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		Proposed Annual Amount without Contingency	Annual Difference	Annual Difference (%)	Requested Action
BHS	San Francisco Study Center	\$0	\$9,999,253	\$0	N/A	07/01/2024- 06/30/2029	\$1,668,529	\$1,710,409	\$41,880	2.51%	Original Agreement (Continuing Services)
		• • •			-						pment and Training Program. The
	purpose of the contract is to foster and promote advancement opportunities and leadership opportunities for peers and to develop leadership skills and provide increased opportunities for skill-building. There are two parts to the contract: Program Administration: Peer										
	Leadership in DPH's Trans Pilot Project and Gender Health SF, and 2. Program Administration: Peer Leadership and Trainings in Culturally Congruent and Innovative Practices for African American Communities. The period for the contract is 07/01/2024 - 06/30/2029 (5										
,	years). While this is a new contract, it is for continued services that were previously approved at the September 1, 2017 Health Commission under Contract ID# 10000008860. From the annual amount of \$1,710,409, SF Study Center will receive an annual administrative										
fee of 13.64% in the	amount of \$205,249, v	vith the balance of \$1,505,1	.60 going towards pro	grammatic costs. The new cor	ntract allows for t	the contractor to	provide the service	ces under the new so	olicitation SFGOV-0	000008571. The t	otal proposed contract amount is

Reason for Funding Change: The Department is requesting the approval of a Total Contract Amount of \$9,999,253, including a 12% Contingency of \$1,071,349 for the term of 07/01/2024 - 06/30/2029. The prior year annual contract budget is included here for comparison purposes and the 2.5% difference is for the Cost Of Doing Business.

\$9,999,253 which includes a 12% contingency. The contract is retroactive because of a delay in contract negotiations of the scope of work and budget. The City Attorney has recently preapproved the contract for signatures.

#### Target Population:

Program Administration: Peer Leadership in DPH's Trans Pilot Project and Gender Health SF: Peers including consumers of Mental and Behavioral Health Services (BHS) and family members recruited by BHS staff for employment through San Francisco Study Center.

Program Administration: Peer Leadership and Trainings in Culturally Congruent and Innovative Practices for African American Communities program: Peers, including consumers of Mental and Behavioral Health Services (BHS) and family members of San Francisco's Black/African American communities. No one who does not identify as Black or African American and otherwise qualifies for services will be turned away.

### Service Description:

In collaboration with the San Francisco Department of Public Health (DPH) and following Generally Accepted Accounting Principles (GAAP), San Francisco Study Center (SFSC) will provide Program Administration services. San Francisco Study Center will be responsible for the services delivered, consultants/subcontracts management, and the personnel participating in the delivery of service for the supported program(s), including providing financial and administrative support necessary to ensure prompt and accurate payment of employees and subcontractors. The goal of the programs is to develop a diverse and competent workforce for behavioral health programs by providing human resources management support, including employing peers and interns, providing a full complement of insurance needs, and conducting human resources trainings and meetings with site supervisors plus working with them to resolve program-related personnel issues.

Under tThe Program Administration: Peer Leadership in DPH's Trans Pilot Project and Gender Health SF; SFSC will hire includes 6.85 Peer Support Specialists and 3.5 Patient Access Navigators to provide culturally congruent one-on-one peer counseling and support to consumers through two main programs – The Trans Pilot Program and the Gender Health SF program. They will-engage consumers in healthy discussions and wellness activities. They will also facilitate peer counseling groups, and assist consumers in making appointments for needed services, contact consumers for reminders of appointments, and other linkage tasks. The Trans Pilot Program also conducts overdose prevention outreach gives out Narcan etc. at LGBT venues. SFSC will-maintains documentation in accordance to CBHS standards, and functions as a liaison between consumers and program staff acting as an advocate.

Under-The Program Administration: Peer Leadership and Trainings in Culturally Congruent and Innovative Practices for African American Communities program, SFSC will hire includes 1 Cultural Liaison, 4 Peer Support Specialists and 6 subcontractors. These peers provide one-on-one and group support, linkage to resources, assist with and accompany clients to appointments, and conduct community outreach with a focus on engagement with the Black African American community. Subcontractors provide intensive and specialized training for the peers, as well as support and outreach. Peers are being trained to work with clients who have challenges around substance abuse culturally congruent, trauma-informed approaches, and support is being provided through specialists in providing therapeutic support through expressive arts therapies and outreach to faith communities.

# UOS (annual) Peer Leadership in DPH's Trans Pilot Project and Gender Health SF: 6.85 Peer Support Specialists and 3.5 Patient Access Navigators

Peer Leadership and Trainings in Culturally Congruent and Innovative Practices for African American Communities program: 1 Cultural Liaison, 4 Peer Support Specialists and 6 subcontractors

**UDC (annual)**Peers work collectively to provide one-on-one and group support. They engage consumers in healthy discussions and wellness activities and link them to resources, assist with and accompany clients to appointments, conduct community outreach as well as other linkage tasks.

## Funding Source(s): State Mental Health Service Act, County General Funds, Federal SAMHSA grant

Selection Type RFP 0000008571 Justice, Equity, Diversity, and Inclusion (JEDI) Workforce Development and Training Program in Health Programs

Monitoring Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC).

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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		Proposed Annual Amount without Contingency	Annual Difference	Annual Difference (%)	Requested Action
BHS	Civic Edge Consulting	\$540,596	\$1,040,596	\$500,000	02/01/2024- 01/31/2025	02/01/2024- 01/31/2026	\$482,675	\$520,298	\$37,623	7.79%	Amendment 1
Constituting   01/31/20/3   01/											
Reason for Funding Change: The Department is requesting the approval of a Total Contract Amount of \$1,040,596 for the term of 02/01/2024 - 01/31/2026. Of the total \$500,00 funding increase, an amount of \$250,000 will be added to Task 5 Campaign #1 Implementation, and \$250,000 will be added to Task 6 Campaign #2 implementation to be utilized in the additional proposed year.											

**Target Population:** The campaign aims to reach all San Franciscans to increase awareness about the accessibility and availability of City services. The primary audience are individuals with substance use disorders and friends/family members of individuals with substance use disorders; the secondary population are all other City residents, recognizing the need to share information about services with this population and to reduce stigma towards people who use drugs and have substance use disorders by emphasizing that recovery is possible. Service Description:

The public media campaign educates the community about issues related to substance use in San Francisco and informs the public about the availability of treatment for opioid use disorder. The campaign, which features individuals who identify as Black/African American, Latino, Asian and transgender, focuses on the availability and effectiveness of treatment for opioid use disorder. The contractor, Civic Edge Consulting, worked with the San Francisco Department of Public Health (SFDPH) to develop a public education campaign dissemination plan by providing an analysis of the San Francisco market and population and recommendations for how to optimally reach the intended target audience. Based on the initial evaluation of the campaign and its successes, Civic Edge Consulting will continue to implement a dissemination strategy across multiple platforms such as digital and social media, videos, infographics, transit shelter ads, billboard ads, bus panel ads, Newspaper kiosk ads, brochures. Civic Edge Consulting will disseminate multilingual public education campaign materials across various mediums: print, digital, TV, Radio, social media, among others.

tasks Task 2: Creative Concepts \$48.100 Task 3: Campaign Dissemination Planning \$17,075 Task 4: Campaign Materials Creation \$128,394.73 Task 5: Campaign #1 Implementation \$350,000 (includes \$250,000 added through this Amendment)

Task 6: Campaign #2 Implementation \$408,126.08 (includes \$250,000 added through this Amendment)

Task 7: Project Close Out \$5,350

Task 1: Project Management \$83,550

Deliverable based

**UDC** (annual) N/A Funding Source(s): CDC Grant "Overdose Data to Action" (OD2A grant) and Opioid Settlement funds Selection Type RFQ 2022-02 Stakeholder Outreach Engagement and Facilitation Services; Biennial City Survey; and Miscellaneous Data Collection Services Monitoring

The contract is monitored by program leadership from the Substance Use Services System of Care and the DPH Communications.

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Monitoring

Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC) 2

Div.	Contractor	Current Total Contract Not to Exceed (NTE) Amount with Contingency	Proposed Total Contract NTE Amount with Contingency	Change in Total Contract Amount	Current Contract Term	Proposed Contract Term	Prior Annual Amount without Contingency	Proposed Annual Amount without Contingency	Annual Difference	Annual Difference (%)	Requested Action		
PHD -CHEP	December of the	¢2.747.421	\$4.070.904	\$323,373	1/1/23 -	1/1/23 -	\$1,002,477	¢1 110 700	\$27,312	2.50%	Amondmont 1		
PHD-CHEP	Regents of the University of San Francisco - UCSF	\$3,747,431	\$4,070,804	\$3 <b>2</b> 3,373	6/30/26	6/30/26 (3 years and 6	\$1,092,477	\$1,119,789	\$27,312	2.50%	Amendment 1		
	Ward 86				months)	months)							
Contingency to an ar	nount of \$4,070,804. T	he contract term will rema	in the same. This cont		oint (HAP) Servic						a Total Contract Amount with ly approved at Health Commission on		
Reason for Funding	Change: The Departm	ent is requesting the appro	val of a Total Contrac	t Amount with Contingency of	\$4,070,804, or a	in increase of \$3	23,373 due to the f	following changes: (2	1) a 2.5% FY24/25	Cost of Doing Bus	iness in the amount of \$54,624 for		
FY24/25 and FY25/2	5, or \$27,312 annually,	and (2) an increase in the a	amount of \$268,749 in	n the 12% Contingency value a	applied for FY24/	25 and FY25/26	only. The previous	Contingency Amoun	nt was \$0.				
Target Population:	The target populatio (PWUD/IDs).	n for this program at UCSF \	Ward 86 and its partn	ers is all San Franciscans in ne	ed and serves all	ethnicities and p	oopulations, with a	focused expertise to	o address the uniq	ue needs of Peopl	e Who Use Drugs/ Inject Drugs		
	The program focuses its efforts on PWUD/IDs in San Francisco who are at highest risk for HIV, Hepatitis C (HCV), or Sexually Transmitted Disease (STD) infection, and who have the poorest outcomes based on HIV Care Continuum indicators. This includes: a) low-income people of color who use substances, with a focus on African American and Latinx populations; b) homeless and marginalized housed PWUD/IDs, with a focus on residents of the Tenderloin and South of Market neighborhoods; c) PWUD/ID women who work as sex workers and their partners throughout the city, including transgender women sex workers; and d) low-income and indigent PWUD/IDs throughout SF. UCSF Ward86 HAP and its partners welcome and serve all who are eligible to receive services.  Health Access Point (HAP) Services are designed to meet the needs of People who use Drugs and ID users communities. HAP is defined as a population specific; one-stop shop or network of agencies/programs with a lead agency that provides an												
Service Description:	equity-focused, stign initiatives that focus outcomes in targeted Integrated HIV, HCV low barrier/drop-in bevents.  Primary Care: (W86) Prevention and Treastoring medications, Overdose Preventio Mental health servic Linkage and Navigat improving health outcare.  Community Engager	na-free, and low barrier according and street according according a street according and street according according a support of the HIV according and Mobilization (physical properties).	ess to a person-cente, zero HIV-related dea isco. The following are w barrier/drop-in bas us neutral, HIV, HCV a prehensive whole person ART for HIV; HCV teledications or HIV inje ibution]: (W86, GLIDF joject (AHP) provide b treatment, STD treat V care continuum. Pression of the provision of the provided of the provided by the provi	red, standard of care services ths, and zero stigma and discree program services and the local ed, comprehensive, status neural STI testing at GLIDE, Lyon Notes that the services and status neutral primary careatment; STD treatment, inctable medications for treatment, LM) provide on-demand acceptavioral health centered casement, primary care, case man ovide navigation services for provide navigation services for program of the services for provide navigation services for program of the services for pr	regardless of HIV imination, the el cation of the serv utral, HIV, HCV ar Martin (LM) low b e. cluding medicati ent and option o cess to naloxone, chagement/intens patients from test ices, print flyers	y, HCV, or STD standard in the	atus. HAP services to the reversal of in the reversal of the re	will deliver program creasing STD rates, a cral Hospital at the ove, status neutral, Hehensive treatment firmacy staff coordintion around overdostagement for psychother services: (GLID tment and prevention)	services that contend the elimination of the elimination on the elimination of the elimin	tribute to the follon of racial disparition of racial disparition of racial disparition of racial disparition of racial disparation of the following of the fol	ns with a lead agency that provides an wing citywide goals: Getting to Zero ies in accessing services and health dded in UCSF Ward 86 clinic, (GLIDE) tin (LM) location, mobile van and testing ding prescribing, administering, and elationship-based care for 6+ monthscentered activities focused on er, drop in based, POP-UP PrEP model or services, distribute flyers and program		
UOS (annual)	Primary Care Encoun Prevention Treatmer Overdose Prevention Mental Health Servic Integrated HIV/HCV/ Linkage and Navigati Engagement and Mo Overdose Prevention Integrated HIV/HCV/ Linkage and Navigati Engagement and Mo	STD Tests = \$70,916/1,250 ters = \$202,211/786 encou  It Medication Encounters = I Kits = \$9,016/200 kits = \$4 es (AHP) Hours = \$188,414, STD Tests - Glide = \$180,04 on Hours - Glide = \$76,624, bilization Hours - Glide = \$5 I Kits - Glide = \$11,510/150 STD Tests - Lyon Martin = \$1 bilization Hours - Lyon Martin = \$1	nters = \$257.27/enco \$79,998/936 encoun !5.08/kit /856 hours =\$220.11/ 6/1,250 tests =\$144.0 /1,000 hours =\$76.62/ 93,223/624 hours =\$1 kits =\$76.74/kit :889,171/500 tests =\$1 19,950/188 hours =\$1 tin = \$86,032/768 hours	ters =\$85.47/encounter hour 4/test /hour 49.40/hour 78.34/test 06.12/hour urs =\$112.02/hour									
		Kits - Lyon Martin = \$12,67	8/150 kits =\$84.52/ki	t?									
UDC (annual)	1,125	donal CDC Fun dia -											
Funding Source(s):	General Fund and Fe	<u> </u>	aramant Entitios										
Selection Type Monitoring		1.25 (Agreement with Gove		ntract Compliance (BOCC)									

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Div.	Contractor	Current Total Contract	Proposed Total	Change in Total Contract	Current	Proposed	Prior Annual	Proposed Annual	Annual	Annual	Requested Action
		Not to Exceed (NTE)	Contract NTE	Amount	Contract Term	<b>Contract Term</b>	Amount without	Amount without	Difference	Difference (%)	
		Amount with	Amount with				Contingency	Contingency			
		Contingency	Contingency								
PHD -CHEP	Regents of the	\$2,592,800	\$3,340,834	\$748,034	1/1/23 -	1/1/23 -	\$691,350	\$925,046	\$233,696	33.80%	Amendment 1
	University of San				6/30/26	6/30/28					
	Francisco - AHP				(3 years and 6	(5 years and 6					
					months)	months)					

<u>Purpose</u>: The requested action is the approval of a contract amendment with the Regents of the University of California, San Francisco (UCSF) Alliance Health Project (AHP) - Health Access Point (HAP) to increase the contract amount by \$748,034, for a Total Contract Amount with Contingency of \$3,340,834 and to extend the term by two years from 6/30/26 - 6/30/28 for a total term of 5 years and 6 months. This contract provides Health Access Point (HAP) Services to meet the needs of Asian and Pacific Islander communities. This contract was previously approved at Health Commission on 10/4/2022. The proposed amendment is authorized under Administrative Code 1.25 (Agreement with Government Entities).

Reason for Funding Change: The Department is requesting the approval of a Total Contract Amount with Contingency of \$3,340,834, or an increase of \$748,034 due to the following changes: (1) FY24/25 Cost of Doing Business in the amount of \$34,568 for FY24/25 and FY25/26, or \$17,284 annually, (2) an increase in General Fund funding to increase wrap around services previously included in another UCSF contract (CID#1-32157 - this funding has been reduced in this contract) in the amount of \$649,236 for FY25/26 thru FY27/28, or \$216,412 annually, and (3) an increase in the amount of \$64,230 in the 12% Contingency value applied for FY24/25 thru FY27/28. Previous Contingency Amount was \$183,750 and current Contingency Amount is \$247,980.

Please Note: The annual funding level increased by \$233,696 due to: (1) the addition in the Cost of Doing Business for FY24/25 in the amount of \$17,284, and (2) the addition of General Fund funding in the amount of \$216,412.

## Target Population:

The target population for this program at UCSF Alliance Health Project (AHP) and its partners is all San Franciscans in need and serves all ethnicities and populations, with a focused expertise to address the unique needs of Asian and Pacific Islander (API) communities.

The program focuses its efforts on API communities in San Francisco who are at highest risk for HIV, Hepatitis C (HCV), or Sexually Transmitted Disease (STD) infection, and who have the poorest outcomes based on HIV Care Continuum indicators due to disproportionately impacted. This includes specific sub-focus on two key populations: 1) API gay men and men who have sex with men (gay/MSM); and 2) API transgender women.

## Service Description:

Health Access Point (HAP) Services located at the UCSF Alliance Health Project (AHP) are designed to meet the needs of API MSM and API Transgender women communities. This includes wrap around services for long time survivors. HAP is defined as a population specific; one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to a person-centered, standard of care services regardless of HIV, Hepatitis C (HCV), or Sexually Transmitted Disease (STD) status. HAP services will deliver program services that contribute to the following citywide goals: Getting to Zero initiatives that focus on zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination, the elimination of Hepatitis C (HCV), the reversal of increasing STD rates, and the elimination of racial disparities in accessing services and health outcomes in targeted communities in San Francisco.

Integrated HIV, HCV, and STD testing: low barrier/drop-in based, comprehensive, status neutral, HIV, HCV and STI testing including mobile testing.

Linkage and Navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services: provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Provide navigation services for patients from testing and syringe access sites to treatment and prevention care.

Harm Reduction Services for Substance Use (including for Opioids, Stimulants, alcohol, tobacco, and cannabis: staff assess the client's substance use needs in a non-judgmental, non-stigmatizing fashion to ensure that the client feels comfortable providing honest information regarding their substance use and to help overcome feelings of stigma and shame that may be associated with being an API substance user.

Overdose Prevention (including naloxone distribution): provides on-demand access to naloxone, safe use kits, and supportive education around overdose prevention.

Syringe Access and Disposal: syringe exchange services are provided where clients are offered clean supplies. Injection supplies include syringes, water, needles, tourniquets, cookers, spoons, filters, water, swabs, and vitamin C.

Condom Distribution: provision free condoms, lube, and safe sex kits are available to all clients, and that they are available at all service locations, including at outreach events and on the Alliance Health Project (AHP) mobile van. Staff of both agencies also inform clients of condom availability and direct them to condom distribution points throughout each agency.

Community Engagement and Mobilization (physical and online, social media): development and maintenance of Social Media campaign, table at testing and community events.

HIV/STI Education: All clients presenting for testing are offered the option of receiving integrated HIV, HCV, and STD testing on an opt-out basis, with counseling provided to explain the value of receiving multiple tests at a single visit.

Basic Needs: provides housing support, hygiene kits, clothing, and subsidized transportation services, hosting of community-drop in space for trans and gender non-conforming (GNC) women that provides food, water, safety, and clothing, ensuring that clients access services at all agency facilities have access to drinking water, light snacks, and hygiene kits.

HIV Prevention Months: provides screenings, consultation, coordination, oversight, and support to SFHN primary care providers and their patients who are at risk of HIV acquisition and are accessing PrEP services. PrEP Coordinators are assigned to a) identify HIV negative patients at risk of contracting HIV; b) in consultation with primary medical provider, outreach patients to offer PrEP; c) support initiation of PrEP for new patients; d) provide panel management for patients on PrEP, including supporting regular HIV and STD testing and access to PrEP treatment; e) conduct active outreach to patients who are lost to follow up (LTFU).

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Div.	Contractor	Current Total Contract	Proposed Total	Change in Total Contract	Current	Proposed	Prior Annual	Proposed Annual	Annual	Annual	Requested Action				
		Not to Exceed (NTE)	Contract NTE	Amount	Contract Term	Contract Term	Amount without	Amount without	Difference	Difference (%)					
		Amount with	Amount with				Contingency	Contingency							
		Contingency	Contingency												
UOS (annual)	Integrated HIV/HCV/	STD Tests = \$166,818/1,250	) tests = \$133.46/test												
	Linkage and Navigation	on Encounters = \$46,567/4	50 encounters = \$103	.48/encounter											
	Drug Use Harm Redu	rug Use Harm Reduction Service Encounters = \$167,818/1,250 encounters = \$134.25/encounter verdose Prevention Hours = \$10,580/120 hours = \$88.17/hour													
	Overdose Prevention	Hours = \$10,580/120 hour	s = \$88.17/hour												
	Syringe Access and D	isposal Hours = \$10,584/12	0 hours = \$88.20/hοι	ır											
	Condom Distribution	ondom Distribution Months = \$15,632/12 months = \$1,302.70/month													
	Community Engagement and Mobilization Hours = \$235,928 for 401 UOS. The following identifies the services delivered and the associated units of service for each of the items under this category: 1. Recruitment and Linkage Efforts (3														
					•			ths = 12), 4. Leadersh	nip Retreat (One re	etreat for API MSN	//, One retreat for API Transwomen = 2),				
			•	s = 108), 5.Social Marketing (1	2 months of soci	al marketing = 1	2).								
	· ·	onths = \$10,565/12 months													
		\$43,824/483 hours = \$90.73	•												
	HIV Prevention Mont	:hs = \$216,730/12 months =	= \$18,060.83/month												
NOC (annual)	54,004 total. (Integra	ited HIV/HCV/STD testing -	828; Linkage and Nav	igation - 833; Drug Use Harm I	Reduction Service	Encounters - 82	28; Overdose Preve	ention - 120; Syringe	Access and Dispos	sal - 120; Condom	Distribution - 50,000; Community				
	Engagement and Mo	bilization - 600; Basic Needs	s - 675)												
Funding Source(s):	General Fund and Fe	deral CDC Funding													
Selection Type	Administrative Code	1.25 (Agreement with Gove	ernment Entities)				·	·			·				
Monitoring	Annual DPH Business	Office monitoring through	Business Office of Co	ntract Compliance (BOCC) 2											
<u> </u>															

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Div.	Contractor	Current Total Contract	Proposed Total	Change in Total Contract	Current	Proposed	Prior Annual	Proposed Annual	Annual	Annual	Requested Action
		Not to Exceed (NTE)	Contract NTE	Amount	<b>Contract Term</b>	<b>Contract Term</b>	<b>Amount without</b>	Amount without	Difference	Difference (%)	
		Amount with	Amount with				Contingency	Contingency			
		Contingency	Contingency								
SFHN/HHS	Positive Resource	\$0	\$2,183,290	\$2,183,290	N/A	3/1/2025 -	\$974,683	\$974,683	\$ -	0.00%	Original Agreement
	Center					3/31/2027					(Continuing Services)
						(3 years and 1					
						month)					

Purpose: The requested action is the approval of a new contract for continuing services with the Positive Resource Center (PRC) for a Total Contract Amount with Contingency of \$2,183,290 for a term of 3/1/2025 - 3/31/2027 (3 years and 1 month). While this is a new contract, it is for continued services that were previously approved at the July 5, 2022 Health Commission under Contract ID# 100010913 which was previously authorized under RFP 11-2013 with a term of 7/1/18 - 2/28/25. This new contract will continue to provide the (1) Equal Access to Healthcare Program (EAHP) to address systemic barriers and challenges clients living with HIV/AIDS experience in accessing healthcare, and (2) navigation and support services to the Leland House, a Traditional Residential Care Facility (TRCF) program for clients as they recover their health and build life skills to move towards independent living. The prior year annual contract budget is included here for comparison purposes. The proposed amendment is authorized under Administrative Sole Source 21.42, which will be used pending the completion of a new solicitation.

Reason for Funding Change: The Department is requesting approval of a Total Contract Amount with Contingency of \$2,183,290 due to the following changes: 1) Ryan White Part A (RWPA) funding for FY25/26 thru FY26/27 in the amount of \$1,306,256, or \$653,128 annually; 2) Ryan White Part B (RWPB) funding for FY25/26 thru FY26/27 in the amount of \$643,100, or \$321,555; and 3) an amount of \$233,924 for the 12% Contingency value applied to current and future years.

Please Note: There is no change to the annual funding level of \$974,683.

Target Population:	For the Equal Access to Healthcare Program (EAHP), the primary target population includes DPH clients who are living with HIV/AIDS in San Francisco who have an income of <=500% of the Federal Poverty Level and need counseling, direct assistance and representation on issues related to health care, as well as personnel from any health service program (both within and outside of DPH) that serve clients with HIV who would benefit from an enhanced knowledge of insurance and related eligibility options to better serve their clients with HIV. The secondary target population are Ryan White Part A - CARE eligible clients, who are living in San Francisco and who are not connected to the Department of Public Health's system of care.
	For the <b>Transitional Residential Care Facility (TRCF) Program</b> , the primary target population includes formerly homeless, low-income persons with disabling HIV or AIDS, age 18 and over who reside in the City and County of San Francisco. Client enrollment priority is reserved for San Francisco residents who have low incomes and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low incomes and are underinsured. Low Income status is equal to 600% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services.
Service Description:	The <b>Equal Access to Healthcare Program</b> exists to address the systemic barriers of clients living with HIV/AIDS in accessing healthcare under the Affordable Care Act (ACA) and other potential benefit programs. PRC will provide training and client intake services where they will provide counseling, advocacy and direct legal assistance and representation on issues related to access to healthcare, such as disability based Medicare, traditional disability based Medi-Cal programs, Medi-Cal managed care plans and their medical exemptions, Modified Adjusted Gross Income (MAGI) Medi-Cal, State's Office of AIDS programs such as Office of AIDS - Health Insurance Premium Payment (OA HIPP) and AIDS Drug Assistance Program (ADAP), and HIV Continuity of Care protection. PRC advocates may also work on health and wellness related issues including but not limited to GA, State Disability Insurance (SDI), IHSS, TANF, and CalFresh. PRC Benefits Advocates and Legal Assistants will provide navigation services to link clients to essential health and community services including county benefits programs, food and housing resources, and health care services, leading to greater holistic and person-centered care.  The <b>Transitional Residential Care Facility Program</b> provides for navigation and supportive services to individuals at Leland House Transitional Residential Care Facility, a program for individuals living with HIV who need support to remain engaged in primary care and build life skills to prepare them for transition to a more independent setting. Services include non-medical case management and health promotion services, linkage to social services, housing navigation services, some meal support, and life skills development. The goal is to help clients build life skills so they may move toward a more traditional and permanent living situation within 18-24 months, as supported by clients' individual service plans.
UOS (annual):	EAHP Training Program Hours: \$63,011/580 hours = \$108.64/hour  EAHP Client Intake Hours: \$590,117/3,744 hours = \$157.62/hour  Navigation and Supportive Service Days (Leland House): \$321,555/5,711 days = \$56.31/day (365 for 19 clients * 82.35% filled bed capacity annually)
UDC (annual)	492
Funding Source(s):	Ryan White Part A & Ryan White Part B
Selection Type:	Administrative Sole Source 21.42
Monitoring	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)

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Div.	Contractor	Current Total Contract	Proposed Total	Change in Total Contract	Current	Proposed	Prior Annual	<b>Proposed Annual</b>	Annual	Annual	Requested Action
		Not to Exceed (NTE)	Contract NTE	Amount	Contract Term	<b>Contract Term</b>	<b>Amount without</b>	Amount without	Difference	Difference (%)	
		Amount with	Amount with				Contingency	Contingency			
		Contingency	Contingency								
BHS - AOA	Instituto Familiar	\$0	\$4,344,991	\$0	N/A	07/01/2024-	\$918,293	\$941,250	\$22,957	2.50%	Original Agreement
	de La Raza					06/30/2028					(Continuing Services)
	(Adult OP)										

Purpose: The requested action is the approval of a retroactive new agreement with Instituto Familiar de La Raza for a Total Contract Amount with Contingency of \$4,344,991 and for a contract term of 7/1/2024 to 6/30/2028 (4 years). The purpose of the contract is to provide Adult Outpatient Behavioral Health Clinic services. While this is a new contract, it is for continued services that were previously approved at the February 5, 2019 Health Commission under Contract ID# 1000011456, and authorized under RFP 8-2017. The prior contract included several different other programs authorized through different solicitations. Under the direction of the City Attorney and the Office of Contract Administration, the Department has created new contracts that contain only one purchasing authority (e.g. solicitation) per contract. As such, the proposed new contract contains only one single program authorized under the original RFP 8-2017 solicitation. The Contract is retroactive because of a delay in receiving program documents, due primarily to the budget changes required by the implementation of CalAIM. The Contract has been recently certified.

Reason for Funding Change: The Department is requesting the approval of a Total Contract Amount of \$4,344,991, including a 12% Contingency of \$465,535 for the term of 07/01/2024 - 06/30/2028. The prior year annual contract budget is included here for comparison purposes and the annual increase represents the 2.5% Cost of Doing Business increase allocated in FY24-25.

companson purposes	and the annual nicrease represents the 2.5% Cost of Doing Business nicrease anotated in F124-25.
	Instituto Familiar de la Raza (IFR) has expertise reaching out to and working to meet the unique needs of Chicano/Latino adults and families who meet medical necessity for specialty behavioral health services. Adult Outpatient Behavioral Health Clinic at IFR will serve men and women over the age of 18 and their families who are residents in San Francisco. Many are indigent, refugees, primarily monolingual (Spanish), have limited ability to utilize services in English, and present with a history of psychological and social trauma, as well as substance abuse. Over 90% of people served live at or below the federal poverty level. All clients meet the criteria for medical necessity as determined by the policies of CBHS. No one who does not identify as Chicano/Latino and who otherwise qualifies for these services will be turned away.
The state of the s	The Adult Outpatient Behavioral Health Clinic provides intervention for clients experiencing serious psychiatric distress and resulting functional impairments. Services are designed to address the needs of individuals with serious mental illness, the acuity, severity, and chronicity of which varies by client and over time. Services are provided in a culturally and linguistically appropriate manner in order to assist recovery from the effects of mental illness and substance abuse, and to improve the individual's capacity to participate in his/her community.
UOS (annual)	Adult Outpatient Behavioral Health Clinic: \$941,250 2,209 UOS-Adult OP, at \$425 per staff hour
UDC (annual)	86
Funding Source(s):	Federal Short Doyle MediCal (SDMC) Federal Financial Participation (FFP), County General Fund, State 1991 MH Realignment
Selection Type	RFP 8-2017 Mental Health Outpatient Programs for Adult/Older Adult System of Care
Monitoring	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC).

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Div.	Contractor	<b>Current Total Contract</b>	Proposed Total	Change in Total Contract	Current	Proposed	Prior Annual	Proposed Annual	Annual	Annual	Requested Action
		Not to Exceed (NTE)	Contract NTE	Amount	Contract Term	<b>Contract Term</b>	<b>Amount without</b>	Amount without	Difference	Difference (%)	
		Amount with	Amount with				Contingency	Contingency			
		Contingency	Contingency								
	•										
BHS - CYF	Instituto Familiar	\$0	\$3,095,279	\$0	N/A	07/01/2024-	\$1,388,380	\$1,361,400	(\$26,980)	-1.94%	Original Agreement
	de La Raza-					06/30/2026					(Continuing Services)
	FSP/ISCS										

Purpose: The requested action is the approval of a retroactive new agreement with Instituto Familiar de La Raza for a Total Contract Amount with Contingency of \$3,095,279 and for a contract term of 7/1/2024 to 6/30/2026 (2 years). The purpose of the contract is to provide mental health services to youth and their families. While this is a new contract, it is for continued services that were previously approved at the February 5, 2019 Health Commission under Contract ID# 1000011456, which was previously authorized under RFQ 15-2017 and DCYF 2018-23. The prior contract included several different other programs authorized through different solicitations. Under the direction of the City Attorney and the Office of Contract Administration, the Department has created new contracts that contain only one purchasing authority (e.g. solicitation) per contract. As such, the proposed new contract contains two programs authorized under the same sole source authority, Chapter 21.42. The Contract is retroactive because of a delay in receiving program documents, due primarily to the budget changes required by the implementation of CalAIM. The previous purchasing authorities expired. In order to allow time to develop and post a new solicitation, the services are continuing under 21.42.

Reason for Funding Change: The Department is requesting the approval of a Total Contract Amount of \$3,095,279, including a 12% Contingency of \$331,637, for the term of 07/01/2024 - 06/30/2026. The change in funding represents a 2.50% Cost of Doing Business increase offset by a reduction of work order funding. The prior year annual contract budget is included here for comparison purposes.

Target Population:	FSP (Full Service Partnership) SPARK: The target population is families/caregivers living in Sunnydale Public Housing/Hope SF Housing site who are caring for at least one child who is aged 0-5 years old. Child or family must be unserved or underserved by the current mental health system and the child is highly at risk for a serious emotional disorder and/or developmental delay.
	Violence Prevention / ISCS (Intensive Supervision and Clinical Services): The target population for this contract is pre- and post-adjudicated youth, including Chicano/Latino youth, who have come into contact with the juvenile justice system and entry points for risk of juvenile justice interface in San Francisco, or youth who are currently placed in or have returned home from Juvenile Justice Center detention facility or any other out-of-home-placement program.
Service Description:	FSP (Full Service Partnership) SPARK): will provide a comprehensive wrap-around service delivery model that enhances child and family functioning. Provides trauma focused dyadic therapy, intensive case management, and wraparound services to the 0-5 year old population and their caregivers.  Violence Prevention / ISCS: will provide Intensive Supervision and Clinical Services (ISCS), management and mental health services to youth, including Latinx youth, who meet criteria and/or are prioritized by the Department of Juvenile Probation and BHS to respond to the cultural and linguistic needs of youth in risk and/or involved in the juvenile justice system. Services for juvenile justice involved youth & their families; individual & family therapy, case management & psychiatric services as needed; treatment for co-occurring services also available. There are a minimum of 2-3 contacts a week.
UOS (annual)	FSP SPARK: UOS = staff hours: 196 hours, Rate:\$657.93/hour ISCS: UOS = staff hours: 784.58 hours, Rate:\$792.43/hour
UDC (annual)	FSP SPARK: 20; ISCS:22
Funding Source(s):	MHSA State, Work Order 0-5 (HSA), Federal Short Doyle MediCal, State 2011 PSR-EPSDT, General Fund
Selection Type	21.42 DPH Sole Source
Monitoring	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC).

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Div.	Contractor	<b>Current Total Contract</b>	Proposed Total	Change in Total Contract	Current	Proposed	Prior Annual	Proposed Annual	Annual	Annual	Requested Action
		Not to Exceed (NTE)	Contract NTE	Amount	Contract Term	<b>Contract Term</b>	<b>Amount without</b>	Amount without	Difference	Difference (%)	
		Amount with	Amount with				Contingency	Contingency			
		Contingency	Contingency								
	•										
BHS - CYF	Instituto Familiar	\$0	\$5,568,385	\$0	N/A	07/01/2024-	\$1,346,994	\$1,410,006	\$63,012	4.68%	Original Agreement
	de La Raza					06/30/2028					(Continuing Services)
	(CYF OP)										

Purpose: The requested action is the approval of a retroactive new agreement with Instituto Familiar de La Raza for a Total Contract Amount with Contingency of \$5,568,385 and for a contract term of 7/1/2024 to 6/30/2028 (4 years). The purpose of the contract is to provide Child Outpatient Behavioral Health Clinic services. While this is a new contract, it is for continued services that were previously approved at the February 5, 2019 Health Commission under Contract ID# 1000011456, which was previously authorized under RFP 1-2017. The prior contract included several different other programs authorized through different solicitations. Under the direction of the City Attorney and the Office of Contract Administration, the Department has created new contracts that contain only one purchasing authority (e.g. solicitation) per contract. As such, the proposed new contract contains only one single program authorized under the original RFP 1-2017 solicitation. The Contract is retroactive because of a delay in receiving program documents, due primarily to the budget changes required by the implementation of CalAIM.

Reason for Funding Change: The Department is requesting the approval of a Total Contract Amount of \$5,568,385, including a 12% Contingency of \$596,613 for the term of 07/01/2024 - 06/30/2028. The prior year annual contract budget is included here for comparison purposes. The change in annual funding is due to the addition of a 2.5% Cost of Doing Business increase, and the reallocation of MediCal (and match) previously part of a different program.

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Target Population:	Child Outpatient Behavioral Health Clinic at Instituto Familiar de la Raza has expertise reaching out to and working to meet the unique needs of Chicano/Latino adults children/ youth and families who meet medical necessity for specialty behavioral health services. The Child Outpatient Behavioral Clinic at IFR will serve children/youth up to age 21. Many are indigent, refugees, primarily monolingual (Spanish), have limited ability to utilize services in English, and present with a history of psychological and social trauma, as well as substance abuse. Over 90% of people served live at or below the federal poverty level. All clients meet the criteria for medical necessity as determined by the policies of CBHS. No one who does not identify as Chicano/Latino and who otherwise qualifies for these services will be turned away.
Service Description:	Child Outpatient Mental Health Clinic Services are provided in a culturally and linguistically appropriate manner in order to assist recovery from the effects of mental illness and substance abuse, and to improve the individual's capacity to
	participate in his/her community. The clinic provides mental health services which includes assessment, such as individual and or group therapies, crisis intervention, targeted case management, collateral services are offered to beneficiaries such
	as parents or significant family members to support with wellness of youth/child and referrals/resources.
UOS (annual)	UOS = staff hours: 1851 hours, Rate: \$683.36/hour
UDC (annual)	85
Funding Source(s):	Fed SDMC FFP (50%), State 2011 PSR-EPSDT, County General Fund, County General Fund ERMHS
Selection Type	RFP 1-2017 Children, Youth and Family System of Care Mental Health Outpatient Treatment Services & Optional Specialized Mental Health Treatment Services
Monitoring	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC).

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