FY24/25 in the amount of \$47,522; (3) an increase of \$18,904 in General Funding for FY24/25.</p>											
<b>Target Population:</b>	<p>The existing subcontractor and consultant vendors previously selected will continue 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.</p> <p>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, include but are 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.</p>										

<b>Service Description:</b>	<p>The goal of the existing services are 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 continue to provide program administrative services by funding and supporting subcontractor and consultants that implement initiatives, such as the End Hepatitis C Initiative which includes Street Intercept Data collection services, and other work related to the goals of these efforts. The CHEP System of Care works in close partnership with SFPHF to ensure that selected consultants/subcontractors meet the qualifications to execute contracted services. The identified subcontractors have been carefully chosen through a rigorous and equitable solicitation process, which includes opportunities for DPH-CHEP Program Managers to interview potential subcontractors prior to contract execution. This meticulous approach guarantees that contractors are selected based on merit and suitability for the tasks at hand, fostering transparency and accountability throughout the process. Additionally, collaboration with SFPHF further enhances oversight and promotes best practices in community-driven initiatives, reinforcing the commitment to fair and inclusive selection procedures. This includes human resource management for the End Hepatitis C Initiative that includes the funding of the End Hep C San Francisco Strategic Director and the End Hep C San Francisco Project Coordinator. This initiative also includes 3 subcontractors that provide for recruitment of Community Navigators, who are volunteers that assist in the development of Hepatitis C trainings and community outreach.</p> <p>Of the annual funding amount of \$1,084,521, \$98,592 will be paid for program administrative services, with the balance of \$985,929 for direct programmatic costs, which includes direct subcontracting and consultants as well as community engagement activities. The following are the existing services that are being 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 providing capacity building support to subcontractors and consultants, including management that supports the Hep C initiative.</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 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, including program administration support for the Hep C Initiative.</p> <p><b>Coordination and Program Management Services:</b> Includes administration and general infrastructure support (indirect costs).</p>
<b>UOS (annual)</b>	<p><b>Subcontract Management Services and Program Administration for Community Health Engagement (and payment to subcontractors):</b> \$644,323/108 (9 subcontractors x 12 months = 108)= \$5,965.96</p> <p><b>Coordination and Program Administration Services for Community Health Engagement:</b> \$64,432/12 months=\$5,369.36</p> <p><b>Program Administration for Hep C Initiative Hours:</b> \$156,151/2,766hours=\$56.45</p> <p><b>Coordination and Program Administration Service for Hep C Initiative Months:</b> \$15,615/12 months=\$1,301.25</p> <p><b>Subcontract Management and Program Administration Services for Hep C Navigation Program (and payment to subcontractors):</b> \$94,545/18 (3 subcontractors x 6 Months=18)=\$5,252.50</p> <p><b>Coordination and Program Administration Services for Hep C Navigation Program Months:</b> \$9,455/6months = \$1,575.75 Subcontract Management and Program Administration Services for Hep C Initiative - Street Intercept Surveys (and payment to subcontractor): \$90,910/12 months=\$7,575.83</p> <p><b>Coordination and Program Administration for Hep C Initiative - Street Intercept Surveys:</b> \$9,090/12months=\$757.50</p>
<b>NOC (annual)</b>	N/A
<b>Funding Source(s):</b>	General Fund, State, Work Order, 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>	The contract services will be monitored the SFDPH Program Administrator responsible for the accomplishment of the project. There are monthly meetings to ensure that budget and program activities are on target. There is also annual review to ensure that the program objectives and budget allocations have been met.

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Office of Health Equity (OHE)	San Francisco Study Center	\$579,688	\$1,656,102	\$ 1,076,414	7/1/2022 - 6/30/2026 (4 years)	7/1/2022 - 6/30/2026 (4 years)	\$308,737	\$1,195,691	\$ 886,954	287.28%	Amendment
<p><b>Purpose:</b> The requested action is the approval of a contract amendment with the San Francisco Study Center to increase the Total Contract Amount with Contingency to an amount of \$1,656,102. The current contract term of 7/1/2022 - 6/30/2026 (4 years) will remain the same. This contract provides Program Administrative Support Services to address racism in health care settings, this includes the management of subcontractors that will implement work related to health equity learning, improvement, and recommendations. From the amount of \$886,954, the San Francisco Study Center will receive an administrative fee of 15% in the amount of \$115,690 with the remaining amount of \$771,264 for programmatic cost, which includes direct subcontracting and consultants as well as community engagement activities. The proposed amendment exercises the options authorized under RFQ 3-2020. Funding will continue to support under the Program Management modality.</p> <p><b>Reason for Funding Change:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$1,656,102, or an increase of \$1,076,414, due to the following changes: (1) additional PEI grant funding in the amount of \$260,682 for FY23/24 thru FY25/26, or \$86,954 annually; (2) an additional one time CDC Federal grant funding in the amount of \$800,000 for a term of 3/1/24 thru 5/31/26; and (3) an addition of \$15,732 to the 12% Contingency Value in order to include FY23/24 thru FY25/26. The Previous Contingency Amount was \$148,620 and the current Contingency Amount is \$164,352.</p> <p>The annual funding increases of \$886,954 reflects (1) an increase of PEI grant funding in the amount of \$86,954; and (2) an additional one time CDC Federal grant funding in the amount of \$800,000 for the term of 3/1/24 thru 5/31/26.</p>											
<b>Target Population:</b>	<p>The San Francisco Study Center will provide program administration for the Office of Health Equity (OHE) - Health Equity Training Program thru subcontracts that will support various projects. They will provide program administration support thru subcontracting for hospital staff and leadership serving Black birthing people in San Francisco. Secondly, they will provide subcontracting support for the Trainee Support Youth Employment Program that will focus on transitional aged youth from underserved and underrepresented communities that have unique cultural specialized needs from African American, Latinx, Indigenous, Native American, and foster youth in San Francisco. They will also provide consultants thru the Health Equity Training and Community Consultants Program to serve the DPH Population Health and Network employees as well as Laguna Honda Hospital employees. SFSC will work with subcontractors to provide feedback from subject matter experts and community experts in order to have a better understanding of the need of health equity work in San Francisco. SFSC will also work with subcontractors to provide outreach, community engagement and survey administration from four identified priority populations: Native Americans, Pacific Islander/Samoan, Indigenous Latin American and Transgender.</p>										
<b>Service Description:</b>	<p>Program Administration Support for Health Equity Training will be provided to hospital staff and leadership serving Black birthing people will build on the expertise and competencies of hospital staff and leadership in order to address racism in health care settings and develop improvement recommendations in order to provide for health equity learning, which include implicit and bias trainings.</p> <p>Program Administration Support for Health Equity Training will be provided for the Trainee Support Youth Employment Program, and it will build on internal capacity of SFDPH and CBO mentors by developing mentor curriculums to train current and future mentors to successfully engage with youth interns and develop curriculum for the youth interns to successfully orient to and engage in healthcare settings.</p> <p>Program Administration Support for Health Equity Training will secure training and competency building resources for the San Francisco Department of Public Health (SFDPH) staff, affiliated contractors, and trainees. This includes didactic training, Cultural Humility trainings, which include implicit and bias trainings, experiential or practical training specific to a scope of work as well as feedback and other input from community members and organizations. This is also to develop web-based trainings that can be used over time throughout SFDPH that support understanding and learning of health equity work in SFDPH.</p> <p>Program Administration Support for the Office of Health Equity (OHE) that will provide feedback from subject matter experts and community experts to have a better understanding of the need of health equity work in San Francisco. SFSC will work with subcontractors to provide outreach, community engagement and survey administration from four identified priority populations: Native Americans, Pacific Islander/Samoan, Indigenous Latin American and Transgender.</p>										
<b>UOS (annual)</b>	<p><b>Subcontract Management Services and Program Administration for the Health Equity Training Program (and payment to subcontractors):</b> \$695,652/60 (5 subcontractors x 12 months = 60) = \$11,594.20</p> <p><b>Coordination and Program Administration Services for the Health Equity Training Program:</b> \$104,348/12 months = \$8,695.67</p> <p><b>Subcontract Management Services and Program Administration for the Health Equity Training Program - Implicit Bias Trainings &amp; Workshops (and payment to subcontractors):</b> \$75,612/24 (2 subcontractors x 12=24) = \$3,150.50</p> <p><b>Coordination and Program Administration Services for the Health Equity Training Program - Implicit Bias Trainings &amp; Workshops:</b> \$11,342/12 months = \$945.16</p>										
<b>UDC (annual)</b>	N/A										
<b>Funding Source(s):</b>	MCAH PEI State Grant (Maternal, Child, and Adolescent Health Division - Perinatal Equity Initiative Grant), OHE (Office of Health Equity) General Fund, LHH (Laguna Honda Hospital) General Fund, and Centers for Disease and Control and Prevention (CDC) COVID 19 Disparities Federal Grant										
<b>Selection Type</b>	RFQ 3-2020 Department of Public Health As Needed Project Based Program Administration and Support Services										
<b>Monitoring</b>	The contract services will be monitored the SFDPH Program Administrators responsible for the accomplishment of the project. There are weekly project meetings and monthly budget/fiscal meetings to ensure that budget and program activities are on target. There is also annual review to ensure that the program objectives and budget allocations have been met.										

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PHD/Center for Public Research	Heluna Health	\$ 2,435,590	\$ 4,243,334	\$ 1,807,744	12/1/20 - 2/28/25 (5 years, 2 months)	12/1/20 - 2/28/25 (5 years, 2 months)	\$ 11,012	\$ 443,812	\$ 432,800	3930.26%	Amendment
<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 \$4,243,334. The Contract term will remain the same. This contract provides program administration and support services to the Center for Public Research Section thru the Substance Use Research Unit - California Intervention in Academic Detailing for Opioids (CIAO) with the goal to train public health workers. From the annual amount of \$443,812, Heluna Health will receive an annual administrative fee of about 11.04% administrative fee in the amount of \$44,140, with the balance of \$399,672 going towards programmatic costs. While the annual funding level is under \$500,000, this contract has new funding that is over \$100,000 annually that is being brought forth for approval. The proposed amendment is authorized under RFQ 36-2017. Additional funding will continued to support the Research - Academic Detailing, Research Peer to Peer Detailing, Western States Node of the National Drug Abuse Treatment Clinical Trials Network, and Program Administration modalities.</p> <p><b>Reason for Funding Change:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$4,243,334, or an increase of \$1,807,744 due to the following changes: (1) an additional Federal CDC (OD2A) grant funding for Peer to Peer Detailing Program Administration in the amount of \$691,200 for FY23/24 thru FY27/28, or \$172,800 annually; (2) an additional Federal CDC (OD2A) grant funding for Academic Detailing Program Administration in the amount of \$1,040,000 for FY23/24 thru FY27/28, or \$260,000 annually; and (3) an additional amount of \$76,544 to the 12% Contingency value applied for FY24/25. Previous Contingency Amount was \$185,299 and current Contingency Amount is \$261,843.</p>											
<b>Target Population:</b>	Heluna Health will provide program administration and support services for the Substance Use Research Unit for the California Intervention in Academic Detailing for Opioids (CIAO) programs. The target population are public health workers as well as clinic and payer networks.										
<b>Service Description:</b>	<p>Heluna Health will provide program management, fiscal management, subcontract management, accounts payable, and human resources support services (including payroll and benefits expenses for contractor staff hired under this contract) to the Substance Use Research team - CIAO Program.</p> <p>Program Management Services will be provided for this program which includes the following staff: a Research Clinician at 0.80FTE, a Research Program Assistant at 1.00FTE, Sr. Research Program Manager at 1.00FTE, a Research Clinician at 0.05FTE, and a Project Manager at 0.08FTE for a total of 2.93FTE as well as a providing for a small Consultant pool for an allocated cost of \$500. The CIAO program trains providers on opioid stewardship academic detailing from 17 counties in California delivering webinars and distribution of educational materials as well as technical assistance. There is also be a consultant pool that consists of varied experts depending on the technical assistance requests received from our partners. These subject matter experts will be selected based on their unique qualifications and subject area expertise. 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>Included as part of the Program and Subcontractor Management, Heluna Health will provide both Fiscal Management which consists of developing and monitoring the budget; managing employee payroll and benefits; managing programmatic expenditures such as invoice payments and other costs according to budget plan; executing sub contractual agreements, if required, and maintaining all program documentation as related to this contract and Human Resource Management which consists of 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>	Program Administration for CIAO Services (Direct Services): \$399,672/12 months= \$33,306 Coordination and Program Administration for the CIAO Services: \$44,140/12 months=\$3,678.34										
<b>NOC (annual)</b>	N/A										
<b>Funding Source(s):</b>	State California Department of Public Health, National Institute of Health (NIH), and Federal CDC Grant										
<b>Selection Type</b>	RFQ 36-2017 Department of Public Health As Needed Project Based Support Services										
<b>Monitoring</b>	The contract services will be monitored the SFDPH Program Administrator responsible for the accomplishment of the project. There are monthly meetings to ensure that budget and program activities are on target. There is also annual review to ensure that the program objectives and budget allocations have been met.☐										

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
Behavioral Health Services	Health Right 360 (SOMA Rise)	\$ 9,875,729	\$ 9,875,729	\$ -	07/01/21-12/31/23	07/01/21-06/30/25	\$ 4,720,321	\$ 3,811,853	\$ (908,468)	-19.25%	Amendment
<p><b>Purpose:</b> The requested action is for the approval of an amendment to a contract with the Health Right 360. Health Right 360 has provided the San Francisco Department of Public Health (SFDPH) SOMA Rise, a Drug Sobering Center since the launch of this pilot project on 7/1/2021. SOMA Rise provides a low-barrier sobering center for primarily homeless adults who use substances. This contract was previously approved at the 12/6/2022 meeting of the Health Commission. The Total Contract Not To Exceed (NTE) Amount with Contingency remains at \$9,875,729, with the Current Contract Term of 07/01/2021 through 06/30/2023, being extended to a new term of 07/01/2021 through 06/30/2025 for a new total term of 4 Years, extending the term for an additional two years. The Prior Annual Amount without Contingency will be reduced from \$4,720,321 to the Proposed Annual Amount without Contingency of \$3,811,853, which is a decrease of \$908,468 annually, reflecting the elimination of funding for services previously allocated for the Tenderloin Linkage Center at 1178 Market Street. Capturing the savings from these eliminated services previously funded within this contract, provide for the extension of this contract for two years, without requiring an increase to the Total Contract NTE Amount with Contingency. This amendment continues to be authorized under the San Francisco Administrative Code Chapter 21.42 authority. The Department is currently in the process of resoliciting these services.</p> <p><b>Reason for Funding Change:</b> The change in annual contract funding is due to the following: 1) Funding ended in 2022-23 for the Tenderloin Linkage Center at 1178 Market Street; 2) Offset by a 4.75% CODB (Cost of Doing Business) allocation to the SOMA Rise program in 2023-24 and 2024-25.</p>											
<b>Target Population:</b>	The target population includes individuals 18 and over suffering from the inter-related harms of homelessness, substance use and trauma. The population also includes individuals living in the SOMA and Tenderloin neighborhoods, and individuals from racial and ethnic communities disparately impacted by substance use, especially those who are at risk for substance use-related consequences resulting from drug-related crisis, trauma, and death due to overdose										
<b>Service Description:</b>	The Drug Sobering Center--SOMA Rise will provide temporary shelter and supportive care in a milieu setting 24 hours/7 days a week. The SOMA Rise location is at 1076 Howard Street, a leased space with 20 beds and at least 5 seats. The Sobering Center provides respite, supportive care, food, hydration, daily living materials (clothing, showers, hygiene supplies), first aid, medical triage and assessment for mental health and physical issues, and linkages to social services. Additional services include syringe exchange and referrals and transportation to substance use treatment, housing, and food services.										
<b>UOS (annual):</b>	Substance Abuse Prevention/ Early Intervention:										
<b>UDC (annual)</b>	1,043 UDC										
<b>Funding Source(s):</b>	General Fund, County Prop C										
<b>Selection Type</b>	21.42										
<b>Monitoring</b>	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC). For the latest BOCC Monitoring Report for FY-21-22 the HR360 SOMA RISE program received an Overall Program Score of Improvement Needed/ Below Standards and exempt of contracted performance objectives and its client satisfaction survey. Since this pilot program opened on June 27, 2022, BOCC rendered many of the standard compliance items as not applicable. All objectives, and descriptions of how objectives will be measured, are to be contained in the Mental Health SF Legislation (MHSF). The site visit was conducted to ensure site and administrative binder requirements were in place. The program is commended for being very organized. HR 360 submitted a Plan of Action which was approved by 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	Lyon Martin Community Health Services		\$6,495,631			1/1/24-12/31/27		\$1,600,000			New Contract/ Continuing Services
<p><b>Purpose:</b> The requested action is the retroactive approval of an Original contract with Lyon Martin Community Health Services for the provision of primary care services for a term of January 1, 2024, to December 31, 2027 for a total contract amount of \$6,495,631 which includes \$695,960 contingency. The contract provides primary care services at 1735 Mission Street in San Francisco. There were delays in receiving contract documents and coordinating approval by the City Attorney, however the previous contract remains in place through 6/30/24 to provide support if required. This program serves all ethnicities and populations in San Francisco with focused attention on the unique cultural needs of Low-income Queer, Transgender, Non-Binary, and Intersex (QTI) Communities, Cis-Women, Black Indigenous, and People of Color, sex workers, people who use drugs, people who are experiencing homelessness or are marginally housed, immigrants, those with limited English proficiency, people with disabilities, and those who have been incarcerated. This contract provides direct services to customers. An administrative capacity building contract was previously provided under Health Right 360 CID#100020842. The previous contractual services for Lyon-Martin were approved by Health Commission on 7/6/2021. The contract is authorized under Sourcing Event 8341 - Primary Care Health Services for Transgender, Non-Binary, Gender Non-Confirming, Gender Diverse Individuals, Intersex, and Cis-Gender Women.</p> <p><b>Reason for Funding Change:</b> (1) The 2023-24 annual amount includes \$500,000 in carry-over from 2022-23 in previously approved contract; (2) Subsequent fiscal years are calculated from a base of \$1,100,000 and 4.75% in CODB funding. Direct primary services are new under Lyon Martin.</p>											
<b>Target Population:</b>	The target population includes and meets the cultural needs of Low-income Queer, Transgender, Non-Binary, and Intersex (QTI) Communities, Cis-Women, Black Indigenous, and People of Color, sex workers, people who use drugs, people who are experiencing homelessness or are marginally housed, immigrants, those with limited English proficiency, people with disabilities, and those who have been incarcerated.										
<b>Service Description:</b>	This contract will provide compassionate and trauma-informed primary care services including medical, gynecological, and mental health care services targeting trans, non-binary, gender non-conforming, and intersex communities and cis-gender women with specific sensitivity to LGBTQ sexual orientation, gender identity, disability, race, ethnicity, and language regardless of immigration status or ability to pay. Primary Care Teams consist of Primary Care Providers, overseen by a Medical Director, Director of Gynecology, Associate Medical Director; RNs and Medical Assistants, overseen by a Director of Nursing, Community Access Coordinators and Medical Referral Coordinators.										
<b>UOS (annual):</b>	UOS = 3,875 Patient Appointments at \$283.87 per Patient Appointment = \$1,100,000 Carry Forward of unexpended funds from previous contract, earmarked for projects still under consideration = \$500,000										
<b>UDC (annual)</b>	UDC: N/A										
<b>Funding Source(s):</b>	General Fund										
<b>Selection Type</b>	Sourcing Event 8341- Primary Care Health Services for Transgender, Non-Binary, Gender Non-Conforming, Gender Diverse Individuals, Intersex, and Cis-Gender Women										
<b>Monitoring</b>	This newly created program will be monitored by the Business Office of Contract and Compliance.										

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
Behavioral Health Services	UCSF - Embrace	\$0	\$9,615,203	\$9,615,203	none	11/01/2023 - 06/30/2029	\$0	\$1,327,220	\$ 1,327,220	100.00%	Amendment
<p><b>Purpose:</b> The requested action is for the approval of an amendment to a contract with the UCSF - Embrace. UCSF - Embrace has provided the San Francisco Department of Public Health (SFDPH) a Black African American Maternal Mental Health Program. This contract was previously approved at the 4/2/2024 meeting of the Health Commission. The Total Contract Not To Exceed (NTE) Amount with Contingency remains \$9,615,203, with the Current Contract Term of 03/01/24 through 06/30/2029, being amended to a new term of 11/01/2023 through 06/30/2029 for a new total term of 5 years, 8 months, extending the term for an additional four months. The Funding Notification for this contract had a contract term start date of 11/1/2023. However, contract documents from the vendor were received in mid-January of 2024. A start date for services of 3/1/2024 was discussed and agreed upon by contracting and system of care staff. The contract details were the prepared in March to be brought to the Health Commission for review and approval at the April 2024 meeting. Soon after that, the System of Care Management team learned of and confirmed the need for the start date to be 11/01/2023 due to program start up costs incurred by the vendor. The contract was at this point still in the early stages of the certification process and was pulled to amend the start date to begin on 11/01/2023 in order for the program to capture these start-up expenses. For this reason, we request an amendment to change the start date in order to align with the new start date if approved. The Annual Amount without Contingency will not change. This amendment continues to be authorized under RFGA 7482.</p> <p><b>Reason for Funding Change:</b> There is no change to the funding in this contract.</p>											
<b>Target Population:</b>	UCSF EMBRACE Program supports services to all ethnicities and populations. The services in this program will have a focused goal to support the mental health and wellness of Black/African American residents of the City and County of San Francisco who are in the pregnancy, perinatal and postpartum period.										
<b>Service Description:</b>	UCSF EMBRACE Black African American Maternal Mental Health Program strives to provide equitable, trauma-informed, and culturally responsive prevention and mental health care. Through the provision of outreach and promotion, mental health services, linkage, and workforce training, this program builds and expands the capacity of the behavioral health system to serve a population that has experienced disparities in care and health outcomes.										
<b>UOS (annual)</b>	OS - MH Promotion 7,714 x \$129.63 = \$999,965.82  OS - MH Promotion 3,751 x \$87.24 = \$327,237.24  Total UOS = 11,465										
<b>UDC (annual)</b>	Total = 100										
<b>Funding Source(s):</b>	MH MHSA (PEI)										
<b>Selection Type</b>	SFGOV-0000007482										
<b>Monitoring</b>	The contracted services will be monitored by the DPH Program Administrator overseeing these services										