

**City and County of San Francisco
Office of Contract Administration
Purchasing Division**

Third Amendment

THIS AMENDMENT (this “Amendment”) is made as of **March 1st, 2023**, in San Francisco, California, by and between **Asian and Pacific Islander Wellness Center dba San Francisco Community Health Center** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to **extend the contract term, increase the contract amount, and update contractual clauses**; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through **RFP 16-2017 issued on February 22, 2017** and this modification is consistent therewith; and

WHEREAS, approval for the original Agreement was obtained on **July 18, 2016** from the **Civil Service Commission** under PSC number **2005-07/08** in the amount of **\$450,000,000** for the period commencing **07/01/2008** and **Continuous**; and

WHEREAS, approval for this Amendment was obtained on **July 18, 2016** from the **Civil Service Commission** under PSC number **2005-07/08** in the amount of **\$450,000,000** for the period commencing **07/01/2008** and **Continuous**; and

WHEREAS, the City’s Board of Supervisors approved this Agreement by **Resolution No. _____** on _____.

NOW, THEREFORE, Contractor and the City agree as follows:

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated **May 1st, 2017**, (**CID# 1000002676 / BPHC17000077**) between Contractor and City, as amended by the:

First Amendment, dated **January 1st, 2018** (**CID#1000002676 / BPHC17000077**), and

Second Amendment, dated **July 1st 2020**, (**CID#1000002676 / BPHC17000077**).

1.2 **Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

Article 2 Modifications to the Agreement.

The Agreement is hereby modified as follows:

2.1 **Definitions.** *The following is hereby added to the Agreement as a Definition in Article 1:*

1.10 “Confidential Information” means confidential City information including, but not limited to, personally-identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

2.2 **Term of the Agreement.** *Article 2 Term of the Agreement of Amendment #2 currently reads as follows:*

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) **May 1, 2017**; or (ii) the Effective Date and expire on **February 29, 2024**, unless earlier terminated as otherwise provided herein.

2.2 The City has **three (3)** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City’s sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, “Modification of this Agreement.”

| | | |
|-----------|---------------------|-----------|
| Option 1: | 03/01/21 – 02/28/22 | Exercised |
| Option 2: | 03/01/22 – 02/28/23 | Exercised |
| Option 3: | 03/01/23 – 02/29/24 | Exercised |
| Option 4: | 03/01/24 – 02/28/25 | |
| Option 5: | 03/01/25 – 02/28/26 | |
| Option 6: | 03/01/26 – 02/28/27 | |

Such article is hereby amended in its entirety to read as follows:

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) **May 1, 2017**; or (ii) the Effective Date and expire on **February 28, 2027**, unless earlier terminated as otherwise provided herein.

2.2 The City has **three (3)** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

| | | |
|-----------|---------------------|-----------|
| Option 1: | 03/01/21 – 02/28/22 | Exercised |
| Option 2: | 03/01/22 – 02/28/23 | Exercised |
| Option 3: | 03/01/23 – 02/29/24 | Exercised |
| Option 4: | 03/01/24 – 02/28/25 | Exercised |
| Option 5: | 03/01/25 – 02/28/26 | Exercised |
| Option 6: | 03/01/26 – 02/28/27 | Exercised |

2.3 **Payment.** *Section 3.3.1 Payment of Amendment #2 currently reads as follows:*

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Six Hundred Fifty-Five Thousand Three Hundred Twenty-Three DOLLARS (\$9,655,323)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

Such section is hereby amended in its entirety to read as follows:

3.3.1 **Calculation of Charges.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Fifteen Million Two Hundred Forty Thousand Five Hundred Ninety-Nine DOLLARS (\$15,240,599)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

2.4 **Contract Amendments; Budgeting Revisions.** *The following is hereby added to Article 3 of the Original Agreement:*

3.7 **Contract Amendments; Budgeting Revisions.**

3.7.1 Formal Contract Amendment: Contractor shall not be entitled to an increase in the Compensation or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

3.7.2 City Revisions to Program Budgets: The City shall have authority, without the execution of a Formal Amendment, to purchase additional Services and/or make changes to the work in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the Compensation or the Term by use of a written City Revision to Program Budget.

3.7.3 City Program Scope Reduction. In order to preserve the Agreement and enable Contractor to continue to perform work albeit potentially on a reduced basis, the City shall have authority during the Term of the Agreement, without the execution of a Formal Amendment, to reduce scope, temporarily suspend the Agreement work, and/or convert the Term to month-to-month (Program Scope Reduction), by use of a written Revision to Program Budgets, executed by the Director of Health, or his or her designee, and Contractor. Contractor understands and agrees that the City's right to effect a Program Scope Reduction is intended to serve a public purpose and to protect the public fisc and is not intended to cause harm to or penalize Contractor. Contractor provides City with a full and final release of all claims arising from a Program Scope Reduction. Contractor further agrees that it will not sue the City for damages arising directly or indirectly from a City Program Scope Reduction.

2.5 Contractor Vaccination Policy. *The following is hereby added to Article 4 of the Original Agreement:*

4.2.2 Contractor Vaccination Policy.

(a) Contractor acknowledges that it has read the requirements of the 38th Supplement to Mayoral Proclamation Declaring the Existence of a Local Emergency ("Emergency Declaration"), dated February 25, 2020, and the Contractor Vaccination Policy for City Contractors issued by the City Administrator ("Contractor Vaccination Policy"), as those documents may be amended from time to time. A copy of the Contractor Vaccination Policy can be found at: <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors>.

(b) A Contract subject to the Emergency Declaration is an agreement between the City and any other entity or individual and any subcontract under such agreement, where Covered Employees of the Contractor or Subcontractor work in-person with City employees in connection with the work or services performed under the agreement at a City owned, leased, or controlled facility. Such agreements include, but are not limited to, professional services contracts, general services contracts, public works contracts, and grants. Contract includes such agreements currently in place or entered into during the term of the Emergency Declaration. Contract does not include an agreement with a state or federal governmental entity or agreements that do not involve the City paying or receiving funds.

(c) In accordance with the Contractor Vaccination Policy, Contractor agrees that:

(i) Where applicable, Contractor shall ensure it complies with the requirements of the Contractor Vaccination Policy pertaining to Covered Employees, as they are defined under the Emergency Declaration and the Contractor Vaccination Policy, and insure

such Covered Employees are either fully vaccinated for COVID-19 or obtain from Contractor an exemption based on medical or religious grounds; and

(ii) If Contractor grants Covered Employees an exemption based on medical or religious grounds, Contractor will promptly notify City by completing and submitting the Covered Employees Granted Exemptions Form (“Exemptions Form”), which can be found at <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors> (navigate to “Exemptions” to download the form).

(d) The City reserves the right to impose a more stringent COVID-19 vaccination policy for the San Francisco Department of Public Health, acting in its sole discretion.

2.6 Insurance and Indemnity. *The following is hereby amended in its entirety, replacing the previous Article 5 in its entirety:*

Article 5 Insurance and Indemnity

5.1 Insurance.

5.1.1 Required Coverages. Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. Without in any way limiting Contractor’s liability pursuant to the “Indemnification” section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(a) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations.

(b) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, “Combined Single Limit” for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

(c) Workers’ Compensation, in statutory amounts, with Employers’ Liability Limits not less than \$1,000,000 each accident, injury, or illness.

(d) **Reserved. (Professional Liability Insurance Coverage)**

(e) **Reserved. (Technology Errors and Omissions Liability Coverage)**

(f) Cyber and Privacy Insurance with limits of not less than \$5,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

(g) **Reserved. (Pollution Liability Insurance Coverage)**

5.1.2 Additional Insured Endorsements

(a) The Commercial General Liability policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(b) The Commercial Automobile Liability Insurance policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(c) **Reserved. (Pollution Auto Liability Insurance Additional Insured Endorsement)**

5.1.3 Waiver of Subrogation Endorsements

(a) The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

5.1.4 Primary Insurance Endorsements

(a) The Commercial General Liability policy shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

(b) The Commercial Automobile Liability Insurance policy shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

(c) **Reserved. (Pollution Liability Insurance Primary Insurance Endorsement)**

5.1.5 Other Insurance Requirements

(a) Thirty (30) days' advance written notice shall be provided to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City email address: insurance-contractsr410@sfdph.org.

(b) Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the Agreement term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

(c) Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

(d) Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement,

effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

(e) Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

(f) If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

5.2 Indemnification.

5.2.1 Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

5.2.2 In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation

arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

5.2.3 Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor's Services.

2.7 **Consideration of Salary History.** *The following is hereby added to Article 10 of the Original Agreement, replacing the previous Section 10.4 in its entirety:*

10.4 **Consideration of Salary History.** Contractor shall comply with San Francisco Administrative Code Chapter 12K, the Consideration of Salary History Ordinance or "Pay Parity Act." Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in the City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee's salary history without that employee's authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Chapter 12K. Information about and the text of Chapter 12K is available on the web at <https://sfgov.org/olse/consideration-salary-history>. Contractor is required to comply with all of the applicable provisions of 12K, irrespective of the listing of obligations in this Section.

2.8 **Notification of Legal Requests.** *The following section is hereby added and incorporated in Article 11 of the Original Agreement:*

11.14 **Notification of Legal Requests.** Contractor shall immediately notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to City's Data, and in no event later than 24 hours after it receives the request. Contractor shall not respond to Legal Requests related to City without first notifying City other than to notify the requestor that the information sought is potentially covered under a non-disclosure agreement. Contractor shall retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

2.9 **Data and Security.** *The following is hereby amended in its entirety, replacing the previous Article 13 in its entirety:*

Article 13 Data and Security

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

13.1.1 **Protection of Private Information.** If this Agreement requires City to disclose “Private Information” to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

13.1.2 **Confidential Information.** In the performance of Services, Contractor may have access to, or collect on City’s behalf, City’s proprietary or Confidential Information, the disclosure of which to third parties may damage City. If City discloses proprietary or Confidential Information to Contractor, or Contractor collects such information on City’s behalf, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or Confidential Information.

13.2 Reserved. (Payment Card Industry (“PCI”) Requirements)

13.3 **Business Associate Agreement.** The parties acknowledge that City is a Covered Entity as defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and is required to comply with the HIPAA Privacy Rule governing the access, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”).

The parties acknowledge that CONTRACTOR will:

1. Do **at least one** or more of the following:
 - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
 - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or
 - C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

a. **Appendix E SFDPH Business Associate Agreement (BAA)**
(v8/3/2022)

1. SFDPH Attestation 1 PRIVACY (06-07-2017)
2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

2. **NOT do any of the activities listed above in subsection 1;**

Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

13.4 Management of City Data and Confidential Information.

13.4.1 Use of City Data and Confidential Information. Contractor agrees to hold City's Data received from, or collected on behalf of, the City, in strictest confidence. Contractor shall not use or disclose City's Data except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City's Data outside the United States is subject to prior written authorization by the City. Access to City's Data must be strictly controlled and limited to Contractor's staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data solely for performing its obligations under the Agreement and not for Contractor's own purposes or later use. Nothing herein shall be construed to confer any license or right to the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase "unauthorized use" means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

13.4.2 Disposition of Confidential Information. Upon request of City or termination or expiration of this Agreement, and pursuant to any document retention period required by this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all data given to or collected by Contractor on City's behalf, which includes all original media. Once Contractor has received written confirmation from City that City's Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractors environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by "clearing," "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

13.5 Ownership of City Data. The Parties agree that as between them, all rights, including all intellectual property rights, in and to the City Data and any derivative works of the City Data is the exclusive property of the City.

13.6 Protected Health Information. Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to

Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

The Appendices listed below are Amended as follows:

2.10 **Appendix A.** Appendix A is hereby replaced in its entirety by Appendix A, attached to this Amendment and fully incorporated within the Agreement.

2.11 **Appendix A-1.** Appendix A-1 is hereby replaced in its entirety by Appendix A-1, attached to this Amendment and fully incorporated within the Agreement.

2.12 **Appendix A-2.** Appendix A-2 is hereby replaced in its entirety by Appendix A-2, attached to this Amendment and fully incorporated within the Agreement.

2.13 **Appendix A-4.** Appendix A-4 is hereby replaced in its entirety by Appendix A-4, attached to this Amendment and fully incorporated within the Agreement.

2.14 **Appendix B.** Appendix B is hereby replaced in its entirety by Appendix B, attached to this Amendment and fully incorporated within the Agreement.

2.15 **Appendix B-1g.** Appendix B-1g is hereby added to this Amendment and fully incorporated within the Agreement.

2.16 **Appendix B-1h.** Appendix B-1h is hereby added to this Amendment and fully incorporated within the Agreement.

2.17 **Appendix B-1i.** Appendix B-1i is hereby added to this Amendment and fully incorporated within the Agreement.

2.18 **Appendix B-2g.** Appendix B-2g is hereby added to this Amendment and fully incorporated within the Agreement.

2.19 **Appendix B-2h.** Appendix B-2h is hereby added to this Amendment and fully incorporated within the Agreement.

2.20 **Appendix B-2i.** Appendix B-2i is hereby added to this Amendment and fully incorporated within the Agreement.

2.21 **Appendix B-4f.** Appendix B-4f is hereby replaced in its entirety by Appendix B-4f, attached to this Amendment and fully incorporated within the Agreement.

2.22 **Appendix B-4g.** Appendix B-4g is hereby added to this Amendment and fully incorporated within the Agreement.

2.23 **Appendix B-4h.** Appendix B-4h is hereby added to this Amendment and fully incorporated within the Agreement.

2.24 **Appendix B-4i.** Appendix B-4i is hereby added to this Amendment and fully incorporated within the Agreement.

2.25 **Appendix E.** Appendix E Dated OCPA & CAT v8/3/2022 and Attestations Forms 06-06-2017 are hereby replaced and attached to this Amendment and fully incorporated within the Agreement.

2.26 **Appendix F-1g.** Appendix F-1g is hereby added to this Amendment and fully incorporated within the Agreement.

2.27 **Appendix F-1h.** Appendix F-1h is hereby added to this Amendment and fully incorporated within the Agreement.

2.28 **Appendix F-1i.** Appendix F-1i is hereby added to this Amendment and fully incorporated within the Agreement.

2.29 **Appendix F-2g.** Appendix F-2g is hereby added to this Amendment and fully incorporated within the Agreement.

2.30 **Appendix F-2h.** Appendix F-2h is hereby added to this Amendment and fully incorporated within the Agreement.

2.31 **Appendix F-2i.** Appendix F-2i is hereby added to this Amendment and fully incorporated within the Agreement.

2.32 **Appendix F-4f.** Appendix F-4f is hereby replaced in its entirety by Appendix F-4f, attached to this Amendment and fully incorporated within the Agreement.

2.33 **Appendix F-4g.** Appendix F-4g is hereby added to this Amendment and fully incorporated within the Agreement.

2.34 **Appendix F-4h.** Appendix F-4h is hereby added to this Amendment and fully incorporated within the Agreement.

2.35 **Appendix F-4i.** Appendix F-4i is hereby added to this Amendment and fully incorporated within the Agreement.

2.36 **Appendix K.** Appendix K is hereby replaced in its entirety by Appendix K, attached to this Amendment and fully incorporated within the Agreement.

Article 3 Effective Date

Each of the modifications set forth in Section 2 shall be effective on and after **the date of this Amendment.**

Article 4 Legal Effect

Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY
Recommended by:

Grant Colfax, MD
Director of Health
Department of Public Health

Approved as to Form:

David Chiu
City Attorney

By: _____
Deputy City Attorney

Approved:

Sailaja Kurella
Director of the Office of Contract
Administration, and Purchaser

By: _____

CONTRACTOR
**Asian and Pacific Islander Wellness
Center dba San Francisco Community
Health Center**

DocuSigned by:

Lance Toma

EA4637C8C0E74C6... 3/1/2023 | 4:41:40 PST

Lance Toma
Chief Executive Officer
730 Polk Street, 4th Floor
San Francisco, CA 94109

City Supplier number: 000025031

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Bill Blum**, Contract Administrator for the City, or his / her designee.

B. Reports:

Contractor shall submit written reports as requested by the City. The format for the content of such reports shall be determined by the City. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

C. Evaluation:

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City.

For contracts for the provision of services at Zuckerberg San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or the to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

Contractor warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the City to provide the Services. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

E. Adequate Resources:

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

F. Admission Policy:

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan for its employees, agents and subcontractors as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of its employees, agents, subcontractors and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by its employees, agents and subcontractors, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (<http://www.dir.ca.gov/Title8/5199.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

L. Client Fees and Third Party Revenue:

(1) Fees required by federal, state or City laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

For any quarter that Contractor maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, Contractor shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

O. Quality Assurance:

Contractor agrees to develop and implement a Quality Assurance Plan based on internal standards established by Contractor applicable to the Services as follows:

- 1) Staff evaluations completed on an annual basis.
- 2) Personnel policies and procedures in place, reviewed and updated annually.
- 3) Board Review of Quality Assurance Plan.

P. Compliance With Grant Award Notices:

Contractor recognizes that funding for this Agreement is provided to the City through federal, state or private foundation awards. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

2. Description of Services

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

- | | |
|--------------|--|
| Appendix A-1 | Integrated Medical Case Management - Ohana |
| Appendix A-2 | Tenderloin Area Center of Excellence (TACE) |
| Appendix A-3 | Tenderloin Area Center of Excellence (TACE) - Rebranding Federally Qualified Health Center (FQHC) Project |
| Appendix A-4 | Tenderloin Early Intervention Services (TEIS) - HIV Homeless Outreach Mobile Engagement (HHOME)/TransAccess |

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

CONTRACT SUMMARY

| | |
|-------------------------|---|
| Service Provider | Asian & Pacific Islander Wellness Center dba San Francisco Community Health Center |
| Total Contract | \$ 14,487,362 |
| Funding Source | Ryan White Part A, RWPA-E.T.H.E, Ryan White Part A - Carry Forward & General Fund |
| Program Names | Ohana Integrated Medical Case Management, Tenderloin Area Center of Excellence (TACE), TACE - Rebranding FQHC Project, and TEIS - HHOME & TransAccess |
| System of Care | HIV Health Services (HHS) |
| Program Code: | N/A |

| | |
|-----------------------|--|
| Address | 730 Polk Street, 4th Floor San Francisco, CA 94109 |
| Phone | (415) 292-3400 Fax: (415) 292-3402 |
| Contact Person | Lance Toma, Chief Executive Officer, lance@sfcommunityhealth.org Ming Ming Kwan, MSW, Chief Operating Officer, mingming@sfcommunityhealth.org Amber Curley, Chief Finance Officer, amber@sfcommunityhealth.org |

| Program Name/ Appendix # | Ohana IMCM, Appendix A-1 | | | | | | | | | |
|--------------------------------------|--------------------------|------------------|------------------|------------------|----------------|----------------|------------------|----------------|----------------|----------------|
| | B-1 | B-1a | B-1b | B-1c | B-1d | B-1e | B-1f | B-1g | B-1h | B-1i |
| Funding Amount | \$109,233 | \$131,080 | \$133,955 | \$133,955 | \$138,218 | \$141,673 | \$141,673 | \$141,673 | \$141,673 | \$141,673 |
| Unspent Monies | | | | | -\$9,695 | | | | | |
| Funding Source | RWPA | RWPA | RWPA | RWPA | RWPA | RWPA | RWPA | RWPA | RWPA | RWPA |
| Funding Term | 5/01/17 - 2/28/18 | 3/1/18 - 2/28/19 | 3/1/19 - 2/29/20 | 3/1/20 - 2/28/21 | 3/1/21-2/28/22 | 3/1/22-2/28/23 | 3/1/23 - 2/29/24 | 3/1/24-2/28/25 | 3/1/25-2/28/26 | 3/1/26-2/28/27 |
| Units of Service | | | | | | | | | | |
| Case Management Hours | 939 | 1,136 | 1,136 | 1,136 | 1,458 | 1,458 | 1,458 | 1,458 | 1,458 | 1,458 |
| Care Navigation | 306 | 371 | 371 | 371 | | | | | | |
| Treatment Adherence Individual Hours | 178 | 215 | 215 | 215 | 215 | 215 | 215 | 215 | 215 | 215 |
| Treatment Adherence Group Hours | 15 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 |
| Total Program UOS | 1,438 | 1,740 | 1,740 | 1,740 | 1,691 | 1,691 | 1,691 | 1,691 | 1,691 | 1,691 |
| Total Program UDC | 51 | 58 | 58 | 58 | 58 | 58 | 58 | 58 | 58 | 58 |

| Program Name/ Appendix # | TACE, Appendix A-2 | | | | | | | | | |
|--------------------------|--------------------|------------------|----------------------|------------------|----------------------|----------------------|------------------|------------------|------------------|------------------|
| Budget Appendix # | B-2 | B-2a | B-2a.1 | B-2b | B-2b.1 | B-2b.2 | B-2c | B-2d | B-2e | B-2f |
| Funding Amount | \$653,908 | \$784,690 | \$10,000 | \$801,901 | \$8,070 | \$12,500 | \$801,901 | \$827,419 | \$848,104 | \$848,104 |
| Unspent Monies: | | -\$381 | | | | | | -\$2,542 | | |
| Funding Source | RWPA | RWPA | RWPA - Carry Forward | RWPA | RWPA - Carry Forward | RWPA - Carry Forward | RWPA | RWPA | RWPA | RWPA |
| Funding Term | 5/1/17 - 2/28/18 | 3/1/18 - 2/28/19 | 12/01/18 - 02/28/19 | 3/1/19 - 2/29/20 | 10/01/19 - 02/29/20 | 10/01/19 - 02/29/20 | 3/1/20 - 2/28/21 | 3/1/21 - 2/28/22 | 3/1/22 - 2/28/23 | 3/1/23 - 2/29/24 |

| Units of Service | | | | | | | | | | |
|---|-------|-------|-----|-------|-----|-----|-------|-------|-------|-------|
| Case Management Hours | 4,196 | 5,616 | | 5,616 | | | 5,616 | 7,085 | 7,085 | 7,085 |
| Peer Navigation | 2,575 | 3,105 | | 3,105 | | | 3,105 | | | |
| Mental Health Referral and Linkages | 42 | 50 | | 50 | | | 50 | 237 | 237 | 237 |
| Peer Advocacy Group Hours | 444 | 540 | | 540 | | | 540 | 540 | 540 | 540 |
| Outpatient Mental Health & Substance Abuse Group | 74 | 90 | | 90 | | | 90 | 90 | 90 | 90 |
| Liquid Nutritional Supplement: Months Provided | | | 3 | | 5 | | | | | |
| Medication Lockers: Months for training, planning, implementing | | | | | | 5 | | | | |
| Total Program UOS | 7,331 | 9,401 | 3 | 9,401 | 5 | 3 | 9,401 | 7,952 | 7,952 | 7,952 |
| Total Program UDC | 167 | 200 | N/A | 200 | N/A | N/A | 200 | 200 | 200 | 200 |

| Program Name/ Appendix # | TACE, Appendix A-2 -- Continued | | |
|--------------------------|---------------------------------|------------------|------------------|
| | B-2g | B-2h | B-2i |
| Funding Amount | \$848,104 | \$848,104 | \$848,104 |
| Funding Source | RWPA | RWPA | RWPA |
| Funding Term | 3/1/24 - 2/28/25 | 3/1/25 - 2/28/26 | 3/1/26 - 2/28/27 |

| Units of Service | | | |
|--|-------|-------|-------|
| Case Management Hours | 7,085 | 7,085 | 7,085 |
| Mental Health Referral and Linkages | 237 | 237 | 237 |
| Peer Advocacy Group Hours | 540 | 540 | 540 |
| Outpatient Mental Health & Substance Abuse Group Hours | 90 | 90 | 90 |
| Total Program UOS | 7,952 | 7,952 | 7,952 |
| Total Program UDC | 200 | 200 | 200 |

Target Population: IMCM & COE Programs

APIWC dba SFCHC will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of the target populations of this program which are "severe need" and "special populations" living with HIV/AIDS who are severely under-served residents of the Tenderloin. The targeted populations that include homeless and marginally-housed residents of the Tenderloin, including residents who are active substance users, coping with mental illness, sex workers, transgender individuals, non-English-speaking residents, gay males and their non-gay identified sex partners. Ohana specifically serves HIV + Asian and Pacific Islanders living in SF.

Description of Services

Case Management providing comprehensive assessments, development, implementation, and follow-up of individual client care plans and clinical consultation with other service providers on behalf of clients.
Peer Advocacy outreach to engage and maintain the target population in care, assist Case Managers to follow clients and provides linkage between and among other services.
Treatment Adherence services to promote adherence to health care treatment plans & screening, which includes short-term individual psychotherapy, substance use screening services.
Mental Health services include referrals and linkages to mental health services provided on-site.
Groups include mental health and substance use services in a therapeutic group setting.

Program Name/ Appendix # **Rebranding, Appendix A-3**

| | | | | | |
|------------------------|-----------|------------------------|--------------|----------------------|---------------------|
| | B-3 | | | | |
| Funding Amount: | \$300,000 | Funding Source: | General Fund | Funding Term: | 07/01/17 - 06/30/18 |
| Unspent Monies: | -\$1,730 | Funding Source: | General Fund | Funding Term: | 07/01/17 - 06/30/18 |

Units of Service

| | | | |
|---------------------------|-----------|---------------------------|------------|
| Brand Development: Months | 12 | | |
| Stakeholder Engagement | 12 | | |
| Marketing | 12 | | |
| Total Program UOS: | 36 | Total Program UDC: | N/A |

Target Population
 APIWC dba SFCHC will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of the Rebranding FQHC Project which targets API Wellness stakeholders, current clients/patients, funders, local and regional LGBTQ communities, and the general public of future potential clients and patients to ensure accurate and effective representation of low-income and homeless individuals in San Francisco who are in "severe need" and "special populations" living with HIV/AIDS.

Program Name/ Appendix # **HHOME and TransAccess, Appendix A-4**

| | B-4 (HHOME) | B-4 (TransAccess) | B-4a (HHOME) | B-4a (TransAccess) | B-4b (HHOME) | B-4b (TransAccess) | B-4c (HHOME) | B-4c (TransAccess) | B-4d (HHOME) | B-4d (TransAccess) |
|-----------------------|-----------------------------|-------------------|---------------------|--------------------|---------------------|--------------------|---------------------|--------------------|---------------------|--------------------|
| Funding Amount | \$177,274 | | \$354,547 | | \$362,323 | | \$362,323 | | \$519,467 | |
| Funding Source | RWPA | | RWPA | | RWPA | | RWPA E.T.H.E | | RWPA E.T.H.E | |
| Funding Term | 09/01/17 - 02/28/18 (6 mos) | | 03/01/18 - 02/28/19 | | 03/01/19 - 02/29/20 | | 03/01/20 - 02/28/21 | | 03/01/21 - 02/28/22 | |

Units of Service

| | | | | | | | | | | |
|---------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------|
| Medical Case Management | 624 | 624 | 1,206 | 1,170 | 1,206 | 1,170 | 1,206 | 1,170 | 2,466 | 2,679 |
| Peer Navigation | 624 | 624 | 1,170 | 1,170 | 1,170 | 1,170 | 1,170 | 1,170 | n/a | n/a |
| TransAccess Support Group | n/a | 48 | n/a | 90 | n/a | 90 | n/a | 90 | n/a | 90 |
| Total Program UOS | 1,248 | 1,296 | 2,376 | 2,430 | 2,376 | 2,430 | 2,376 | 2,430 | 5,235 | |
| Total Program UDC | 20 | 20 | 50 | 50 | 50 | 50 | 50 | 50 | 100 | |

| Total Program UDC | HHOME and TransAccess, Appendix A-4 (continued) | | | | | | | | | |
|-----------------------|--|--------------|-------------------------------------|--------------|-------------------------------------|--------------|-------------------------------------|--------------|-------------------------------------|--|
| | Carry Forward- HHOME & TransAccess (one time) Appendix A-4 | | HHOME and TransAccess, Appendix A-4 | | HHOME and TransAccess, Appendix A-4 | | HHOME and TransAccess, Appendix A-4 | | HHOME and TransAccess, Appendix A-4 | |
| | B-4d.1 | B-4e (HHOME) | B-4e (TransAccess) | B-4f (HHOME) | B-4f (TransAccess) | B-4g (HHOME) | B-4g (TransAccess) | B-4h (HHOME) | B-4h (TransAccess) | |
| Funding Amount | \$32,726 | \$579,467 | | \$579,467 | | \$579,467 | | \$579,467 | | |
| Funding Source | RWPA E.T.H.E. Carry Forward | | RWPA E.T.H.E | | RWPA E.T.H.E | | RWPA E.T.H.E | | RWPA E.T.H.E | |
| Funding Term | 03/01/21 - 02/28/22 | | 03/01/22 - 02/28/23 | | 03/01/23 - 02/29/24 | | 03/01/24 - 02/28/25 | | 03/01/25 - 02/28/26 | |

| Units of Service | | | | | | | | | |
|---------------------------|-------|-------|-------------|-------|-------------|-------|-------------|-------|-------------|
| | HHOME | HHOME | TransAccess | HHOME | TransAccess | HHOME | TransAccess | HHOME | TransAccess |
| Medical Case Management | 213 | 2,679 | 2,679 | 2,679 | 2,679 | 2,679 | 2,679 | 2,679 | 2,679 |
| Peer Navigation | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| TransAccess Support Group | n/a | n/a | 90 | n/a | 90 | n/a | 90 | n/a | 90 |
| Total Program UOS | 213 | 5,448 | | 5,448 | | 5,448 | | 5,448 | |
| Total Program UDC | 2 | 100 | | 100 | | 100 | | 100 | |

| Total Program UDC | HHOME and TransAccess, Appendix A-4 (continued) | | | | | | | | |
|-----------------------|---|--------------------|--|--|--|--|--|--|--|
| | HHOME and TransAccess, Appendix A-4 | | | | | | | | |
| | B-4i (HHOME) | B-4i (TransAccess) | | | | | | | |
| Funding Amount | \$579,467 | | | | | | | | |
| Funding Source | RWPA E.T.H.E | | | | | | | | |
| Funding Term | 03/01/26 - 02/28/27 | | | | | | | | |

| Units of Service | | |
|---------------------------|-------|-------------|
| | HHOME | TransAccess |
| Medical Case Management | 2,679 | 2,679 |
| Peer Navigation | n/a | n/a |
| TransAccess Support Group | n/a | 90 |
| Total Program UOS | 5,448 | |
| Total Program UDC | 100 | |

Target Populations: HHOME & TransAccess Programs

APIWC dba SFCHC will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of the target populations of this program which are "severe need" and "special populations" living with HIV/AIDS who are severely under-served residents of San Francisco. The targeted populations for HHOME (HIV Homeless Outreach and Mobile Engagement) are HIV+ Homeless individuals who need intensive case and mobile delivered care and services to remain engaged in primary care. TransAccess serves HIV+ Transgender women experiencing stigma and other barriers to care who need higher levels of behavioral support and group services to successfully remain engaged in primary care.

Description of Services

Medical Case Management providing comprehensive assessments, development, implementation, and follow-up of individual client care plans and clinical consultation with other service providers on behalf of clients.

Peer Navigation outreach to engage and maintain the target population in care, assist Case Managers to follow clients and provides linkage between and among other services.

Support Groups(TransAccess only) include mental health and substance use services in a therapeutic group setting.

1. Program Name / Address

Ohana Integrated Medical Case Management
730 Polk Street 4th Floor, San Francisco, CA, 94109
415-292-3400, Fax: 415-292-3404, www.sfcommunityhealth.org

Program Location Same

Contact Lance Toma, Chief Executive Officer, lance@sfcommunityhealth.org
Ming Ming Kwan, MSW, Chief Operating Officer,
mingming@sfcommunityhealth.org
Kristina Gunhouse-Vigil, Associate Director of Contracts and Compliance,
kristina@sfcommunityhealth.org

2. Nature of Document

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement

The goal of the Ohana Integrated Medical Case Management program is to provide culturally and linguistically competent, multi-disciplinary, client-centered case management and treatment advocacy group services primarily to marginalized HIV-positive Asian and Pacific Islanders (A&PIs) in San Francisco in order to increase their access, knowledge and utilization of optimum HIV treatment and care services.

4. Target Population

APIWC dba SFCHC will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of each individual enrolled who has HIV+ diagnosis & are A&PI with prioritization for those who are: multiply diagnosed (HIV infection with concurrent substance abuse and/or mental health problems), immigrants or undocumented individuals, out of treatment, homeless or marginally housed, previously incarcerated, transgender, youth and women with children and others with a documented need for case management. Services are targeted toward A&PIs residing in the Tenderloin, South of Market, Mission, and Daly City border neighborhoods of San Francisco.

SFCHC assures that HHS funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for SF residents who have low-income and are uninsured. Secondary enrollment is reserved for SF residents who have low-income and are underinsured. Low Income status is defined as **500% of the Federal Poverty Level (FPL)** as defined by the US Department of Health and Human Services.

Client HIV diagnosis is confirmed at intake. Client eligibility determination for residency, low-income, and insurance status is confirmed at intake and at 12-month intervals thereafter and documented in the client file or in ARIES.

SFCHC uses the "Covered California Client Information and Acknowledgement and Documentation Form in order to meet the requirements of "Vigorous Pursuit". This form details the information to be communicated to the client including the federal requirement to have health insurance, the potential tax penalty for not having health insurance coverage, and includes the client's signature to document receipt of this information. Once completed and signed, this form is stored in the client's chart and/or noted and uploaded into ARIES.

**Asian and Pacific Islander Wellness Center (APIWC)
dba San Francisco Community Health Center
(SFCHC)
Ohana Integrated Medical Case Management**

**Appendix A-1
05/01/2017 - 02/28/2027**

Ryan White Part A CFDA 93.914

5. Modality/Interventions

All UOS are counted in hours consisting of 15 minute increments. The tables below illustrate the exact numbers of UOS/hours that are projected to be provided to the corresponding number of UDC in each mode of service. As of FY 2020, Peer Advocacy Hours are renamed to Care Navigation Hours.

| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
|---|--|--------------|------------|
| App B-1 / 05/01/17 - 2/28/18 10 months | Case Management Hours 0.95 FTE x 40 hrs./wk. x 38 wks. x 65% effort | 939 | 51 |
| App B-1 / 05/01/17 - 2/28/18 10 months | Peer Advocacy Hours 0.31 FTE x 40 hrs./wk. x 38 wks. x 65% effort | 306 | 26 |
| App B-1 / 05/01/17 - 2/28/18 10 months | Treatment Adherence Individual Hours 0.15 FTE x 40 hrs./week x 38 weeks x 78% effort | 178 | 22 |
| App B-1 / 05/01/17 - 2/28/18 10 months | Treatment Adherence Group Hours 1.5hr/session x 1 session/mo. X 10 mos. | 15 | 26 |
| Total UOS and Total UDC | | 1,438 | 51 |
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-1a / 03/01/18 - 2/28/19 | Case Management Hours 0.95 FTE x 40 hrs./wk. x 46 wks. x 65% effort | 1,136 | 58 |
| App B-1a / 03/01/18 - 2/28/19 | Peer Advocacy Hours 0.31 FTE x 40 hrs./wk. x 46 wks. x 65% effort | 371 | 30 |
| App B-1a / 03/01/18 - 2/28/19 | Treatment Adherence Individual Hours 0.15 FTE x 40 hrs./week x 46 weeks x 78% effort | 215 | 25 |
| App B-1a / 03/01/18 - 2/28/19 | Treatment Adherence Group Hours 1.5hr/session x 1 session/mo. X 12 mos. | 18 | 30 |
| Total UOS and Total UDC | | 1,740 | 58 |
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-1b / 03/01/2019 - 2/29/2020 | Case Management Hours 0.95 FTE x 40 hrs./wk. x 46 wks. x 65% effort | 1,136 | 58 |
| App B-1b / 03/01/2019 - 2/29/2020 | Peer Advocacy Hours 0.31 FTE x 40 hrs./wk. x 46 wks. x 65% effort | 371 | 30 |
| App B-1b / 03/01/2019 - 2/29/2020 | Treatment Adherence Individual Hours 0.15 FTE x 40 hrs./week x 46 weeks x 78% effort | 215 | 25 |
| App B-1b / 03/01/2019 - 2/29/2020 | Treatment Adherence Group Hours 1.5hr/session x 1 session/mo. X 12 mos. | 18 | 30 |
| Total UOS and Total UDC | | 1,740 | 58 |

Asian and Pacific Islander Wellness Center (APIWC)
dba San Francisco Community Health Center
(SFCHC)
Ohana Integrated Medical Case Management

Appendix A-1
05/01/2017 - 02/28/2027

Ryan White Part A CFDA 93.914

| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
|-----------------------------------|--|--------------|-----------|
| App B-1c / 03/01/2020 - 2/28/2021 | Case Management Hours 0.95 FTE x 40 hrs./wk. x 46 wks. x 65% effort | 1,136 | 58 |
| | Care Navigation Hours 0.31 FTE x 40 hrs./wk. x 46 wks. x 65% effort | 371 | 30 |
| | Treatment Adherence Individual Hours 0.15 FTE x 40 hrs./week x 46 weeks x 78% effort | 215 | 25 |
| | Treatment Adherence Group Hours 1.5hr/session x 1 session/mo. X 12 mos. | 18 | 30 |
| Total UOS and Total UDC | | 1,740 | 58 |

| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
|-----------------------------------|--|--------------|-----------|
| App B-1d / 03/01/2021 - 2/28/2022 | Case Management Hours 1.22 FTE x 40 hrs./wk. x 46 wks. x 65% effort | 1,458 | 58 |
| | Treatment Adherence Individual Hours 1.22 FTE x 40 hrs./week x 46 weeks x 9.57% effort <i>(combined above for total % productivity for CMs of 74.57%)</i> | 215 | 25 |
| | Treatment Adherence Group Hours 1.5hr/session x 1 session/mo. X 12 mos. | 18 | 30 |
| Total UOS and Total UDC | | 1,691 | 58 |

| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
|-----------------------------------|--|--------------|-----------|
| App B-1e / 03/01/2022 - 2/28/2023 | Case Management Hours 1.22 FTE x 40 hrs./wk. x 46 wks. x 65% effort | 1,458 | 58 |
| | Treatment Adherence Individual Hours 1.22 FTE x 40 hrs./week x 46 weeks x 9.57% effort <i>(combined above for total % productivity for CMs of 74.57%)</i> | 215 | 25 |
| | Treatment Adherence Group Hours 1.5hr/session x 1 session/mo. X 12 mos. | 18 | 30 |
| Total UOS and Total UDC | | 1,691 | 58 |

| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
|-----------------------------------|--|--------------|-----------|
| App B-1f / 03/01/2023 - 2/28/2024 | Case Management Hours 1.22 FTE x 40 hrs./wk. x 46 wks. x 65% effort | 1,458 | 58 |
| | Treatment Adherence Individual Hours 1.22 FTE x 40 hrs./week x 46 weeks x 9.57% effort <i>(combined above for total % productivity for CMs of 74.57%)</i> | 215 | 25 |
| | Treatment Adherence Group Hours 1.5hr/session x 1 session/mo. X 12 mos. | 18 | 30 |
| Total UOS and Total UDC | | 1,691 | 58 |

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(SFCHC)
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| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
|--|--|--------------|-----------|
| App B-1g / 03/01/2024 - 2/28/2025 | Case Management Hours 1.22 FTE x 40 hrs./wk. x 46 wks. x 65% effort | 1,458 | 58 |
| | Treatment Adherence Individual Hours 1.22 FTE x 40 hrs./week x 46 weeks x 9.57% effort <i>(combined above for total % productivity for CMs of 74.57%)</i> | 215 | 25 |
| | Treatment Adherence Group Hours 1.5hr/session x 1 session/mo. X 12 mos. | 18 | 30 |
| Total UOS and Total UDC | | 1,691 | 58 |

| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
|--|--|--------------|-----------|
| App B-1h / 03/01/2025 - 2/28/2026 | Case Management Hours 1.22 FTE x 40 hrs./wk. x 46 wks. x 65% effort | 1,458 | 58 |
| | Treatment Adherence Individual Hours 1.22 FTE x 40 hrs./week x 46 weeks x 9.57% effort <i>(combined above for total % productivity for CMs of 74.57%)</i> | 215 | 25 |
| | Treatment Adherence Group Hours 1.5hr/session x 1 session/mo. X 12 mos. | 18 | 30 |
| Total UOS and Total UDC | | 1,691 | 58 |

| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
|--|--|--------------|-----------|
| App B-1i / 03/01/2026 - 2/28/2027 | Case Management Hours 1.22 FTE x 40 hrs./wk. x 46 wks. x 65% effort | 1,458 | 58 |
| | Treatment Adherence Individual Hours 1.22 FTE x 40 hrs./week x 46 weeks x 9.57% effort <i>(combined above for total % productivity for CMs of 74.57%)</i> | 215 | 25 |
| | Treatment Adherence Group Hours 1.5hr/session x 1 session/mo. X 12 mos. | 18 | 30 |
| Total UOS and Total UDC | | 1,691 | 58 |

6. Methodology

The program is named Ohana, the Hawai'ian word for family, to convey its family systems oriented model of service. The methodology of this program has been specifically designed to meet the multiple needs of the target population through an integrated model of client-centered treatment case management that emphasizes the effective utilization of peer and family networks to support clients in accessing and maintaining adherence to combination antiretroviral and complementary therapies. SFCHC has found that early, peer-based intervention is the most effective in surmounting cultural barriers to utilizations of HIV treatments and that it also results in the development of the most effective support networks critical in ensuring long-term adherence.

This approach represents a natural evolution of multilingual psychosocial case management into an integrated model of treatment case management with client adherence as the central focus of services. Treatment Case Management (TCM) – a program of health assessment, treatment education, planning and follow-up within a case

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management setting – helps clients manage immediate and ongoing needs alongside the long-term challenges of living with HIV. As noted above, TCM has proven to improve significantly clients' adherence to antiretroviral combination therapy.

In order to maintain the capacity to provide services in the wide range of languages spoken by its target populations, SFCHC emphasizes cross training among job categories within the proposed program. Treatment Case Managers will undergo extensive training to develop their ability to counsel clients on HIV treatment, diagnostics and prophylaxes, enabling the Treatment Advocate to focus on more complex cases specific to clinical trials and on certain high-level interactions with physicians. All program staff will be trained to assist in basic outreach, treatment counseling and care coordination functions, subject to overall supervision by the Associate Director of Health Services and consultation on treatment issues within the Treatment Advocate. In addition, all staff working on this program have attended and passed the California Statewide Treatment Education Program conducted by the Community Development and External Affairs department of SFCHC.

SFCHC is centrally located in the Tenderloin where a majority of our target population resides or congregates. Our office is open Monday through Friday, from 9:30 a.m. to 5:30 p.m. and easily accessible to our target population via public transportation. A significant amount of services are conducted in the field, during clients' medical and psychosocial appointments and in their residence.

Various other onsite services not funded under this exhibit are available to clients of the Ohana Program: prevention with positives focused Individual Risk Reduction Counseling and Prevention Case Management, Comprehensive Risk Reduction Counseling (a CDC funded intervention) for very high risk HIV positive clients, mental health and substance use counseling, psychiatric evaluation and medication monitoring.

A. **Outreach / Case Finding**: Outreach is conducted to locate new clients who are eligible for services and those lost to follow-up. Case Managers coordinate with other SFCHC staff to enroll HIV-positive individuals belonging to the high-risk populations (especially transgender persons and women at risk of HIV infection due to socioeconomic status) in additional, tailored services. SFCHC outreach activities target Southeast Asian immigrants, particularly Filipinos, Vietnamese, Thai and Burmese who have increasingly high sero-prevalence rates. To better reach potential HIV positive clients, SFCHC coordinates with its prevention marketing campaign program targeting MSM/W, TG, youth, women and IDU/IHU (hormone use).

In addition, HIV rapid testing conducted on site and in outreach venues significantly increase the timely identification of candidates for early HIV intervention and treatment. All prevention and care staff will engage in proactive negotiation with clients to identify partners, family, friends and others who might benefit from HIV testing and review of treatment options. Staff work closely with Post-exposure Treatment clinical trials to identify A&PI clients for services; outreach is conducted at appropriate clinics at San Francisco General Hospital's (such as Ward 86, TB Clinic, 5A and API Psych Ward 7C). All memoranda of understandings include notification and referral of eligible A&PIs to services at SFCHC.

Staff conducts outreach and promotes services through in-service trainings to medical and HIV service providers, presentations to the general A&PI community at community forums, dissemination of brochures and flyers, media promotion in collaboration with other programs of SFCHC, and through client networks. Brochures and flyers about services are disseminated at community health fairs and events. Outreach activities are documented through written quarterly reports to the Associate Director of Health Services and through maintenance of a media file of SFCHC-related media coverage.

All services are available in the client's home, in Single Room Occupancy hotels (SROs), in the field (mobile) as well as at the SFCHC office. This is in recognition of the cultural stigma, anonymity issues, confidentiality issues, and disabilities associated with HIV disease. SFCHC office hours are Mondays through Fridays 9:30 AM to 5:30 PM. Appointments and home visits are scheduled outside these hours within reasonable terms in keeping with client needs. Staff from other departments may conduct outreach to locate clients and provide services to maximize linguistic and cultural competency with minimal staffing. Clients are matched to providers based on language needs and demographic expertise.

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- B. **General Eligibility Criteria:** The primary target population of the program are Asian and Pacific Islanders living with HIV, with an emphasis on those who are indigent, immigrant or refugee, monolingual or limited-English speaking, uninsured or under-insured, not in primary care or receiving optimal care, and with severe needs such as homeless or marginally housed, and dealing with mental health and substance abuse issues. It is understood that eligible clients will have definitive case management needs that can best be supported through the Ohana Program services.

In addition, to be eligible, prospective clients must meet the following requirements:

- 1) Have verifiable documentation indicating HIV status;
 - 2) Be willing to provide proof of income;
 - 3) Be willing to provide proof of age and identity;
 - 4) Have proof of SF residency or statement of homeless status and intent to live in the county.
- C. **Service Enrollment and Delivery Model:** Admission to services requires and intake and assessment interview conducted by a Treatment Case Manager at the client's home, SRO hotel, residential facility, SFCHC office or another mutually agreed upon location. Assessment has three primary goals:
- 1) To determine that the prospective client meets the eligibility criteria for this contract;
 - 2) To ensure that the prospective client understands the services available as well as his or her rights and responsibilities as a client;
 - 3) To identify client's short and long-term needs and develop and individualized treatment plan.

After the initial intake interview, the Treatment Case Manager will present the case, with a recommendation for enrollment status, to the Case Manager Supervisor, and if needed, to the Associate Director of Health Services for review. Possible enrollment assignments will be:

- 1) Active – the client will be enrolled in full case management services;
- 2) Short-term – the client will have initial needs met and will be assigned to a follow-up date for review no longer than three months from the date of enrollment;
- 3) Not eligible – the prospective client is not eligible for services and will be referred to alternative services for which they might be eligible.

A completed intake and assessment includes the following:

- Confidential Client Information and Intake form that gathers pertinent demographic information
- Signed REGGIE consent and completed intake information
- Health and Self-Care Information form that assesses the client's knowledge of HIV-related and general health information, and health maintenance strategies;
- Primary Health Care Provider Information from which gathers client medical care information.
- Mental Health and Substance Use Assessment conducted by qualified mental health provider on staff;
- Completed TB information form;
- Copies of necessary verifications as required by law and funding source including proof of San Francisco residency, HIV status, income and age.
- Psycho-social treatment plan detailed in the progress notes of the client chart;
- Required consent for service forms, as required by law consent forms are translated into appropriate A&PI languages); and
- Signed statement of the Client's Statement of Rights & Responsibilities, the Agency Statement of Rights & Responsibilities, HIPAA form, and Client Grievance Procedure.

The intake and assessment process is described in the agency's Standards of Care and is a subject of ongoing training to increase the Treatment Case Managers' effectiveness in working with clients. This training incorporates all seven elements of case management set forth in the AIDS office's Making the Connection: Standards of Practice for Client-Centered HIV Case Management, which will be adhered to by the program.

Clients who initially present themselves in a crisis situation will be provided services in a timely manner after signing the consent for services form. Staff will conduct crisis intervention and provide appropriate level of assistance for

which the client is eligible (e.g. housing, emergency medical care). Intake is completed as soon as possible once the client is stabilized and prior to providing any further services.

Prospective clients may be denied services if they are deemed Not Eligible under the following circumstances; they cannot furnish or refuse to furnish proof of HIV serostatus and/or proof of San Francisco residency (or written statement of intent to reside in San Francisco. In cases where prospective clients are receiving multiple case management services from other agencies and enrollment in our CM program would result in redundancy of services, the prospective client would be encouraged to self-select primary case management service from a single agency. In instances where multiple members of a household are enrolled in case management services, different TCMs will be assigned to each member to minimize any potential conflict of interest. All assessment information and actions are documented on the appropriate forms and in progress notes in the confidential client charts.

D. **Exit Criteria:** SFCHC is capable of providing long-term integrated HIV case management services to the target population following the framework of chronic disease management. While it is crucial to recognize that many clients do need the sustained long-term supportive services, many others achieve a level of independence, self-efficacy and self-navigation skills through their experience of receiving services. TCMs will assess and support clients' level of independence and self-efficacy and readiness to exit the program. Clients will be supported to complete of "graduate" from the program by creating a completion or graduation plan to ensure a successful transition. TCMs will present and consult such plans with the Case Manager Supervisor and/or the Clinical Program Manager and the Associate Director of Health Services. Any such plan will provide a mechanism for client to opt to return to services in a seamless way. Though clients may graduate from intensive case management, they are always eligible and welcome to attend the treatment education support groups.

E. **Prevention with Positives**

Though not required under this exhibit, SFCHC will provide individual level Prevention with Positives services to HIV-positive clients assessed and meeting the eligibility criteria for the CDC recommended Comprehensive Risk Counseling Services (CRCS). Treatment Case Managers identify highest risk clients from their ICM caseload, work on treatment readiness and then directly recruit and enroll clients who are ready for this service into CRCS. Case Managers ensure and encourage clients' active participation and engagement in CRCS and attempt to address the most pressing risk reduction needs at that time. CRCS will be provided through funding received through CDC, not utilizing funding under this exhibit.

F. **Peer Networks/Groups**

SFCHC has found peer networks an effective medium to disseminate treatment messages within A&PI communities. While negative statements about HIV treatment or their side effects tend to inhibit others from even considering the treatment, word of mouth marketing through peer leaders tends to be effective in promoting informed and aggressive utilization of treatment options. The agency's well-developed HIV+ constituent group, the Living Well Network (LWN), is a vehicle through which peer leaders can disseminate balanced treatment information based upon their personal experience with the new therapies.

They also provide a forum through which members of the target population can become involved the planning, implementation and evaluation of interventions designed to assist them in accessing and maintaining optimal HIV treatments. Treatment Case Managers are responsible for assessing the treatment needs of their clients and developing group—work plans to bring clients together to address those needs and provide community and peer support to normalize treatment and its concerns. Sign-in sheets are provided in order to document attendance to group activities.

G. **Staffing:**

The following staff members provide/support program services and may or may not be funded under this appendix:

The Case Managers (CM) are responsible for conducting intakes and assessments to identify client needs; developing Individualized Service Plans (ISPs)' and periodically reassessing the ISP, upon significant changes in the client's medical, financial, or psychosocial status. The CMs conduct basic assessments of substance use and mental health status; oversee service plan development; and support clients in implementing the ISP's

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objectives, with particular attention to linguistic and cultural barriers. They also monitor receipt of referral services, support clients in maintaining medication adherence, develop new linkage options as necessary; assess client's financial resources; assist in the formal application and referral process to appropriate benefit and entitlement programs; and track client's benefit and entitlement status and applications.

The Case Managers provide clients with basic health education and health maintenance information; discuss with clients the impact of high-risk behaviors on health; discuss options for maintaining a healthy diet and eating to minimize opportunistic infections' and perform medical advocacy directly with the client's primary care provider. They help clients understand relevant legal issues related to HIV disease, particularly the impact of HIV on immigration status; and refer clients to any necessary legal services. They may provide interpretation to clients to facilitate access to services and make case presentations to initiate and maintain service coordination with internal and external service providers.

The Case Managers report to the Program Manager. Minimum qualifications include a bachelor's degree in a health or social science related field, verbal and written bilingual proficiency in English and an A&PI language, and two years previous experience in human services. Case Managers should be familiar with HIV issues as they affect A&PI communities, particularly access to services and adherence to treatment

The Case Managers are also responsible for identifying, recruiting and maintaining HIV positive A&PIs who are out of treatment or receiving sub-optimal care. They conduct outreach and case finding activities in such venues as outpatient and mobile street clinics and parks. S/he accompanies clients to appointments if necessary; ensures linkage to and client satisfaction with HIV primary care, helps explain client concerns and needs to outside service providers also works with the client, provides translation services to facilitate communication with medical and social service providers. S/he provides education on treatments and emotional support around adherence to less acculturated A&PI clients on the US cultural norms and western medicine philosophies and systems so that clients can more effectively negotiate aspects of medical, social and community service.

The Client Engagement Specialist provides clerical and administrative support to the program staff, conducts the annual client satisfaction survey, conducts data-entry and generates data summary reports on monthly, quarterly and annual basis and assists the Associate Director of Health Services in reporting requirements to the SFDPH AIDS Office.; Minimum qualifications include a high school diploma, computer and office skills and two years of office experience.

The Clinical Program Manager {not funded by this Appendix} provides direct case management services as well as supervision of the CMs; services as the referral entry point; determines case assignment in consultation with Behavioral Health and Community Programs; S/he is responsible for providing clinical consultation to the Case managers; co-facilitation or regular multi-disciplinary case conference meetings; conducting semi-annual chart reviews; and assisting the Associate Director of Health Services in ensuring contract deliverables and compliance standards are met and maintained. This position reports to the Associate Director of Health Services. Minimum qualifications include Licensure as a Clinical Social Worker, 5 year experience in social services, with a minimum three years of experience in clinical supervision. Experience in HIV social services, especially in providing direct mental health or social services to HIV-positive individuals preferred.

The Associate Director of Health Services is responsible for implementing the programs funded under this exhibit. S/he provides oversees adherence to all programmatic deliverables and maintains relationships with community providers and ensures all program reporting requirements and evaluation. S/he reports to the Director of Programs. Minimum qualifications include a bachelor's degree, four years of HIV direct service experience, four years of HIV program management experience.

The Director of Programs is responsible for leading the department in providing behavioral health services including substance abuse counseling, therapy, case management, patient advocacy, navigation, and outreach.

The Chief Medical Officer is responsible for overseeing and leading the agency's health care services, with oversight of linkage and integration with our behavioral health, HIV testing, and outreach activities, to ensure continuity of care, seamless linkage to care for Ohana clients in need of medical care.

H. Service Linkages

SFCHC maintains well-established linkages with other providers to ensure that clients have access to needed services not provided within the agency. For primary medical care, SFCHC refers clients to SF General Hospital Ward 86 and Tom Waddell Health Clinic, whose expertise in serving multiply diagnosed immigrants, transgender and others who encounter difficulty in accessing primary care has been highly beneficial to clients. Linkage to food services is made through referral to Project Open Hand, located with SFCHC in the same building. The agency has effective linkages with the whole system of HIV psycho-social services throughout the whole city including: the San Francisco AIDS Foundation to address clients' housing needs, Lutheran Social Service to provide money management; Harm Reduction Therapy Center and Asian American Recovery Services to address substance use needs and AIDS Legal Referral Panel for legal services.

The SFCHC cultivates and maintains working relationship with other community groups and agencies to coordinate its programs with both clients and those of other providers, and to offer its clients a comprehensive continuum of HIV services. In addition to those agencies mentioned above, active referral linkage or MOY are maintained with Baker Places, Bay Area Perinatal AIDS Center, Project Open Hand, San Francisco City Clinic, Tenderloin Health, Tom Waddell Health Center, UCSF AIDS Health Project, UCSF Positive Health Program, UCSF Women's Specialty Program, Shanti, AIDS and Emergency Fund.

I. Linkage to Care

SFCHC agrees to maintain appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of newly diagnosed and PLWH not in care. Key points of access include emergency rooms, substance use treatment programs (non-HIV), detox centers (non-HIV), and homeless shelters.

J. HIV Health Services Protocols

Case Management and Treatment Advocacy activities are documented on daily log sheets and client charts. Treatment Case Managers working with English-limited speaking clients require significantly more time to implement these services.

If available, SFCHC agrees to send its Treatment Case Managers to training on benefits and entitlements. If initiated by HIV Health Services, one staff member from the HIV Care Services program will participate in a work group to develop standards of practice.

All agencies receiving funding through HHS are required to collect and submit unduplicated clients and services data through the DPH HIV Client and Services Database. This is applicable for all "Ryan White eligible clients" receiving services paid with any HHS source of funding. Each HHS funded agency participates in the planning and implementation of their respective agency into Database. The agency complies with HHS policies and procedure for collecting and maintaining timely, complete and accurate unduplicated client and service information in the Database. New client registration data is entered within 48 hours or two working days after data is collected. Service data for the preceding month, including units of services will be entered by the 15th working day of each month. The deliverables will be consistent with the information that is submitted to the appropriate DPH budget and Finance section on the "Monthly Statement of Deliverables and Invoice" form. Not adhering to HHS standards for the quality and timeliness for data entry will risk having payment delayed until data has been entered and updated.

Staff Training

All full-time Case Managers will receive a minimum of 24 hours of training each year to increase their knowledge of service-related issues and/or to develop job-related skills. For Case Managers, a minimum of six hours of this training should be specific to benefits and entitlements if such training was not already obtained within two years.

7. Objectives and Evaluation

All objectives, and descriptions of how objectives will be measured, are contained in the HHS document entitled *Ambulatory Care-Primary Care (HHS) Performance Objectives* for each Fiscal Year of the contract term. SFCHC agrees

to make its best efforts to achieve these objectives within the agreed upon time frame. SFCHC shares information, in particular through the ARIES database, regarding the accomplishment of all program objectives and results of all evaluation measures with the SFDPH as part of the annual monitoring process.

The Associate Director has the responsibility for the recording, tracking, compiling, and analyzing data related to the accomplishment of each objective, including directing database administration and program assistant staff to develop internal systems to track elements needed to record and analyze data to measure the progress in accomplishing these objectives. This position, with the assistance of the Quality Management team will review 50 clients charts (both physical and in ARIES), selected randomly, to measure success in completing non-medical CoE objectives. All data is compiled, stored, and analyzed annually and reported in agency and all TACE team meetings with a plan of redress developed for any item with a variance.

8. Continuous Quality Improvement

The program abides by the standards of care for the services specified in this appendix as described in *Making the Connection: Standards of Care for Client-Centered Services*. SFCHC guarantees compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency and Client Satisfaction. TACE agrees to conduct HIV-specific CQI activities to ensure compliance with Public Health Service guidelines related to treatment of HIV. In order to ensure that the services are provided in the manner intended, SFCHC uses the following structures and processes to ensure continuous quality improvement.

- Quarterly random review of 25 client charts conducted by the CQI Committee and documented in the QA/QI log.
- Alternating weeks one hour clinical supervision with licensed Mental Health Professional to ensure appropriate clinical support for case managers.
- Weekly multidisciplinary meeting to monitor client's issues, as documented in the meeting log.
- Annual review of written program policies and procedures.
- Quarterly Client Advisory Board meeting to address agency's strengths and weaknesses with client and identify areas of improvement, as documented in the minutes.

HIPAA

1. DPH Privacy Policy is integrated into the program's governing policies and procedures regarding patient privacy and confidentiality. As Measured by: Evidence that the policy and procedures that abides by the rules outlined in the DPH Privacy Policy have been adopted, approved and implemented.
2. All staff who handle patient health information are trained (including new hires) and annually updated in the program's privacy/confidentiality policies and procedures. As Measured by: Documentation exists showing individuals were trained.
3. A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided. As Measured by: Evidence in patient/client chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided.)
4. A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility. As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided.)
5. Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented. As Measured by: Documentation exists.

6. Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program. As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in patient's/client's chart/file.

In order to maintain fidelity to and track performance against SFDPH goals, the clinical staff will document all encounters and treatment plans in ARIES. The system will support tracking and managing the number of clients receiving case management services, home health care services, navigation services; demographic and insurance information will also be collected and tracked.

In addition, clients will require close psychosocial monitoring. The team will utilize Panel Management for this purpose. Panel Management will allow the integration of the medical data from ARIES with Support Services data from each of the team members into a single dashboard-style report that all can access. The SF Coordinated Care Management System will allow the team to monitor which clients are in hospitals, skilled nursing facilities, or jail, which clients are accessing urgent or emergency room services, and which clients are at risk of eviction. The team will also monitor incoming referral sources, client engagement into medical and mental health services, and client disposition, and gather data regarding client experiences with stigma.

Where needed, staff will create additional tools similar to those currently used by SFCHC, which are specific to new positions or tasks. These will include frameworks and checklists for unique positions, such as the Life Skills Trainer. In addition, the team will collaborate with LINC (Linkage, Integration, Navigation, and Comprehensive Services) to develop a monitoring system for discharged clients. The team will also implement an annual client satisfaction survey. Further quality improvement structures will help routinely track the program's contributions toward linkage, retention, and viral suppression outcomes on the spectrum of engagement in HIV prevention and care.

ARIES Database

SFCHC will collect and submit all required data through the AIDS Regional Information & Evaluation System (ARIES). ARIES is a client management system designed for Ryan White CARE Act providers. ARIES enhances care provided to clients with HIV by helping agencies automate, plan, manage, and report on client data and services. ARIES is applicable for all Ryan White-eligible clients receiving services paid by any HHS source of funding.

ARIES protects client records by ensuring only authorized agencies have access. ARIES data are safely encrypted and are kept confidential. Client information relating to mental health, substance abuse, and legal issues are only available to a limited group of an agency's personnel. Authorized, ARIES-trained personnel are given certificate-dependent and password-protected access to only the information for which that person's level of permission allows. Each HHS-funded agency participates in the planning and implementation of their respective agency into ARIES.

SFCHC complies with HHS policies and procedures for collecting and maintaining timely, complete, and accurate unduplicated client and service information in ARIES. Registration data is entered into ARIES within 48 hours or two working days after the data are collected. Service data, including units of service, for the preceding month is entered by the 15th working day of each month. Service data deliverables must match the information submitted on the "Monthly Statements of Deliverables and Invoice" form. Failure to adhere to HHS standards for quality and timeliness of data entry will risk delay of payment until all data is entered and up to date

The Case Manager has the responsibility for the quality of the ARIES data collected and the quality of the interventions provided. They also have responsibility for ensuring the quality of tracking and documentation of referrals and linkages. SFCHC ensures that the Monthly Statement of Deliverables and Invoice, narrative reports, annual administrative reports, monitoring report protocols, and any other forms or reports required will be submitted in a timely fashion to the HIV Health Services Branch.

9. Required Language:

Termination of Services: In the event that APIWC dba SFCHC decides that it can no longer provide the services for which it has contracted under this agreement APIWC dba SFCHC will send a written notice to HIV Health Services no less than 90 days prior to the date it wishes to terminate the services. In addition APIWC dba SFCHC will prepare a written plan for the transition of all clients receiving services to another provider of services. This plan

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must be approved by HHS and should demonstrate a good faith effort to contact and locate all clients both active and inactive before the termination date.

- a) Third Party Reimbursement: See Target Population, Page 1
- b) Client Enrollment Priority: See Target Population, Page 1
- c) Client Diagnosis: See Target Population, Page 1
- d) Standards of Care: See Continuous Quality Improvement, Page 10
- e) ARIES Database: See ARIES, Pages 11-12
- f) Vigorous Pursuit: See Target Population, Page 1
- g) Subcontractors: N/A

**Asian and Pacific Islander Wellness Center dba
San Francisco Community Health Center
Tenderloin Area Center of Excellence (TACE)**

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1. Program Name / Address Asian and Pacific Islander Wellness Center, Inc. dba San Francisco
Community Health Center
Tenderloin Area Center of Excellence (TACE)
730 Polk Street 4th Floor, San Francisco, CA, 94109
415-292-3400, Fax: 415-292-3404, www.sfcommunityhealth.org

Program Location Same

Contact Lance Toma, Chief Executive Officer, lance@sfcommunityhealth.org
Ming Ming Kwan, MSW, Chief Program Officer
mingming@apiwellness.org
Kristina Gunhouse-Vigil, Associate Director of Contracts and Compliance,
kristina@sfcommunityhealth.org

2. Nature of Document

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement

To ensure and expand continuous seamless access to quality primary care and critical support services for severe need clients and special populations living with HIV/AIDS who are severely under-served residents of the Tenderloin.

4. Target Population

APIWC dba SFCHC will serve all ethnicities and populations within San Francisco, with focused expertise to meet clients' "severe need" and "special populations" living with HIV/AIDS who are severely under-served residents of the Tenderloin. Targeted populations include homeless and marginally-housed residents of the Tenderloin, including residents who are active substance users, coping with mental illness, sex workers, transgender individuals, non-English speaking residents, gay males and their non-gay identified sex partners.

APIWC assures that HHS funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for SF residents who have low-income and are uninsured. Secondary enrollment is reserved for SF residents who have low-income and are underinsured. Low Income status is defined **as 500% of the Federal Poverty Level (FPL)** as defined by the US Department of Health and Human Services. Staff of both APIWC and TWHC verify client insurance and eligibility before medical services begin.

Client HIV diagnosis is confirmed at intake. Client eligibility determination for residency, low-income, and insurance status is confirmed at intake and at 12-month intervals thereafter and documented in the client file or in ARIES.

5. Modalities and Interventions: Units of Service (UOS) and Unduplicated Clients (UDC)

Most UOS are counted in hours consisting of 15-minute increments; special project UOS are counted in months of service or number of units (lockers) provided/sustained. The tables on the following pages illustrate the exact numbers of UOS/hours that are projected for the corresponding number of UDC in each mode of service.

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| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
|---|--|-------------|------------|
| App B-2 / 05/01/17 - 2/28/18 10 months | Case Management Hours 4.0 FTE x 40 hrs./wk. x 37 wks. x 81% effort = 4196 @ APIWC | 4196 | 167 |
| App B-2 / 05/01/17 - 2/28/18 10 months | Peer Navigation Hours 2.5 FTE x 40 hrs./wk. x 37 wks. X 69.6% effort = 2575 @ APIWC | 2575 | 167 |
| App B-2 / 05/01/17 - 2/28/18 10 months | Mental Health Referrals and Linkages 42 @ APIWC | 42 | 42 |
| App B-2 / 05/01/17 - 2/28/18 10 months | Peer Advocacy Group Hours 4 groups/wk x 3 hr./group x 37 wks. = 444 @ APIWC | 444 | 83 |
| App B-2 / 05/01/17 - 2/28/18 10 months | Outpatient Mental Health & Substance Abuse Group Hours 1 hr./group x 2 groups/wk. x 37 wks. = 74 @ APIWC | 74 | 25 |
| Total UOS and Total UDC | | 7331 | 167 |
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-2a / 03/01/18 - 2/28/19 | Case Management Hours 4.0 FTE x 40 hrs./wk. x 45 wks. x 78% effort = 5616 @ APIWC | 5616 | 200 |
| App B-2a / 03/01/18 - 2/28/19 | Peer Navigation Hours 2.5 FTE x 40 hrs./wk. x 45 wks. x 69% effort = 3105 @ APIWC | 3105 | 200 |
| App B-2a / 03/01/18 - 2/28/19 | Mental Health Referrals and Linkages 50 @ APIWC | 50 | 50 |
| App B-2a / 03/01/18 - 2/28/19 | Peer Advocacy Group Hours 4 groups/wk x 3 hr./group x 45 wks. = 540 @ APIWC | 540 | 100 |
| App B-2a / 03/01/18 - 2/28/19 | Outpatient Mental Health & Substance Abuse Group Hours 1 1 hr./group x 2 groups/wk. x 45 wks. | 90 | 30 |
| Total UOS and Total UDC | | 9401 | 200 |
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-2a.1 / 12/01/18 - 2/28/19 | Liquid Nutritional Supplements, months 1 UOS = 1 month of distribution of Liquid Nutritional Supplements to eligible clients provided during Directly Observed Therapy (DOT) 1 UOS x 3 months = | 3 | N/A |
| Total UOS and Total UDC | | 3 | N/A |

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| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
|-------------------------------------|--|-------------|------------|
| App B-2b.1 / 10/01/2019 - 2/29/2020 | Liquid Nutritional Supplements, months 1 UOS = 1 month of distribution of Liquid Nutritional Supplements to eligible clients provided during Directly Observed Therapy (DOT) 1 UOS x 5 months = | 5 | N/A |
| Total UOS and Total UDC | | 5 | N/A |
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-2b.2 / 10/01/2019 - 2/29/2020 | Medication Lockers, months 1 UOS = 1 month of planning, implementing and training staff to roll out new medication lockers for homeless clients to securely store Antiretroviral Therapy (ART) and other meds. 1 UOS x 5 months = | 5 | N/A |
| Total UOS and Total UDC | | 5 | N/A |
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-2b / 03/01/2019 - 2/29/2020 | Case Management Hours 4.0 FTE x 40 hrs./wk. x 45 wks. x 78% effort = 5616 @ APIWC | 5616 | 200 |
| App B-2b / 03/01/2019 - 2/29/2020 | Peer Navigation Hours 2.5 FTE x 40 hrs./wk. x 45 wks. x 69% effort = 3105 @ APIWC | 3105 | 200 |
| App B-2b / 03/01/2019 - 2/29/2020 | Mental Health Referrals and Linkages 50 @ APIWC | 50 | 50 |
| App B-2b / 03/01/2019 - 2/29/2020 | Peer Advocacy Group Hours 4 groups/wk x 3 hr./group x 45 wks. = 540 @ APIWC | 540 | 100 |
| App B-2b / 03/01/2019 - 2/29/2020 | Outpatient Mental Health & Substance Abuse Group Hours 1 1 hr./group x 2 groups/wk. x 45 wks. | 90 | 30 |
| Total UOS and Total UDC | | 9401 | 200 |
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-2c / 03/01/2020 - 2/28/2021 | Case Management Hours 4.0 FTE x 40 hrs./wk. x 45 wks. x 78% effort = 5616 @ APIWC | 5616 | 200 |
| App B-2c / 03/01/2020 - 2/28/2021 | Care Navigation Hours 2.5 FTE x 40 hrs./wk. x 45 wks. x 69% effort = 3105 @ APIWC | 3105 | 200 |
| App B-2c / 03/01/2020 - 2/28/2021 | Mental Health Referrals and Linkages 50 @ APIWC | 50 | 50 |

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| | | | |
|-----------------------------------|---|--------------|------------|
| App B-2c / 03/01/2020 - 2/28/2021 | Peer Advocacy Group Hours 4 groups/wk x 3 hr./group x 45 wks. = 540 @ APIWC | 540 | 100 |
| App B-2c / 03/01/2020 - 2/28/2021 | Outpatient Mental Health & Substance Abuse Group Hours 1 1 hr./group x 2 groups/wk. x 45 wks. | 90 | 30 |
| Total UOS and Total UDC | | 9401 | 200 |
| Budget Appendix / Period | | | |
| | Mode of Service/Intervention Description | UOS | UDC |
| App B-2d / 03/01/2021 - 2/28/2022 | Case Management Hours ~5.62 FTE x 40 hrs./wk. x 45 wks. x 70% effort = 7,085 @ APIWC | 7,085 | 200 |
| | Mental Health Referrals and Linkages @ APIWC ~.20 FTE x 40hrs/wk. x 45 wks/yr x 65.8% effort = 237 | 237 | 50 |
| | Peer Advocacy Group Hours 4 groups/wk x 3 hr./group x 45 wks. = 540 @ APIWC | 540 | 100 |
| | Outpatient Mental Health & Substance Abuse Group Hours One 1 hr./group x 2 groups/wk. x 45 wks. | 90 | 30 |
| Total UOS and Total UDC | | 7,952 | 200 |
| Budget Appendix / Period | | | |
| | Mode of Service/Intervention Description | UOS | UDC |
| App B-2e / 03/01/2022 - 2/28/2023 | Case Management Hours ~5.62 FTE x 40 hrs./wk. x 45 wks. x 70% effort = 7,085 @ APIWC | 7,085 | 200 |
| | Mental Health Referrals and Linkages @ APIWC ~.20 FTE x 40hrs/wk. x 45 wks/yr x 65.8% effort = 237 | 237 | 50 |
| | Peer Advocacy Group Hours 4 groups/wk x 3 hr./group x 45 wks. = 540 @ APIWC | 540 | 100 |
| | Outpatient Mental Health & Substance Abuse Group Hours One 1 hr./group x 2 groups/wk. x 45 wks. | 90 | 30 |
| Total UOS and Total UDC | | 7,952 | 200 |

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| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
|-----------------------------------|---|--------------|------------|
| App B-2f / 03/01/2023 - 2/29/2024 | Case Management Hours ~5.62 FTE x 40 hrs./wk. x 45 wks. x 70% effort = 7,085 @ APIWC | 7,085 | 200 |
| | Mental Health Referrals and Linkages @ APIWC ~.20 FTE x 40hrs/wk. x 45 wks/yr x 65.8% effort = 237 | 237 | 50 |
| | Peer Advocacy Group Hours 4 groups/wk x 3 hr./group x 45 wks. = 540 @ APIWC | 540 | 100 |
| | Outpatient Mental Health & Substance Abuse Group Hours One 1 hr./group x 2 groups/wk. x 45 wks. | 90 | 30 |
| Total UOS and Total UDC | | 7,952 | 200 |

| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
|-----------------------------------|---|--------------|------------|
| App B-2g / 03/01/2024 - 2/28/2025 | Case Management Hours ~5.62 FTE x 40 hrs./wk. x 45 wks. x 70% effort = 7,085 @ APIWC | 7,085 | 200 |
| | Mental Health Referrals and Linkages @ APIWC ~.20 FTE x 40hrs/wk. x 45 wks/yr x 65.8% effort = 237 | 237 | 50 |
| | Peer Advocacy Group Hours 4 groups/wk x 3 hr./group x 45 wks. = 540 @ APIWC | 540 | 100 |
| | Outpatient Mental Health & Substance Abuse Group Hours One 1 hr./group x 2 groups/wk. x 45 wks. | 90 | 30 |
| Total UOS and Total UDC | | 7,952 | 200 |

| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
|-----------------------------------|--|-------|-----|
| App B-2h / 03/01/2025 - 2/28/2026 | Case Management Hours ~5.62 FTE x 40 hrs./wk. x 45 wks. x 70% effort = 7,085 @ APIWC | 7,085 | 200 |
| | Mental Health Referrals and Linkages @ APIWC ~.20 FTE x 40hrs/wk. x 45 wks/yr x 65.8% effort = 237 | 237 | 50 |
| | Peer Advocacy Group Hours 4 groups/wk x 3 hr./group x 45 wks. = 540 @ APIWC | 540 | 100 |

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| | | | |
|--------------------------------|---|--------------|------------|
| | Outpatient Mental Health & Substance Abuse Group Hours One 1 hr./group x 2 groups/wk. x 45 wks. | 90 | 30 |
| Total UOS and Total UDC | | 7,952 | 200 |

| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
|--|--|--------------|------------|
| App B-2i / 03/01/2026 - 2/28/2027 | Case Management Hours ~5.62 FTE x 40 hrs./wk. x 45 wks. x 70% effort = 7,085 @ APIWC | 7,085 | 200 |
| | Mental Health Referrals and Linkages @ APIWC ~.20 FTE x 40hrs/wk. x 45 wks/yr x 65.8% effort = 237 | 237 | 50 |
| | Peer Advocacy Group Hours 4 groups/wk x 3 hr./group x 45 wks. = 540 @ APIWC | 540 | 100 |
| | Outpatient Mental Health & Substance Abuse Group Hours One 1 hr./group x 2 groups/wk. x 45 wks. | 90 | 30 |
| Total UOS and Total UDC | | 7,952 | 200 |

6. Methodology

Location of Services

The Tenderloin Area Center of Excellence (TACE) collaborative will occur through two key sites. These include the Asian and Pacific Islander Wellness Center (APIWC) main office at 730 Polk and our medical providers within each site: SFDPH Tom Waddell Health Center (TWHC), 230 Golden Gate Avenue. TACE will be provided upon request to qualified residents living with HIV/AIDS and, as part of the screening, for new HIV+ residents identified through our HIV counseling and testing efforts within each site.

Behavioral health services will continually be offered at APIWC. These services include individual and group psychotherapy, substance use evaluation and treatment, mental health counseling, addiction medicine consultation, and clinical training. Associate Director of Behavioral Health and Community Programs will be in charge of assisting in monitoring the quality of behavioral health services for TACE.

Site Coordination

Administrators and Service Managers of the different program services will meet on a monthly basis to ensure the efficient operation of the multi-disciplinary services development and provision of services.

Case conference meetings will be held one or two times each week, during which the multi-disciplinary team meets to engage in case review and problem solving. Case managers will also attend monthly case conferences at TWHC. Notes from these meetings are kept and filed for review.

Integrated Services

TACE provides services to clients through multi-disciplinary teams. The composition of these teams varies based on client need. However, a basic structure ensures that clients receive coordinated, comprehensive services. The team is organized around a primary Case Manager who is responsible for coordinating the work of other members of the team. Other team members may include a Physician, Nurse Practitioner, Registered Nurse, Psychiatrist and/or Psychologist, Mental Health/Substance Use Counselor, Health Worker and volunteer Peer navigators.

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Hours of Operation

Clients will be able to access TACE services each weekday. The program's overall hours of operation will be Monday through Friday, 9:00 a.m. to 4:30 p.m. for APIWC main office, excluding Wednesdays 12:00 p.m. to 4:30 p.m. and Monday through Friday, 8:00 a.m. to 5:00 p.m. for TWHC, excluding Thursdays from 8:00 a.m. to 1:00 p.m. A portion of this time is reserved for staff duties such as case conferences, trainings, administrative work and communication with other providers.

Client Charts

All client charts are housed permanently at each TACE site. To ensure the confidentiality of client information, all charts are kept in locked file cabinets or in secure digital storage locations. Charting is also done using the State's ARIES database, which includes progress notes from each member of the multidisciplinary team. These charts are updated daily by members of the service team and contain information by category of service. Case managers regularly update information about the client's housing status and location and benefits status.

Outreach and Case Finding

Clients learn about TACE through:

- Word of mouth –The Collaboration's existing pool of case management clients, including word-of-mouth referrals and a high level of drop-in clients due to word of mouth from existing clients and the program's convenient location, as well as through community events such as monthly treatment education forums.
- Referrals from other service providers - All of the collaborating partners of TACE identify clients who could benefit from the integrated services and link these clients as appropriate. As client's transition from SFDPH HIV Integrated Services (HIVIS) CoE, the TACE will follow up on referrals from HIVIS. HIVIS enrolls clients first by providing services on-site at the jail to clients who are incarcerated, and then by linking those clients with a case manager who will help transition them to services outside of the jail (with follow-up by HIVIS's Health Worker II position). Some clients are referred by service providers outside the collaboration, particularly service providers who are barring clients from their own services, those who need to transition the client's case management, and those who have identified individuals with a demonstrated inability to access or follow through with regular medical care. Staff conducts in-services for other service providers to provide education about available services through TACE, and to ensure appropriate referrals. A combination informational flyer and referral form is distributed to likely referral sources to help facilitate the referral process.
 - The TWHC HIV team works with the jail medical team to assure the continuity of care and appropriate discharge planning. For patients in mental health or substance abuse residential treatment the HIV team works with the residential providers to assure continuity of medical care.
 - An extensive array of working MOUs are maintained and updated between the TACE and area residential treatment programs, hospitals, institutions and hospices. MOUs are to ensure continued care for shared patients during clients' time in and prior to being released from the facilities. For agencies receiving Ryan White CARE funds, and are also on ARIES the location of a client within programs or facilities can be a simple search of the shared data system. Either way, the working MOUs include language for case conferencing between TACE program and other agencies to ensure continuity of care.
 - TWHC also maintains a database of HIV positive patients in medical care. This database produces reports on any patients not seen in the past three months. This report triggers outreach efforts to the last known location of the patient, as well as utilization of the many community contacts developed over the years, in order to locate the patient or bring them back into care. This outreach may be performed by TWHC health workers or TACE case managers or peer advocate staff. TWHC Primary Care providers are notified by e-mail of all SFGH admissions, Emergency Department visits and lab tests. TWHC HIV team staff visit all hospitalized patients, usually by the patient's primary medical care

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provider. The HIV Team staff work with the hospital team staff, starting at admission, on appropriate discharge plans and HIV Program follow up.

- Outreach by volunteer peer navigators –case managers and volunteer peer navigators conduct outreach activities in the course of performing their regular duties throughout the Tenderloin. Case Managers and volunteer peer navigators ensure that HIV-infected individuals they encounter who are appropriate for services are referred to the TACE program. Outreach is focused on creating relationships with clients and providing incentives such as food packs to increase the likelihood of maintaining contact. In the course of establishing these relationships, Case Managers and volunteer peer navigators perform basic triage and assessment of clients' needs, and make appropriate referrals to the TACE program. When attempting to locate a client for follow up, case managers give identifying information to the Peer Advocate to assist staff in locating and identifying the client during mobile activities.
- HIV antibody testing services – Confidential HIV antibody testing services, provided within the HIV Prevention Programs, are co-located at each site of our TACE, making possible a seamless transition into care for those who test positive for HIV antibodies. Health Educators (not funded under this contract) are able to link those testing positive directly with a case manager upon receiving positive antibody test results, thereby ensuring the opportunity for early intervention on behalf of that individual's health.

Eligibility/Intake

An individual becomes a TACE client after supplying basic intake and client identifier information, providing proof of an HIV diagnosis and signing an informed consent to receive services. A Registered Nurse conducts a nursing intake and assessment, including lab work and TB test for those who wish to receive primary medical care. Clients who are in need of a letter of diagnosis and who become clients of TACE medical clinic are provided with one via an initial primary care history and physical. The consent includes information about all TACE services and gives permission for the sharing of client information among all TACE collaborators. Clients receive initial and ongoing needs assessment, and are offered those services that are indicated and available (psychiatric assessment, treatment advocacy groups and one-on-one counseling, housing assistance, etc.). Clients have the right to choose not to accept services offered, or to delay their use of those services until a later date, with the following exceptions: All clients will be assigned a case manager and will receive a baseline assessment. Clients who do not return for follow-up will be located during outreach activities and encouraged to return for services. After outreach has been done and client do not return for services, cases are inactivated six months after the last contact and they are closed a year after the last contact.

Primary Care

TACE provides HIV primary care services through a separate MOU with the SFDPH AIDS Office contracted to SFDPH Tom Waddell Health Center. Details of these services are provided in their MOU, although the delivery of integrated services, data collection and progress reporting will be coordinated through APIWC as the lead agent for TACE. These medical services are provided onsite at APIWC.

Mental Health & Substance Use Services

In addition to basic assessments done by case management and medical staff with all clients, specialty mental health and substance abuse services are made available to clients in an effort to help them move toward greater stabilization by addressing mental health and substance abuse crises and emergencies. Though TACE cannot provide long-term mental health and substance abuse support, services offered in groups are provided with the goal of transferring the client to appropriate ongoing mental health and/or substance abuse care.

TACE provides mental health assessments and referrals for psychiatric medication evaluation, prescription monitoring, as well as psychiatric evaluation for continuing disability review for Social Security Disability and consultation to medical staff regarding client's level of functioning. Evaluations may be performed on-site for those clients for whom this is indicated. Individually counseling, not funded through this contract, is also offered to TACE client through existing APIWC resources.

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TACE also provides substance abuse treatment screening and referrals as follows: case managers work closely with clients who are ready to enter treatment programs. This entails supporting them in making a decision about which type of program is appropriate for them, helping to set up appointments for intake and accompanying them to the appointments, and, if there is a waiting list for the program, supporting them during the waiting period. Upon the client's enrollment into a treatment program, the case manager and other team members, with the client's written consent, share relevant information about the client's history and health status with the substance use management or substance abuse treatment provider. Whenever appropriate, the case manager and peer advocate remain in contact with the client during their stay in the treatment program (via telephone and in-person visits if the client is enrolled in an in-patient program or during regular on-site or mobile follow-up visits, if the client is enrolled in an out-patient program).

TACE provides services to clients who are not ready to enter substance abuse treatment by first letting the client determine whether their substance use is an issue that they wish to resolve. If a client decides that accessing substance use and treatment services is not a goal, staff respect that decision, and continue to work with the client on other issues for which the client does request assistance. Harm Reduction is a crucial component of the client centered model of service delivery used by our TACE, and helps ensure that staff can continue to provide the client with stabilization assistance even if the client is actively using street drugs. TACE resources support weekly substance use treatment groups for clients in the TACE.

APIWC behavioral staff are trained and certified to evaluate psychiatric emergencies to place clients on a 5150 hold. If a client presents with a crisis, mental health staff is called in to evaluate and, if needed, to place client on a hold and facilitate the client's admittance to a hospital. Given the high degree of previous contact with the police by the target population, this allows staff to minimize the involvement of the police in those situations where the client is being admitted to PES. To ensure that some measure of crisis intervention services can be provided during times when the mental health services staff is not immediately available, all TACE staff is trained in mental health crisis management, and receive ongoing training in crisis intervention and management.

Case Management

Once contact has been established between the case management staff and the client, staff addresses the seven core components of case management as described in Making the Connection: Standards of Practice for Client-Centered Case Management as follows:

1. Conducting an initial **intake** interview, including a determination of whether case management is an appropriate service for the client and collection of eligibility information. In order to ensure that CARE funds are used as payer of last resort, an assessment of income source, medical insurance, including MediCal eligibility and other benefits is performed as part of the intake process. Referrals for benefits counseling are made as indicated by this assessment. Case managers perform follow up activities on an ongoing basis to insure maintenance of benefits. During intakes, the case manager is sensitive to the target populations' resistance to social services and takes care to acknowledge any cultural norms that may initially make the use of these services culturally inappropriate, as well as class-based differences that may initially separate the case manager from the client. The Case Manager gathers information in a manner that facilitates client follow-up.

The intake process includes the gathering of demographic information, review of client rights and responsibilities, grievance procedures and the obtaining of written consents, including the consent to receive services within TACE and appropriate collaborators. Referrals to medical care and other services are based on client eligibility and ability to access services funded by alternate sources of payment (e.g. MediCal) before accessing CARE funded services.

The intake typically lasts about an hour and may require more than one meeting between the case manager and the client. Clients who lack a letter of diagnosis are assisted in obtaining one. If the client already has a primary care provider, the case manager obtains a release from the client and then requests a faxed letter of diagnosis from the medical provider. If the client does not currently have a medical care provider, the case manager assists the client in making contact with a provider and then uses the client's release to obtain a letter of diagnosis after the client has seen the medical provider. If the client is not likely to be able to access medical

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care elsewhere, they are eligible to receive on-site medical care, and a letter of diagnosis is generated through the medical team after an initial history and physical and lab work by the medical provider. If the client has been using other AIDS services that would require a letter of diagnosis, such as the AIDS Emergency Fund, the case manager uses the client release to obtain the letter of diagnosis from that provider's files. All clients are consented for ARIES and case managers will check the database to ensure that the client is not participating in another Center of Excellence program.

2. A comprehensive **needs assessment** of psychosocial, practical support, benefits counseling and treatment education and advocacy needs is conducted. Assessments usually require at least one hour and may be conducted over more than one encounter, when necessary.
3. Based on the results of the assessment, the client and case manager together develop an individual **care plan** that outlines goals, objectives and activities to meet the client's needs and preferences for services and support. The plan documents referrals and follow-up concerning the needed services and is followed by program staff throughout the system. The plan also details client education needs about HIV treatment options with referrals to treatment advocacy services.
4. The case manager and client implement a care plan and **monitor** the step-by-step accomplishment of the goals and objectives laid out in the plan by the client and the case manager. Case managers may assist clients in accomplishing their goals. Clients are encouraged to frequently check in with case management staff. By having frequent contact with clients, staff is better able to assess clients' true strengths and challenges and to establish a working relationship based on trust.
5. The case manager conducts **follow-up** and monitoring through regular in-person or telephone contact (if possible) between case management staff and clients to ensure that the goals of the care plan are being achieved or modified accordingly. Case Managers locate clients for follow-up during their outreach activities at various locations throughout the neighborhood. Several factors contribute to successful follow-up, including: the distribution of nutritional food packs, personal hygiene items, etc., to meet urgent needs; on-site provision of medical services; support services provided by mental health counselors and APIWC role in the community. Through case notes, tracking of clients' daily patterns assists in the location of clients for follow-up.

The case manager determines and reports successful outcomes in case notes and uses this information during follow-up. Case managers conduct follow-up and monitoring at least every 30 days although, as noted above, many clients have more frequent in-person contact with case management staff, while others have less frequent contact.

6. Case managers conduct regular **reassessments** as needed to ensure that the care plan and services continue to be of high quality and appropriate for the client's condition and that care among providers continues to be coordinated.
7. Case managers will transfer **and discharge** clients as appropriate, and in accordance with established procedures. Files for those clients not seen in 12 months are closed and archived. Referrals, verification of follow-through and transfer of records are done for clients seeking residential treatment for substance abuse issues; those who are jailed are discharged to HIVIS if in San Francisco or HIV social workers if at other facilities. Clients may be suspended for a period of 30-180 days for significant violations of APIWC behavioral guidelines. These guidelines are reviewed during the intake interview, and are posted throughout the agency. However, in cases of extreme behavior, such as violence, the suspension period may last for up to 12 months. In these cases, every effort is made to make a successful linkage to another case management program. Upon request, such clients may be eligible for review, and based on a successful review period, may resume services. Clients who are being discharged may choose to meet with their case manager for an exit interview, at which time, they may discuss successes achieved as well as ongoing or new challenges.
8. Case Managers are also responsible for care navigation including practical support, such as light housekeeping, which may be necessary in order to maintain a client's housing stability. They help clients fill out paperwork for other agencies, or assist them in obtaining California ID or in completing ADAP certification. Case Managers

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accompany clients on trips to medical care providers, GA, Social Security offices and other service providers. Case Managers draw from personal lived experience to provide encouragement and adherence strategies for clients who are beginning antiretroviral therapy. Case Managers help build bridges between clients, the agency and the larger community by helping clients connect to TACE services with a friendly, caring face. Utilizing a self-help model, case managers also conduct weekly support groups for residents living with HIV/AIDS.

9. Case Managers also help to recruit clients. They conduct outreach at various locations in the Tenderloin including residential hotels, other agencies, and various other locations where clients might be found. Case Managers help locate clients for follow-up, particularly clients who are homeless or who have a pattern of changing their housing frequently. This location of clients for follow-up is supported by information documented in case notes on clients' daily patterns and by the Case Manager's specific knowledge of clients' hangouts.

Treatment Adherence Support

For those who choose to initiate antiretroviral therapy, adherence support is offered by the case managers and medical team members in the form of individual counseling in adherence strategies, weekly support groups, and monthly educational forums. Medical staff provides adherence support in the form of medication management. The case managers offer adherence support in the form of practical assistance in obtaining prescriptions, and ensuring a reliable supply of medication. Mental health counselors and case managers provide adherence support through individual counseling, and support in addressing barriers and co-factors that contribute to instability, such as homelessness. Access to clean drinking water for taking pills is ensured through water filters and cup dispensers installed in all client bathrooms and nutritional supplements are made available to those with particular medication-related dietary requirements.

Peer Advocacy Groups

Major depression, social anxiety, and/or isolation are significant problems for the CoE population. Case managers and Medical providers have found it difficult to create partnerships with clients around improving these problems. Food has been the primary motivator to engage clients who are resistant to mental health interventions, but who need to connect with others. Four Peer Advocacy groups will take place on Monday, Tuesday, Wednesday, and Thursday mornings to provide clients who have had difficulty sleeping or no sleep, who wake up anxious, who have low energy, or who are suffering from other barriers with access to care.

The groups will be coordinated by peer volunteers, Case Management staff and the Program Manager; however, other TACE providers, including Case Managers will rotate participation in the process to interact and generate a social context: staff will encourage group conversation and self-awareness.

These brief interventions permit us to fulfill several goals:

- To conduct quick assessments the functioning of clients who might otherwise not be seen for extended periods.
- To support retention of clients.
- To improve the socialization and communication skills of clients.
- To provide micro (10-15 minute) psych-educational and self-care interventions (nutrition, anger management, depression, anxiety, loss, etc) for a population with short attention.
- To reinforce positive social networking and information sharing.
- To model self-care in HIV and co-morbidities.
- To introduce a range of providers and demystify resources available.

Nutritional Supplements

Food for nutritional supplements will be purchased by, warehoused at, packaged by and delivered by TACE staff and peer advocacy volunteers. Typically, supplements will include non-perishable protein (Ensure), high-calorie carbohydrates, fruit, vitamins and juices. Supplements will be provided on site to clients who meet established criteria. Additional supplements will be provided to case managers, health workers, registered nurses and volunteers, who will take supplements into the homes of homebound clients via the mobile team. Supplements will be available Monday through Friday, during regular business hours, as supplies last. Distribution of nutritional

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supplements is based upon client request; all clients meet minimal income eligibility for CARE services. The distribution of nutritional supplements is recorded in ARIES and inventoried/order by TACE staff. Distribution of liquid nutritional supplement is provided and tracked during directly observed therapy.

Medication Lockers

Sixty medication lockers will be purchased for clients experiencing homelessness. Medication lockers will support clients who face barriers to antiretroviral medication adherence due to storage and safety challenges, along with other environmental factors impacting homeless communities. Each locker will measure approximately 12 in x 12 in x 12 in in size and will available to access daily. TACE staff will provide support by ensuring clients have assistance will enrollment and initial set up including reviewing guidelines for medication locker utilization. All clients will have access to copies of guidelines which will include personal locker number, personal locker code (determined by each client), schedule of locker access/hours, and locker code of conduct. TACE staff will be responsible for tracking client utilization and will be available to support clients who may have forgotten their locker or code number.

Taxi Script, MUNI Tokens, food and household goods voucher distribution

Taxi script, food and household goods vouchers and MUNI tokens will be distributed to clients in emergency situations and as an incentive to return for follow-up visits. In order to remain flexible and responsive to the needs of the target population, strict ceilings will not be imposed on the maximum value received per client or the number of times taxi script, tokens and vouchers may be received. In order to ensure that these resources are used appropriately, staff will be trained in proper procedures for their distribution, and only TACE staff will have access to these resources. The Program Manager will manage the utilization of these limited resources.

Information about availability and distribution will be included in new client orientations during the intake process.

Eligible clients will minimally meet the following criteria:

- Eligible for/enrolled in, CARE funded programs
- Resident of San Francisco or intent to reside (homeless) in San Francisco
- HIV antibody positive (documented)

Additional eligibility criteria will be used to ensure the appropriate use of these limited resources, and their fair distribution.

The San Francisco Department of Public Health, HIV Health Services (SFDPH HHS), awards APIWC taxi scripts, bus tokens and food vouchers. APIWC is responsible for the secure maintenance and accounting of voucher distribution to clients. Maintenance and record keeping must be demonstrated and documented. APIWC is subject to an annual on-site visit from an authorized HHS staff member and/or team to ensure adherence to the following voucher guidelines.

Vouchers are intended for distribution to low-income TACE clients living with HIV/AIDS. Contractually, one voucher distributed to a CARE client is generally considered as a unit of service. Since no administrative funds are available through this voucher award, there is no cost per unit of service.

Upon receipt of vouchers from HHS, APIWC does the following:

- Verifies that the voucher amounts coincide with the Voucher Receipt. A copy of said receipt should accompany the physical voucher award and a copy should be filed with HHS. This count will be conducted by the Director and Associate Director. If any discrepancy is found, the Associate Director of Health Services will contact HHS immediately.
- When applicable, records all serial numbers or serial number series that are preprinted on vouchers. When distributing vouchers to clients, the appropriate serial number will be logged on the voucher distribution record along with the client's name and/or identifying information.
- Secures vouchers in a locked file cabinet. This cabinet is located at APIWC. The vouchers are secured in a safe behind a locked door by the Program Manager
- Documents all voucher disbursements through the maintenance of the voucher logbook which is maintained by the Program Manager.

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- Conducts quarterly inventory. This inventory is conducted by the Program Manager and Associate Director.

Generally speaking, bus tokens are issued for medical appointments and other special circumstances. Taxi vouchers are utilized to transport the most disabled clients to and from medical appointments. Transportation tokens/vouchers are also used by these clients to attend early morning appointments that maybe difficult to make otherwise.

Emergency Housing (not funded under this contract):

APIWC will work with the HIV emergency housing program for SFDPH Housing and Urban Health. This service is provided for clients accessing the TACE who are homeless and pending placement in a longer-term program.

Client care coordination, case conferences and internal referrals

TACE links with agencies providing other services, including housing, food, benefits counseling, money management, mental health services, substance use management and drug treatment services via existing relationships with other service providers working with Tenderloin clients. The network of other providers include the San Francisco AIDS Foundation, Catholic Charities, Tenderloin Housing Clinic (housing), Project Open Hand (food), Positive Resource Center (benefits counseling), Lutheran Social Services (money management), Alliance Health Project (mental health services), Baker Places (substance use treatment), Walden House (substance use treatment) and Westside (substance use treatment and mental healthcare). Client advocacy services are made available through an outreach worker from Positive Resource Center and through a lawyer at AIDS Legal Referral Panel, acting as specialists in housing law and is available to both clients and staff for consultation.

TACE agrees to maintain appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of both the newly diagnosed and PLWH not in care. Key points of access include emergency rooms, substance abuse treatment programs (non-HIV), adult probation, HIV counseling and testing, mental health programs (non-HIV), and homeless shelters.

Communication for linking treatment plans, obtaining legal consents, and coordinating care between agencies and staff involved in client treatment will rely primarily on releases signed by clients. Through these releases, clients agree to let other service providers share information with TACE, and to let TACE share information about the client with other service providers. No client information is shared with other providers without this release. Once releases have been obtained (and faxed to appropriate staff), information sharing will occur via telephone and in-person meetings as appropriate. The ARIES system will be used to expand efforts for coordinated client care.

Once these releases are in place, upon review of client records by the TWHC Medical Director, quality assurance follow up interactions with the medical providers of clients identified who chose not to receive primary medical care at our CoE are conducted as part of our commitment in ensuring excellent primary medical care for our clients. The interactions are documented and monitored.

Internal service coordination occurs through a series of regularly scheduled case conferences and meetings among members at all levels of our system. These include:

- TACE teams review new client intakes; strategize around urgent and daily planned tasks and appointments for clients. Notes are created in the State's ARIES database, including the plan for accomplishing many tasks and the location of clients that may be seen at partner sites throughout the day. Staff continually refers to these notes throughout the day to check on client plans.
- Weekly or more frequent case conference meetings are held. Core members of each team meet to engage in case review and problem-solving. Staff who rotate among teams will participate in these meetings according to agreed upon schedules. Meetings notes are documented and file so that all staff not in attendance may review case discussions.
- Weekly administrative meetings are held at each site among the Discipline Supervisors to discuss systems issues, such as implementation of protocols and changes in protocols, internal and external referrals and barriers in accessing the referral services, and coordination.
- At bi-monthly department manager's meetings, the TACE programs managers will meet with program director to (a) assess the program's success in meeting units of service goals, process objectives and outcome objectives;

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(b) data entry compliance; (c) engage in ongoing program planning, and (d) review program budgets and year-to-date expenditures.

- TACE will conduct a variety of team-building activities, which will help build bonds among the staff working on this collaboration. These activities will include scheduled in-service trainings and cross-trainings. All TACE staff will be included in these activities.

Exit criteria and process

Clients are discharged from services for three reasons: 1) client selects to transfer to another service provider, 2) client has achieved their personal program goals and is no longer in need of service and 3) client is suspended as a result of harmful behavior and is transfer to another provider. Each process includes a written statement for the client detailing referrals and how to reengage when they are ready, in need and/or have completed their suspension.

Program staffing

The core team consists of staff at the three sites of the TACE. SFDPH's TWHC is submitting a separate MOU with the SFDPH HHS. The following core members comprise staffing of the TACE program. TACE staff are as follows:

Chief Program Officer
Director of Programs
Associate Director of Behavioral Health and Community Programs, HIV Treatment Programs
TACE Program Manager
Medical Case Managers
Engagement Specialist
Quality Assurance/Contracts Management Coordinator
Data Specialist (starting FY 18-19)

TWUHC- (staff partially funded by HHS General Fund dollars in a separate contract)

Clerk-Typist, Class 1424
Medical Records Clerk, Class 2110
Physician Specialist, Class 2230
Medical Evaluation Assistant, Class 2430
Health Worker II, Class 2586
Health Worker III, Class 2587
Health Educator, Class 2822
Eligibility Worker, Class 2903
Registered Nurse, Class 2320
Nurse Practitioner, Class 2328

APIWC Associate Director of Behavioral Health and Community Programs acts as the Coordinator for TACE and the Chief Program Officer serves as liaison with the AIDS Office for the data collection and reporting. Direct client services at TACE are led by the Director of Programs with support from the Associate Director and at SFDPH TWHC by the Medical Director, who serves as the Medical Director for clients and services in all sites of this TACE.

The Program Manager is responsible for supervising case managers for coordinating with all collaborative partners, for QA of all client activities and documentation, and for preparing reports and participating in monitoring visits. The role also reviews all ARIES documentation by the team to ensure that paperwork is in compliance with AIDS Office requirements. The Program Manager will also schedule and conduct outreach activities in the community with assistance from the Senior Case Manager.

The Case Managers are responsible for all case management and advocacy work.

and related referrals to medical care, behavioral health support, and community supports. They are also responsible for documentation of referrals and assistance in ensuring HIV+ clients link with supports including additional specialty medical care services as needed.

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All TACE team members (Program Manager, case managers) will complete data entry into to the ARIES database for their reports. The Data Specialist will oversee aggregating, reviewing, and sharing data with management and finance at APIWC.

Staff supervision will be multi-faceted: In the course of their work within multi-disciplinary teams, staff will work under the supervision of their direct supervisor who will ensure day-to-day functioning for issues pertaining to how the team operates, such as logistics, client flow, assuring arrival of staff members, and communication among team members.

Clinical staff, including case managers and peer line staff, is also provided weekly clinical supervision, as needed by LCSW staff. This acknowledges the intensity of the work conducted and provides a weekly space to discuss emotions and barriers in care delivery. Individualized skills' building is offered as well as techniques to avoid burnout, process death and dying and strategizing on techniques to handle dual-diagnosed clients.

Each staff member will operate with support and supervision from their home agency. This supervision will cover adherence to the home agency's personnel policies and procedures, scheduling, corrective actions, and performance evaluations. Because of the multi-faceted nature of the supervisory structure, all of the collaborating agencies in this proposal have agreed that the collaboration, as an entity, will have input into some aspects of this supervision, particularly scheduling and performance evaluations. The collaboration will also participate in the interviewing and hiring of new staff. The ability to deliver services in a multi-disciplinary team setting, and with multiple lines of supervision, will be major selection criteria for all hires.

Administrative supervision is conducted on a weekly basis. Case management staff meet individually with the program manager, constructive criticism and positive feedback on job performance areas and other administrative issues. This is supplemented by ongoing case-by-case supervision and guidance by the program manager. To support staff in managing their personal issues to effectively work with a challenging population, ongoing weekly individual clinical supervision is provided for all direct line staff, as needed. The Program Manager, clinical supervisor, and staff person meet as a team when necessary and/or appropriate. The Associate Director of Health Services meets with the Director of Programs for administrative supervision; the program conducts monthly program a mandatory all-staff meeting is scheduled on the second Wednesdays of each month. To manage the work of TACE program's TWHC partner, including those involved in this collaboration, monthly administrative meetings to review progress in obtaining program objectives will be held with the TWHC Associate Medical Director and APIWC's Associate Director and Director of Programs. Areas needing follow up are detailed and plans of redress made and monitored in the minutes of these meetings.

Training: APIWC holds ongoing learning as an important component of staff development. Weekly, TACE closes from 12pm– 4:30 pm on Wednesdays to conduct ongoing individual, team and/or all-agency learning processes. These are either led by APIWC management or consultants brought in on areas of interest. These activities also ensure that we meet the requirements of our funders. Topics include harm reduction, appropriate syringe disposal, cultural competency, health topic updates, best practice in-services, provider updates and group processes to ensure effective agency communication. Staff members also attend an array of local trainings as well as national trainings, as funding allows.

All full-time Case Managers will receive a minimum of 24 hours of training each year to increase their knowledge of service-related issues and/or to develop job-related skills. For Case Managers, a minimum of six hours of this training should be specific to benefits and entitlements if such training was not already obtained within two years. All Case Management staff that has not been previously trained will enroll in, or successfully complete the CSTEP Program by the end of the contract period.

Staff Performance Evaluation: The formal review process occurs on a staff person's anniversary date or, as stated in the Employee handbook, in case of organizational transition, during an agreed upon time frame. Areas of concern or deviation from the current standards are noted and plans of redress developed and monitored by the Program Managers. The formal reviews provide supervisors and employees alike with the opportunity to discuss job tasks, identify and correct weaknesses, encourage and recognize strengths, and discuss positive, purposeful and realistic

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approaches for meeting goals. Supervisors are strongly encouraged to discuss job performance and goals on an informal and regular basis.

Case conferencing: As an integrated service organization, TACE conducts an array of case conferencing in an effort to coordinate and bring together the multi-disciplinary team that works on behalf of all client's access APIWC. On the Golden Gate site, Case conferences are held every Tuesday and Thursday from 4-5:00 PM. Morning meetings "Daily Rounds" are held at the beginning of each day, when critical client cases are discussed and the daily plan detailed to the team. Minutes of these meetings are maintained according to standard social service practice. Polk Site location holds the case conference every Monday from 12:30 to 1:30 pm

Cooperative Relationships and Linkages: APIWC could not conduct its work without a large network of community providers. These providers include, but are not limited to, UCSF Alliance Health Project, St. Anthony's Church, San Francisco AIDS Foundation, SFGH Emergency Room, San Francisco City Clinic and St. James Infirmary. Annually a listing of the current agencies and organizations with which we have Memorandums of Understanding (MOU) will be submitted as part of our annual reports. New MOAs indicating the changes in referral tracking developed in collaboration with HPS will be executed and will be presented to SFDPH upon completion.

Client Satisfaction: TACE will utilize client satisfaction surveys as one means of measuring the impact of our work. In addition, we hold a monthly Client Advisory Panel (CAP), and have consumer representation on our all agency Community Advisory Board (CAB).

APIWC's Client Satisfaction Survey is used to measure clients' perception of the services provided, the facility in which we operate, the staff, and any unmet needs that they would like TACE to consider. The tool is standardized and uses closed questions to measure changes across the wide array of APIWC services. The Client Satisfaction Survey is offered to clients by all program staff (some who are funded by this contract) and is entered into our data system by the Program Manager. Results of the survey will assess program's performance to determine if client satisfaction has changed over time. Also, measuring client satisfaction will help to strengthen communication and build relations with clients, assess the strengths and weaknesses of HIV programs from the client perspective, focus the quality improvement efforts; and create baseline data against which to measure changes in clients' satisfaction.

Annually, the client satisfaction reports are presented to the CAB along with any changes or responses provided by management. The impact of clients in our work is very real. Comments documented at the CAB and some from the satisfaction surveys have resulted in continued high marks from clients regarding our work.

7. Objectives and measurements

All objectives, and descriptions of how objectives will be measured, are contained in the HHS document entitled *HIV Health Services Performance Objectives* for each Fiscal Year of the contract term. APIWC dba SFCHC's TACE program agrees to make its best efforts to achieve these objectives within the agreed upon time frame. The TACE Center of Excellence Program Manager shares information, in particular through the ARIES database, regarding the accomplishment of all program objectives and results of all evaluation measures with the SFDPH as part of the annual monitoring process.

The Associate Director has the responsibility for the recording, tracking, compiling, and analyzing data related to the accomplishment of each objective, including directing database administration and program assistant staff to develop internal systems to track elements needed to record and analyze data to measure the progress in accomplishing these objectives. This position will review 10-20 clients charts quarterly (both physical and in ARIES), selected randomly, to measure success in completing non-medical CoE objectives. All data is compiled, stored, and analyzed annually and reported in agency and all TACE team meetings with a plan of redress developed for any item with a variance.

8. Continuous Quality Improvement

The program abides by the standards of care for the services specified in this appendix as described in *Making the Connection: Standards of Care for Client-Centered Services*. APIWC guarantees compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency and Client Satisfaction. TACE agrees to conduct HIV-specific CQI activities to ensure compliance with Public Health Service guidelines related to treatment of HIV. In order to ensure that the services are provided in the manner intended, APIWC uses the following structures and processes to ensure continuous quality improvement.

- Quarterly random review of 10 client charts conducted by the CQI Committee and documented in the QA/QI log.
- Regular clinical supervision with licensed Mental Health Professional to ensure appropriate clinical support for case managers, as needed
- Weekly multidisciplinary meeting to monitor client's issues, as documented in the meeting log.
- Annual review of written program policies and procedures.
- Monthly Client Advisory Panel meeting to address program's strengths and weaknesses with client and identify areas of improvement, as documented in the minutes.

HIPAA

1. DPH Privacy Policy is integrated into the program's governing policies and procedures regarding patient privacy and confidentiality. As Measured by: Evidence that the policy and procedures that abides by the rules outlined in the DPH Privacy Policy have been adopted, approved and implemented.
2. All staff who handles patient health information is trained (including new hires) and annually updated in the program's privacy/confidentiality policies and procedures. As Measured by: Documentation exists showing individuals were trained.
3. A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided. As Measured by: Evidence in patient/client chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided.)
4. A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility. As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided.)
5. Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented. As Measured by: Documentation exists.
6. Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program. As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in patient's/client's chart/file.

In order to maintain fidelity to and track performance against SFDPH goals, the clinical staff will document all encounters and treatment plans in ARIES. The system will support tracking and managing the number of clients receiving case management services, home health care services, navigation services; demographic and insurance information will also be collected and tracked.

In addition, TACE clients will require close psychosocial monitoring. The team will utilize Panel Management for this purpose. Panel Management will allow the integration of the medical data from ARIES with Support Services data from each of the team members into a single dashboard-style report that all can access. The SF Coordinated Care Management System will allow the team to monitor which clients are in hospitals, skilled nursing facilities, or jail, which clients are accessing urgent or emergency room services, and which clients are at risk of eviction. The team

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will also monitor incoming referral sources, client engagement into medical and mental health services, and client disposition, and gather data regarding client experiences with stigma.

Where needed, staff will create additional tools similar to those currently used by APIWC, which are specific to new positions or tasks. These will include frameworks and checklists for unique positions, such as the Life Skills Trainer. In addition, the team will collaborate with LINCS (Linkage, Integration, Navigation, and Comprehensive Services) to develop a monitoring system for discharged clients. The team will also implement an annual client satisfaction survey. Further quality improvement structures will help routinely track the program's contributions toward linkage, retention, and viral suppression outcomes on the spectrum of engagement in HIV prevention and care.

ARIES Database

APIWC collects and submits all required data through the AIDS Regional Information & Evaluation System (ARIES). ARIES is a client management system designed for Ryan White CARE Act providers. ARIES enhances care provided to clients with HIV by helping agencies automate, plan, manage, and report on client data and services. ARIES is applicable for all Ryan White-eligible clients receiving services paid by any HHS source of funding.

ARIES protects client records by ensuring only authorized agencies have access. ARIES data are safely encrypted and are kept confidential. Client information relating to mental health, substance abuse, and legal issues are only available to a limited group of an agency's personnel. Authorized, ARIES-trained personnel are given certificate-dependent and password-protected access to only the information for which that person's level of permission allows. Each HHS-funded agency participates in the planning and implementation of their respective agency into ARIES.

APIWC complies with HHS policies and procedures for collecting and maintaining timely, complete, and accurate unduplicated client and service information in ARIES. Registration data is entered into ARIES within 48 hours or two working days after the data are collected. Service data, including units of service, for the preceding month is entered by the 15th working day of each month. Service data deliverables must match the information submitted on the "Monthly Statements of Deliverables and Invoice" form. Failure to adhere to HHS standards for quality and timeliness of data entry will risk delay of payment until all data is entered and up to date.

The Program Manager & the Associate Director have the responsibility for the quality of the ARIES data collected and the quality of the interventions provided. Designated staff also have responsibility for ensuring the quality of tracking and documentation of referrals and linkages. The Associate Director and Data Specialist ensure that the Monthly Statement of Deliverables and Invoice, narrative reports, annual administrative reports, monitoring report protocols, and any other forms or reports required will be submitted in a timely fashion to the HIV Health Services Branch.

9. Required Language

Termination of Services: In the event that APIWC dba SFCHC decides that it can no longer provide the services for which it has contracted under this agreement APIWC dba SFCHC will send a written notice to HIV Health Services no less than 90 days prior to the date it wishes to terminate the services. In addition APIWC dba SFCHC will prepare a written plan for the transition of all clients receiving services to another provider of services. This plan must be approved by HHS and should demonstrate a good faith effort to contact and locate all clients both active and inactive before the termination date.

- | | |
|-------------------------------|--------------------------------|
| a) Third Party Reimbursement: | See Target Population, Page 1 |
| b) Low Income : | See Target Population, Page 1 |
| c) Client Eligibility: | See Target Population, Page 1 |
| d) Client Retention: | See Methodology, Pages 5 to 13 |
| e) Vouchers: | See Methodology, Pages 11 & 12 |
| f) ARIES Database: | See ARIES, Page 17 |

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- g) Standards of Care: See Continuous Quality Improvement, Page 16
- h) Subcontractors: N/A

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HHOME/TransAccess**

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1. Identifiers:

HHOME/TransAccess
730 Polk St 4th Floor
Phone: 415.292.3420 / Fax: 415.292.3404
www.sfcommunityhealth.org

Chief Executive Officer: Lance Toma
Email Address: lance@sfcommunityhealth.org
Program Director: Nikki Calma
Telephone: 415.292.3420 ext. 348
Email Address: titaiada@sfcommunityhealth.org
Program Code: n/a

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

To develop and implement two multi-faceted demonstration programs; TransAccess and HHOME (HIV Homeless Outreach Mobile Engagement).

The TransAccess program is designed to Enhance Engagement and Retention in Quality HIV Care for HIV-positive Transgender Women (with a priority target of Trans Women of Color) living in the City and County of San Francisco, California.

The HIV Homeless Outreach Mobile Engagement (HHOME) program is designed to engage, re-engage and retain to Quality HIV Care for HIV-positive homeless individuals in San Francisco.

4. Priority Population:

APIWC dba SFCHC will serve all ethnicities and populations within San Francisco with focused expertise to meet the unique needs of “severe need” and “special populations” living with HIV/AIDS who are severely under-served residents of the Tenderloin. Targeted populations include homeless and marginally-housed residents of the Tenderloin, including residents who are active substance users, coping with mental illness, sex workers, transgender individuals, non-English speaking residents, gay males and their non-gay identified sex partners.

APIWC assures that HHS funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for SF residents who have low-income and are uninsured. Secondary enrollment is reserved for SF residents who have low-income and are underinsured. Low Income status is defined **as 500% of the Federal Poverty Level (FPL)** as defined by the US Department of Health and Human Services. Staff of both APIWC and TWHC verify client insurance and eligibility before medical services begin.

Client HIV diagnosis is confirmed at intake. Client eligibility determination for residency, low-income, and insurance status is confirmed at intake and at 12-month intervals thereafter and documented in the client file or in ARIES.

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The TransAccess program will serve a complex and multi-faceted population of transgender women of color whose members face a broad range of challenges and barriers in regard to HIV identification and entry and retention in HIV health care. This includes **five** broad categories of participants, consisting of:

1. HIV-infected transgender women who are not yet aware of their HIV status;
2. HIV-infected transgender women who have previously been in care but who, for a variety of reasons have dropped out of or been lost to care;
3. HIV-infected transgender women who know their serostatus but have never been engaged in regular medical care; and
4. HIV-infected transgender women who are currently in medical care but who are unstably in care or at high risk of dropping out of care.

The HHOME program will specifically focus on serving what the program is describing as the "hardest to serve" HIV-positive homeless individuals in San Francisco - individuals that our advanced system has thus far been unable to retain in care and who face multiple co-morbidities accompanied by chaotic life circumstances that constitute formidable barriers to linkage and retention in care. At minimum, clients enrolled in the program will be required to meet the following six admission criteria:

1. Have received a previous positive HIV test result;
2. Be living on the street or in HRSA-defined unstable housing situations;
3. Have identified psychiatric disorders and/or mental health conditions;
4. Have active substance abuse and/or chemical dependency issues;
5. Be an individual who is not currently engaged in HIV treatment or therapy; and
6. Be an individual who is not currently linked to an identified medical home.

With respect to inclusion in both programs, priority will be given to residents of San Francisco who are low income and uninsured. Secondary consideration will be given to residents of San Francisco who are low income and underinsured. Ryan White funds will be used for services that are not reimbursed by any other source of revenue. Client eligibility for Ryan White funded services is assessed upon intake, and at six (6) month intervals thereafter, at minimum.

5. Modality(s)/Intervention(s):

HHOME: September 1, 2017 –February 28, 2018 (B-4)

| Unit of Service Description | UOS | UDC |
|--|--------------|-----------|
| HHOME Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments, of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 1.0 FTE x 40 Hrs/Wk x 24 Wks x 65% LOE | 624 | 20 |
| HHOME Peer Navigation: 1 UOS = 1 hour, tracked in 15 minute increments of client outreach, peer-based advocacy/ linkage to care/ practical support to improve client access to health services. 1.0 FTE x 40 Hrs/Wk x 24 Wks x 65% LOE | 624 | 20 |
| Totals This Period | 1,248 | 20 |

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Ryan White Part A: CFDA 93.914**

TransAccess September 1, 2017 – February 28, 2018 (B-4)

| Unit of Service Description | UOS | UDC |
|---|--------------|------------|
| Trans Access Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 1.0 FTE x 40 Hrs/Wk x 24 Wks x 65% LOE | 624 | 20 |
| Trans Access Support Groups: 1 UOS = 1 hour, tracked in 15 minute increments. 2 hours / week x 24 weeks | 48 | 15 |
| Trans Access Peer Navigation 1 UOS = 1 hour, tracked in 15 minute increments of client outreach, peer-based advocacy/ linkage to care/ practical support to improve client access to health services. 1.0 FTE x 40 Hrs/Wk x 24 Wks x 65% LOE | 624 | 20 |
| Totals This Period | 1,296 | 20 |

HHOME: March 1, 2018-February 28, 2019 (B-4a)

| Unit of Service Description | UOS | UDC |
|--|--------------|------------|
| HHOME Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments. 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 1.0 FTE x 40 Hrs/Wk x 45 Wks x 67% LOE | 1,206 | 50 |
| HHOME Peer Navigation: 1 UOS = 1 hour, tracked in 15 minute increments of client outreach, peer-based advocacy/ linkage to care/ practical support to improve client access to health services. 1.0 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 1,170 | 50 |
| Totals This Period | 2,376 | 50 |

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Ryan White Part A: CFDA 93.914**

TransAccess March 1, 2018 – February 28, 2019 (B-4a)

| Unit of Service Description | UOS | UDC |
|---|--------------|------------|
| Trans Access Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 1.0 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 1,170 | 50 |
| Trans Access Support Groups: 1 UOS = 1 hour, tracked in 15 minute increments 2 Hrs/Wk x 45 Wks | 90 | 25 |
| Trans Access Peer Navigation 1 UOS = 1 hour, tracked in 15 minute increments of client outreach, peer-based advocacy/ linkage to care/ practical support to improve client. 1.0 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 1,170 | 50 |
| Totals This Period | 2,430 | 50 |

HHOME: March 1, 2019-February 29, 2020 (B-4b)

| Unit of Service Description | UOS | UDC |
|---|--------------|------------|
| HHOME Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments. 1hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 1.0 FTE x 40 Hrs/Wk x 45 Wks x 67% LOE | 1,206 | 50 |
| HHOME Peer Navigation: 1 UOS = 1 hour, tracked in 15 minute increments of client outreach, peer-based advocacy/ linkage to care/ practical support to improve client access to health services. 1.0 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 1,170 | 50 |
| Totals This Period | 2,376 | 50 |

TransAccess March 1, 2019 – February 29, 2020 (B-4b)

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| Unit of Service Description | UOS | UDC |
|---|--------------|------------|
| Trans Access Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 1.0 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 1,170 | 50 |
| Trans Access Support Groups: 1 UOS = 1 hour, tracked in 15 minute increments 2 Hrs/Wk x 45 Wks | 90 | 25 |
| Trans Access Peer Navigation 1 UOS = 1 hour, tracked in 15 minute increments of client outreach, peer-based advocacy/ linkage to care/ practical support to improve client. 1.0 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 1,170 | 50 |
| Totals This Period | 2,430 | 50 |

| HHOME: March 1, 2020-February 28, 2021 (B-4c) Ryan White Part A Ending the HIV Epidemic (ETHE) funding | | | |
|---|--|--------------|------------|
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-4c / 03/01/2020 - 2/28/2021 | HHOME Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments. 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 1.0 FTE x 40 Hrs/Wk x 45 Wks x 67% LOE | 1,206 | 50 |
| | HHOME Peer Navigation: 1 UOS = 1 hour, tracked in 15 minute increments of client outreach, peer-based advocacy/ linkage to care/ practical support to improve client access to health services. 1.0 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 1,170 | 50 |
| Total UOS and Total UDC | | 2,376 | 50 |

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| TransAccess: March 1, 2020-February 28, 2021 (B-4c) | | | |
|--|---|--------------|------------|
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-4c / 03/01/2020 - 2/28/2021 | Trans Access Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 1.0 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 1,170 | 50 |
| | Trans Access Support Groups: 1 UOS = 1 hour, tracked in 15 minute increments 2 Hrs/Wk x 45 Wks | 90 | 25 |
| | Trans Access Peer Navigation 1 UOS = 1 hour, tracked in 15 minute increments of client outreach, peer-based advocacy/ linkage to care/ practical support to improve client. 1.0 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 1,170 | 50 |
| Total UOS and Total UDC | | 2,430 | 50 |

| HHOME March 1, 2021 – February 28, 2022 (B-4d) | | | |
|---|---|--------------|------------|
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-4d / 03/01/2021 - 2/28/2022 | HHOME Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments. 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 1.93 FTE x 40 Hrs/Wk x 45 Wks x 71% LOE | 2,466 | 50 |
| Total UOS and Total UDC | | 2,466 | 50 |

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| TransAccess March 1, 2021 – February 28, 2022 (B-4d) | | | |
|---|--|--------------|------------|
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-4d / 03/01/2021 - 2/28/2022 | Trans Access Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments; 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 2.29 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 2,679 | 50 |
| | Trans Access Support Groups: 1 UOS = 1 hour, tracked in 15 minute increments 2 Hrs/Wk x 45 Wks | 90 | 25 |
| Total UOS and Total UDC | | 2,769 | 50 |

| Carry-Forward HHOME March 1, 2021 – February 28, 2022 (B-4d.1) | | | |
|---|--|------------|------------|
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B- 4d.1/ 03/01/2021 - 2/28/2022 | Carry-Forward HHOME Medical Case Management, hours 1 HHOME MCM UOS = 1 hour, tracked in 15 minute increments; 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. .397 FTE x 40 hrs./wk. x ~20.6 wks. x 65% LOE = 213 | 213 | 2 |
| | Total UOS and Total UDC | | 213 |

| HHOME March 1, 2022 – February 28, 2023 (B-4e) | | | |
|---|---|------------|------------|
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| | HHOME Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments. 1 hour of client case management activities directly with clients or on behalf of clients to improve | 2,679 | 50 |

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| | | | |
|---|---|--------------|-----------|
| App B-4e / 03/01/2022 - 2/28/2023 | consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 2.29 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | | |
| Total UOS and Total UDC | | 2,679 | 50 |

| TransAccess March 1, 2022 – February 28, 2023 (B-4e) | | | |
|---|--|--------------|------------|
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-4e / 03/01/2022 - 2/28/2023 | Trans Access Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 2.29 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 2,679 | 50 |
| | Trans Access Support Groups: 1 UOS = 1 hour, tracked in 15 minute increments 2 Hrs/Wk x 45 Wks | 90 | 25 |
| Total UOS and Total UDC | | 2,769 | 50 |

| HHOME March 1, 2023 – February 29, 2024 (B-4f) | | | |
|---|--|--------------|------------|
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-4f / 03/01/2023 - 2/29/2024 | HHOME Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments. 1hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 2.29 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 2,679 | 50 |
| Total UOS and Total UDC | | 2,679 | 50 |

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| TransAccess March 1, 2023 – February 29, 2024 (B-4f) | | | |
|---|--|--------------|------------|
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-4f / 03/01/2023 - 2/29/2024 | Trans Access Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 2.29 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 2,679 | 50 |
| | Trans Access Support Groups: 1 UOS = 1 hour, tracked in 15 minute increments 2 Hrs/Wk x 45 Wks | 90 | 25 |
| Total UOS and Total UDC | | 2,769 | 50 |

| HHOME March 1, 2024 – February 28, 2025 (B-4g) | | | |
|---|--|--------------|------------|
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-4g / 03/01/2024 - 2/28/2025 | HHOME Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments. 1hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 2.29 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 2,679 | 50 |
| Total UOS and Total UDC | | 2,679 | 50 |

| TransAccess March 1, 2024 – February 28, 2025 (B-4g) | | | |
|---|---|------------|------------|
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-4g / 03/01/2024 - 2/28/2025 | Trans Access Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. | 2,679 | 50 |

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| | | | |
|--------------------------------|--|--------------|-----------|
| | 2.29 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | | |
| | Trans Access Support Groups: 1 UOS = 1 hour, tracked in 15 minute increments 2 Hrs/Wk x 45 Wks | 90 | 25 |
| Total UOS and Total UDC | | 2,769 | 50 |

| HHOME March 1, 2025 – February 28, 2026 (B-4h) | | | |
|---|---|--------------|------------|
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-4h / 03/01/2025 - 2/28/2026 | HHOME Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments. 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 2.29 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 2,679 | 50 |
| Total UOS and Total UDC | | 2,679 | 50 |

| TransAccess March 1, 2025 – February 28, 2026 (B-4h) | | | |
|---|--|--------------|------------|
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-4h / 03/01/2025 - 2/28/2026 | Trans Access Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans. 2.29 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE | 2,679 | 50 |
| | Trans Access Support Groups: 1 UOS = 1 hour, tracked in 15 minute increments 2 Hrs/Wk x 45 Wks | 90 | 25 |
| Total UOS and Total UDC | | 2,769 | 50 |

| HHOME March 1, 2026 – February 28, 2027 (B-4i) | | | |
|---|--|--|--|
|---|--|--|--|

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| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
|--|---|--------------|------------|
| App B-4i / 03/01/2026 - 2/28/2027 | <p>HHOME Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments. 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans.</p> <p>2.29 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE</p> | 2,679 | 50 |
| Total UOS and Total UDC | | 2,679 | 50 |

| TransAccess March 1, 2026 – February 28, 2027 (B-4i) | | | |
|---|---|--------------|------------|
| Budget Appendix / Period | Mode of Service/Intervention Description | UOS | UDC |
| App B-4i / 03/01/2026 - 2/28/2027 | <p>Trans Access Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans.</p> <p>2.29 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE</p> | 2,679 | 50 |
| | <p>Trans Access Support Groups: 1 UOS = 1 hour, tracked in 15 minute increments</p> <p>2 Hrs/Wk x 45 Wks</p> | 90 | 25 |
| Total UOS and Total UDC | | 2,769 | 50 |

6. Methodology:

HHOME The HHOME Project will target homeless individuals who are the most difficult to engage and retain in care- individuals facing complex, multiple co-morbidities, and barriers who have thus far resisted attempts to engage in housing and or HIV treatment -with the goal of getting individuals into medical care.

HHOME Outreach, Recruitment, Promotion, and Advertisement

The HIV Homeless Outreach Mobile Engagement Project will specifically focus on serving what our program is describing as the "hardest to serve" HIV-positive homeless individuals in San Francisco - individuals that our advanced system has thus far been unable to retain in care and who face multiple co-morbidities accompanied by chaotic life circumstances that constitute formidable barriers to linkage and retention in care. At minimum, clients enrolled in our program will be required to meet the following six admission criteria: 1) Have received a previous positive HIV test result; 2) Be living on the street or in HRSA-defined unstable housing situations; 3) Have identified psychiatric disorders and/or mental health conditions; 4) Have active substance abuse and/or chemical dependency issues; 5) Be an individual who is not currently engaged in HIV treatment or therapy; and 6) Be an individual who is not currently linked to an identified medical home.

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Additionally, HHOME will utilize four primary sources for identifying hardest-to-serve HIV- infected homeless individuals for inclusion in our program, as follows:

1. HHOME clients will include newly identified HIV-positive homeless individuals facing multiple co-morbidities who have been tested through a variety of programs including medically-related testing at the Tom Waddell Health Center; rapid testing through the TWHC Urgent Care center; and testing at public and private hospitals and clinics. Many of these individuals will be referred to the HHOME Project through the LINC'S (Linkage Integration Navigation and Comprehensive Services) program. A significant number of HHOME clients will also originate through the work of the SF HOT team which incorporates questions regarding HIV status into their existing outreach strategy.
2. HHOME clients will consist of homeless clients of the Tom Waddell Health Center who at some point in the past received HIV care at the Center but who, for a variety of reasons, have been lost to HIV care for anywhere from three months to several years.
3. HHOME clients will consist of pre-identified high users of multiple systems (HUMS), known in other jurisdictions as "hot spotters." These are low-income individuals who frequently utilize emergency rooms and urgent care centers to obtain basic health treatment. These individuals are identified by San Francisco using the city's Coordinated Case Management Data System (CCMS), an integrated electronic charting, reporting, and communication tool for teams working with clients who are served across multiple systems of care.
4. The remaining HHOME clients will be persons identified through an active citywide collaboration, the HIV Care Continuum Task Force, which engages public and private providers in an effort to link the most challenging HIV-positive homeless individuals in our region into care. Many of the referrals through this system will come from one of the SFDPH 15 satellite medical clinics which includes street outreach teams, needle exchange programs, hospital emergency rooms, emergency shelters, and battered women's shelters.
5. Additional key referral partnerships include:
 - Project Homeless Connect, providing a single location through which non-profit medical and social service providers can collaborate to serve the homeless of San Francisco with comprehensive, holistic services. Through Project Homeless Connect, over 1,000 community volunteers partner with government agencies, nonprofits, and the private sector every two months in a single location to provide comprehensive health and human services for homeless San Franciscans. Hundreds of corporations, nonprofits, and government agencies provide PHC and its clients with services such as dental care, eyeglasses, family support, food, HIV testing, housing, hygiene products, medical care, mental health services, substance abuse treatment, SSI benefits, legal advice, California identification cards, voice mail, employment counseling and job placement, wheelchair repair, methadone, needle exchange, and more.
 - HIV Integrated Services (HIVIS), a Ryan White-funded program that functions as one of the San Francisco EMA's HIV Centers of Excellence and provides a unique one-stop, comprehensive care center providing jail-based health services and post-release treatment and care linkage services to incarcerated persons with HIV. HIVIS offers screening, support, and medical case management services for the majority of known HIV-infected individuals leaving the San Francisco jail system, and ensures a smooth transition in terms of both medical care and social services.
 - Centerforce, which provides pre and post-release transitional support services for HIV- positive individuals being released from San Quentin State Prison just north of San Francisco.

- The Behavioral Health Access Center (BHAC) which serves as the assessment, referral and placement unit of the Community Behavioral Health Services section of the San Francisco Department of Public Health. BHAC conducts direct intakes and assessments of homeless clients in San Francisco who are dealing with intensive behavioral issues including severe and persistent mental illness and chronic substance abuse. It provides referrals and linkage support to connect them to services and providers throughout the city. Once assessed, individuals may be placed in outpatient treatment, residential treatment, or linked to other services in the community.

HHOME Intake Criteria and Process

The HHOME team will utilize a previously developed acuity assessment tool to determine client eligibility and appropriateness for the program. The HHOME team will ensure that all potential clients meet the six broad program criteria outlined and will cross-check potential clients using the CCMS database to ensure that individuals are not currently affiliated with a primary medical home. Potential clients will be informed of all program services and will sign written consent forms at program admission.

Newly admitted clients complete a comprehensive client needs assessment and history which documents prior medical conditions and major life events and identifies all present conditions and factors that exist in the client's life, including known health conditions; past HIV treatment received; known mental health and psychiatric issues; history of past trauma; substance abuse and chemical dependency issues; cognitive and functional status; economic and housing circumstances; benefits eligibility; survival needs; current threats of or actual violence or physical abuse; extent and composition of social support networks; and engagement in HIV-related risk behaviors. This assessment history may need to be completed over multiple sessions, and the multidisciplinary team will meet together to review and develop preliminary care and stabilization recommendations for the client that are triaged based on a range of factors including threats of violence, threats to survival, and mental health and substance abuse-related stability issues. A comprehensive care plan will then be developed in collaboration with the client, outlining action steps and service linkages to be undertaken on behalf of and with the participation of the client, including proposed timeframes for attaining HIV care engagement and engagement in stable housing.

HHOME Intervention Delivery Model

Apart from meeting immediate survival needs, removing physical threats, and creating adequate stability to obtain medical care, the goal of the HHOME team is to involve and retain clients in a designated patient-centered medical home. The designated medical home will be an FQHC-qualified facility with access to citywide registries which serves as the hub location at which clients will access comprehensive HIV- specific and non-HIV-specific health and -medical services. For many project clients, their most appropriate designated medical home will be the Tom Waddell Health Center. An estimated 35% - 40% of project clients will be appropriate candidates for the Tom Waddell Health Center following their initial encounter with the HHOME team. Other HHOME clients will be triaged into a more intensive medical care environment at the a co-located intensive case management/primary care site or the Ryan White-funded Tenderloin Center of Excellence Health Clinic (TACE), a collaborative care initiative for severe needs homeless populations with HIV which encompasses the Tom Waddell Health Center, the Asian & Pacific Islander Wellness Center. TACE is able to provide effective medical care to a more chaotic and less highly stabilized population than Tom Waddell Health Center, and can serve as ideal bridge program for clients who have not been fully stabilized and housed.

TransAccess

Trans Access will create a unique public/private partnership model in which the medical services of a public community health clinic which has an established specialty in transgender medical care - the Tom Waddell Health Center - are transported and integrated into a respected and highly trusted community-based transgender support program - the

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TRANS:THRIVE program at Asian & Pacific Islander Wellness Center. The collaborative partnership has the explicit goal of enhancing utilization of and retention in HIV medical care by underserved transgender women of color. The program will create a unique neighborhood-based transgender medical home specifically designed to address the complex needs of this critically HIV impacted population.

TransAccess will consist of **four** principal components, each of which addresses the primary goals of the program while corresponding to emerging paradigms and priorities in HIV treatment and care and healthcare coverage. These components are as follows:

Component # 1: Ensuring Access to High-Quality Transgender Clinic within a Community- Based Transgender Social Services Program;

Component # 2: Ensuring Access to a Comprehensive Continuum of Culturally and Linguistically Competent Social and Support Services to Enhance Care Engagement and Retention;

Component # 3: Conducting High-Quality Outreach to Identify HIV-Positive Transgender Women of Color;

Component # 4: Providing Opportunities for Employment, Leadership Development, and Community Involvement and Empowerment among Transgender Women of Color.

TransAccess Location of Services:

At the heart of TransAccess is an innovative public / private partnership designed to make accessing and obtaining high-quality medical care easier, more attractive, and more tenable for HIV-positive transgender women of color. The highly skilled transgender and HIV medical specialists at the San Francisco Department of Health's Tom Waddell Health Center - the same specialists who provide care through the center's highly regarded Transgender Tuesdays clinic - will travel to Asian & Pacific Islander Wellness Center to deliver on-site medical care using the facilities available through the agency's newly established specialty clinic. The new facility includes three fully equipped examination rooms. The clinic space is located on the same floor as, and directly adjacent to the facilities of TRANS:THRIVE, where over 500 transgender individuals access care, service and support from each month.

TransAccess Site Coordination

Administrators and managers of the different program services will meet on a monthly basis to ensure the efficient operation of the multi-disciplinary services development and provision of services.

TransAccess client case conference meetings will be held one times each week, during which the multi-disciplinary team meets to engage in case review and problem solving. Notes from these meetings documented in ARIES.

TransAccess Integrated Services

Trans Access provides services to clients through a multi-disciplinary team. The composition of this team varies based on client need. However, a basic structure ensures that clients receive coordinated, comprehensive services. The team is organized around a primary Case Manager who is responsible for coordinating the work of other members in the team. Other team members funded by other sources may include a Physician, Nurse Practitioner, Registered Nurse, Psychiatrist and/or Psychologist, Mental Health/Substance Use Counselor, and Health Worker.

TransAccess Hours of Operation

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Clinical services will be located at TRANS:THRIVE with Tom Waddell staff providing three hours per week of medical services, on Thursdays from 2-5pm, and four hours per week of mental health services, on Wednesdays from 1-5pm.

TransAccess Client Charts

All client charts are housed permanently at each TransAccess site. To ensure the confidentiality of client information, all charts are kept in locked file cabinets or in secure digital storage locations. Charting is also done using the ARIES database which includes progress notes from each SFCHC member of the multidisciplinary team. These charts are updated daily by members of the team and contain information by category of service. Case managers regularly update information about the housing status and location and benefits status.

TransAccess Outreach and Case Finding

Clients learn about Trans Access through:

- Word of mouth –The collaboration's existing pool of case management clients, including word-of-mouth referrals and a high level of drop -in clients due to both word-of-mouth from existing clients and the program's convenient location, as well as through community events such as monthly treatment education forums.
- Referrals from other service providers - All of the collaborating partners of Trans Access identify clients who could benefit from the integrated services and link these clients as appropriate. As clients transition from SFDPH HIVIS, Trans Access will follow up on referrals from HIVIS. HIVIS enrolls clients first by providing services on-site at the jail to clients who are incarcerated, and then by linking those clients with a case manager who will help transition them to services outside of the jail (with follow-up by HIVIS Health Worker II position). Some clients are referred by service providers outside the collaboration, particularly service providers who are barring clients from their own services, those who need to transition the client's case management, and those who have identified individuals with a demonstrated inability to access or follow through with regular medical care. Staff conducts in-services for other service providers to educate them about available services through Trans Access, and to ensure appropriate referrals. A combination informational flyer and referral form is distributed to likely referral sources to help facilitate the referral process.
 - The TWHC HIV team works with the jail medical team to assure the continuity of care and appropriate discharge planning. For patients in mental health or substance abuse residential treatment the HIV team works with the residential providers to assure continuity of medical care.
 - An extensive array of working MOUs are maintained and updated between the Trans Access and area residential treatment programs, hospitals, institutions and hospices. These are to ensure continued care for our patients during their time in and prior to being released from the facilities. Agencies receiving Ryan White CARE funds also use ARIES. The location of a client within their program or facilities can be obtained through a simple search of the system. The working MOUs include language for case conferencing between our program and their agency to ensure continuity of care.
 - TWHC also maintains a database of HIV positive patients in medical care. This database produces reports on any patients not seen in the past three months. The report triggers outreach efforts to the last known location of the patient, as well as utilization of the many community contacts developed over the years, in order to locate the patient or bring them back into care. This outreach may be performed by TWHC health workers, or Trans Access case managers. TWHC Primary Care providers are notified by e-mail of all SFGH admissions, Emergency Department visits and lab tests. All hospitalized patients are visited by TWHC HIV team staff, usually by the patients primary medical care provider. The HIV staff work with the hospital team staff, starting at admission, through appropriate discharge plans and HIV Program follow up.

Outreach by case managers– **Conducting High-Quality Outreach to Identify HIV-Positive Transgender Women of Color:** SFCHC and the TRANS:THRIVE program have developed strong bonds of trust with the local transgender community, and have extensive experience in engaging and involving transgender women in supportive programs to improve the quality of their lives. However, TRANS:THRIVE has consistently lacked outreach resources specifically dedicated to HIV-infected transgender women, and has also lacked the capability of directly linking HIV testing to clinical care engagement. For these reasons, one of the most critical elements of TransAccess is the navigation, provided by trans-identified case managers, who will create a highly visible presence in the San Francisco transgender community advocating for the importance of HIV issues in transgender women’s lives and continually identifying and involving transgender women of color in TransAccess’ medical and psychosocial service continuum. The Case Manager will conduct outreach activities in the course of performing regular duties throughout the Tenderloin. The Case Manager ensures that HIV-infected individuals that are encountered, are appropriate for services are referred to the Trans Access program. Outreach is focused on creating relationships with clients and providing incentives such as food packs to increase the likelihood of maintaining contact. In the course of establishing these relationships, the Case Managers perform basic triage and assessment of clients’ needs, and makes appropriate referrals to the Trans Access program.

HIV antibody testing services – San Francisco is fortunate to have in place a newly established, city-funded collaborative initiative specifically designed to increase the number of transgender persons in San Francisco who undergo testing for HIV infection. Led by Asian & Pacific Islander Wellness Center dba SFCHC and TRANS:THRIVE, **TransformSF** – which began its work in September 2011 - seeks to increase access to culturally and linguistically competent HIV testing and treatment services for high-risk transgender individuals, particularly transgender women, of all races and ethnicities. In addition to TRANS:THRIVE, collaborating partners in the initiative include El/La and Instituto Familiar de la Raza, both agencies bring their own cultural competency and expertise working with the transgender populations of color they serve in San Francisco. TransformSF will conduct at least 500 new HIV antibody tests each year to high-risk transgender women and men through an aggressive mobile outreach and HIV testing strategy at multiple sites in San Francisco. Collaborating organizations will provide linkage to high quality culturally and linguistically-competent support and HIV prevention programs as well as to treatment and care services to assist people living with HIV in managing their disease. TransformSF is ideally timed to coincide with the Trans Access program, and provides a complementary set of resources that will greatly increase the value and impact of our proposed intervention. Through TransformSF, San Francisco now has in place a new, aggressive system of transgender HIV outreach and testing which will in turn allow our initiative to focus more closely on returning out of care, HIV-aware populations to care and on developing a model of effective support and medical care services to HIV-infected and affected transgender women of color. Additionally, by serving as the leadership agency in TransformSF, Asian and Pacific Islander Wellness Services will ensure that Trans Access services complement and are integrated with TransformSF, and that the two initiatives share findings and information in regard to issues such as outreach strategies, effective transgender outreach sites.

TransAccess Eligibility/Intake

An individual becomes a Trans Access client after supplying basic intake and client identifier information, providing proof of an HIV diagnosis and signing an informed consent to receive services. A Registered Nurse conducts a nursing intake and assessment, including lab work and TB test for those who wish to receive primary medical care. Clients who are in need of a letter of diagnosis and who become clients of the TransAccess medical clinic are provided with one via an initial primary care history and physical. The consent includes information about all TransAccess services and gives permission for the sharing of client information among all TransAccess collaborators. Clients receive initial and ongoing needs assessment, and are offered those services that are indicated and available (psychiatric assessment, treatment advocacy groups and one-on-one counseling, housing assistance, etc.). Clients have the right to choose not to accept services offered, or to delay their use of those services until a later date, with the following exceptions: All clients will be assigned a case manager and will receive a baseline assessment. Clients who do not return for follow-up will be located during outreach activities and encouraged to return for services. After outreach has

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been done and clients do not return for services, cases are inactivated six months after the last contact and these cases are closed a year after the last contact.

TransAccess coordination with Primary Care Services

TransAccess provides HIV primary care services through a separate MOU with the SFDPH AIDS Office contracted to SFDPH Tom Waddell Health Center. Details of these services are provided in their separately funded contract, although the delivery of integrated services, data collection and progress reporting will be coordinated through Asian & Pacific Islander Wellness Center dba SFCHC as the lead agent for TransAccess.

Perhaps the most important approach our satellite clinic will take to attract out-of-care HIV-positive and high-risk transgender women of color to engage in medical care and treatment involves providing free, safe hormonal therapy under the supervision of a trained medical team.

Hormone therapies are frequently not supported by HMOs and private insurers, and Tom Waddell Health Center staffs have become highly skilled in safely prescribing and monitoring hormone therapy, and in tailoring hormone therapy to meet the specific needs of each transgender patient. The center has also developed an extensive set of protocols guiding the use of hormones in the clinic setting for the transgender patient.

TransAccess coordination with Mental Health & Substance Use Services

In addition to basic assessments done by case management and medical staff with all clients, specialty mental health services, not funded under this contract, are made available to clients in an effort to help them move toward greater stabilization by addressing mental health crises and emergencies and by providing substance use counseling. Though we cannot provide long-term mental health support, services offer individual counseling which is provided with the goal of transferring the client to appropriate ongoing mental health care. Evaluations may be performed on-site for those clients for whom this is indicated.

Primary care and mental health staff also are able to consult with off-site mental health providers serving our clients, as needed. TWHC mental health providers will assist the TWHC medical team with treatment diagnosis, treatment adherence, and psychotropic medication recommendations and administration for multi-diagnosed clients. This additional activity, is in response to medical provider need for additional back-up with these very complex multiply diagnosed patients. At least twenty hours of mental health staff time, will overlap with the primary care schedule during which time they will be on-call for consultation within the medical area.

SFCHC behavioral staff are trained and certified to evaluate psychiatric emergencies to place clients on a 5150 hold. If a client presents with a crisis, mental health staff is called in to evaluate and, if needed, to place client on a hold and facilitate the client's admittance to a hospital. Given the high degree of previous contact with the police by the target population, this allows staff to minimize the involvement of the police in those situations where the client is being admitted to PES.

TransAccess Case Management

TransAccess will integrate an aggressive program of client needs assessment, service linkage, and psychosocial support to ensure that issues or problems that act as a barrier to HIV care access are addressed and that maximum client stabilization is attained. One of the key elements of this integration involves integration of a full-time Case Manager to provide high-quality psychosocial case management services for HIV-positive and high-risk negative transgender women in our program who are facing complex barriers to care.

Once contact has been established between the TransAccess case management staff and the client, staff addresses the seven core components of case management as described in Making the Connection: Standards of Practice for Client-Centered Case Management as follows:

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1. Conducting an initial TransAccess **intake** interview, including a determination of whether case management is an appropriate service for the client and collection of eligibility information. In order to insure that funds are used as payer of last resort, an assessment of income source, medical insurance, including MediCal eligibility and other benefits is performed as part of the intake process. Referrals for benefits counseling are made as indicated by this assessment. Case managers perform follow up activities on an ongoing basis to insure maintenance of benefits. During intakes, the case manager is sensitive to the target populations' resistance to social services and takes care to acknowledge any cultural norms that may initially make the use of these services culturally inappropriate, as well as class-based differences that may initially separate the case manager from the client. The Case Manager gathers information in a manner that facilitates client follow-up.

The TransAccess intake process includes the gathering of demographic information, review of client rights and responsibilities, grievance procedures and the obtaining of written consents, including the consent to receive services within the TransAccess and appropriate collaborators. Referrals to medical care and other services are based on client eligibility and ability to access services funded by alternate sources of payment (e.g. MediCal) before accessing funded services.

The TransAccess intake typically lasts about an hour and may require more than one meeting between the case manager and the client. Clients who lack a letter of diagnosis are assisted in obtaining one. If the client already has a primary care provider, the case manager obtains a release from the client and then requests a faxed letter of diagnosis from the medical provider. If the client does not currently have a medical care provider, the case manager assists the client in making contact with a provider and then uses the client's release to obtain a letter of diagnosis after the client has seen the medical provider. If the client is not likely to be able to access medical care elsewhere, they are eligible to receive on-site medical care, and a letter of diagnosis is generated through the medical team after an initial history and physical and lab work by the medical provider. If the client has been using other AIDS services that would require a letter of diagnosis, such as the AIDS Emergency Fund, the case manager uses the client release to obtain the letter of diagnosis from that provider's files. All clients are consented for ARIES and case managers will check the database to ensure that the client is not engaged in another medical home.

2. A comprehensive TransAccess **needs assessment** of psychosocial, practical support, benefits counseling and treatment education and advocacy needs is conducted. Assessments usually require at least one hour and may be conducted over more than one encounter, when necessary.
3. Based on the results of the assessment, the TransAccess client and case manager together develop an individual **care plan** that outlines goals, objectives and activities to meet the client's needs and preferences for services and support. The plan documents referrals and follow-up concerning the needed services and is followed by program staff throughout the system. The plan also details client education needs about HIV treatment options with referrals to treatment advocacy services.
4. The TransAccess case manager and client implement a care plan and monitor the step-by-step accomplishment of the goals and objectives laid out in the plan by the client and the Case Manager. The Case Manager may assist clients in accomplishing their goals. Clients are encouraged to frequently check in with the Case Manager. By having frequent contact with clients, staff is better able to assess clients' true strengths and challenges and to establish a working relationship based on trust.
5. The TransAccess case manager conducts **follow-up** and monitoring through regular in-person or telephone contact (if possible) between case management staff and clients to ensure that the goals of the care plan are being achieved or modified accordingly. Case managers locate clients for follow-up during their outreach activities at various locations throughout the neighborhood. Several factors contribute to successful follow-up,

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including: the distribution of nutritional food packs, personal hygiene items, etc., to meet urgent needs; on-site provision of medical services; support services provided by mental health counselors and San Francisco Community Center's role in the community. Through case notes, tracking of clients' daily patterns assists in the location of clients for follow-up.

The TransAccess Case Manager determines and reports successful outcomes in case notes and uses this information during follow-up. The Case Manager conducts follow-up and monitoring at least every 30 days although, as noted above, many clients have more frequent in-person contact with case management staff, while others have less frequent contact.

6. The TransAccess Case Manager will conduct regular **reassessments** as needed to ensure that the care plan and services continue to be of high quality and appropriate for the client's condition and that care among providers continues to be coordinated.
7. The TransAccess Case Manager will transfer **and discharge** clients as appropriate, and in accordance with established written procedures. If after one month of client inactivity, the Case Manager will go out to locate the client and provide services. Their file remains active for six months from the date the client was last seen, and is marked as "lost to follow-up". Files for those clients not seen in 12 months or longer are discharged and closed. Referrals, verification of follow-through and transfer of records are done for clients seeking residential treatment for substance abuse issues; those who are jailed are discharged to HIVIS, if in San Francisco, or HIV social workers if at other facilities. For significant violations of SFCHC's behavioral guidelines, a last resort is that clients may be suspended for a period of 30-180 days. These guidelines are reviewed during the intake interview, and are posted throughout the agency. In these cases, every effort is made to make a successful linkage to another case management program. Upon request, such clients may be eligible for review, and based on a successful review period, may resume services.

TransAccess Clients who are being discharged may choose to meet with their case manager for an exit interview, at which time, they may discuss successes achieved as well as ongoing or new challenges.

TransAccess Treatment Adherence Support

For those who choose to initiate antiretroviral therapy, adherence support is offered by the Case Manager and medical team members in the form of individual counseling in adherence strategies, weekly support groups, and monthly educational forums. Medical staff provides adherence support in the form of medication management. The Case Manager offers adherence support in the form of practical assistance in obtaining prescriptions, and ensuring a reliable supply of medication. Case managers provide adherence support through individual counseling, and support in addressing barriers and co-factors that contribute to instability, such as homelessness. Access to clean drinking water for taking pills is ensured through water filters and cup dispensers installed in all client bathrooms and nutritional supplements are made available to those with particular medication-related dietary requirements.

Regarding TransAccess Case Management and Treatment Adherence support—these brief interventions permit us to fulfill several goals:

- To conduct quick assessments the functioning of clients who might otherwise not be seen for extended periods.
- To support retention of clients.
- To improve the socialization and communication skills of clients.
- To provide micro (10-15 minute) psych-educational and self-care interventions (nutrition, anger management, depression, anxiety, loss, etc.) for a population with short attention.
- To reinforce positive social networking and information sharing.
- To model self-care in HIV and co-morbidities.

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- To introduce a range of providers and demystify resources available.

Trans Access Client care coordination, case conferences and internal referrals

Trans Access links with agencies providing other services, including housing, food, benefits counseling, money management, mental health services, substance use management and drug treatment services via existing relationships with other service providers who work with Tenderloin clients. These providers include the San Francisco AIDS Foundation, Catholic Charities, Tenderloin Housing Clinic (housing), Project Open Hand (food), Positive Resource Center (benefits counseling), Lutheran Social Services (money management), Alliance Health Project (mental health services), Baker Places (substance use treatment), Walden House (substance use treatment) and Westside (substance use treatment and mental health services). Client advocacy services are made available through an outreach worker from Positive Resource Center and through a lawyer at AIDS Legal Referral Panel, who specializes in housing law and is available to both clients and staff for consultation.

Trans Access agrees to maintain appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of both the newly diagnosed and PLWH not in care. Key points of access include emergency rooms, substance abuse treatment programs (non-HIV), adult probation, juvenile probation, HIV counseling and testing, mental health programs (non-HIV), and homeless shelters.

Our communication for linking treatment plans, obtaining legal consents, and coordinating care between agencies and staff involved in client treatment will rely primarily on releases signed by clients. Through these releases, clients agree to let other service providers share information with us, and to let us share information about the client with other service providers. No client information is shared with other providers without this release. Once releases have been obtained (and FAXed to appropriate staff), information sharing will occur via telephone and in-person meetings as appropriate. The ARIES system will be used to expand efforts for coordinated client care.

Internal service coordination occurs through a series of regularly scheduled case conferences and meetings among members at all levels of our system. These include:

- Trans Access teams review new client intakes; strategize around urgent and daily planned tasks and appointments for clients. Notes are created in the ARIES database, including the plan for accomplishing many tasks and the location of clients that may be seen at partner sites throughout the day. Staff continually refers to these notes throughout the day to check on client plans.
- Weekly or more frequent case conference meetings are held. Core members of each team meet to engage in case review and problem-solving. Staff who rotate among teams will participate in these meetings according to agreed upon schedules. Meetings notes are documented in ARIES.
- Weekly administrative meetings are held at each site among the direct supervisor to discuss systems issues, such as implementation of protocols and changes in protocols, internal and external referrals and barriers in accessing the referral services, and coordination.
- At bi-monthly department manager's meetings, the Trans Access program manager will meet with the Director of Programs and other program managers to (a) assess the program's success in meeting units of service goals, process objectives and outcome objectives; (b) data entry compliance; (c) engage in ongoing program planning, and (d) review program budgets and year-to-date expenditures.
- We will conduct a variety of team-building activities, which will help build bonds among the staff working on this collaboration. These activities will include scheduled in-service trainings and cross-trainings. All Trans Access staff will be included in these activities.

TransAccess Exit criteria and process

Clients are discharged from services for three reasons: 1) client selects to transfer to another service provider, 2) client has achieved their personal program goals and is no longer in need of service and 3) client is suspended as a result

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of harmful behavior and is transfer to another provider. Each process includes a written statement for the client detailing referrals and how to reengage when they are ready, in need and/or have completed their suspension.

HHOME & TransAccess Client Vouchers & Incentives

HHOME & TransAccess vouchers/incentives will be distributed to clients to support and incentivize housing and HIV-related stabilization. In order to remain flexible and responsive to the need of the target populations, strict ceilings will not be imposed on the maximum value received per client or the number of times vouchers may be received. In order to ensure that these resources are used appropriately, staff will be trained in proper procedure for their distribution.

Information about availability and distribution will be included in new client orientations during the intake process.

Eligible clients will minimally meet the following criteria:

- Eligible for/enrolled in, CARE funded programs
- Resident of San Francisco or intent to reside (homeless) in San Francisco
- HIV antibody positive (documented)

Additional eligibility criteria will be used to ensure the appropriate use of these limited resources, and their fair distribution.

The San Francisco Department of Public Health, HIV Health Services (SFDPH HHS), awards SFCHC taxi scripts, bus tokens and food vouchers. SFCHC is responsible for the secure maintenance and accounting of voucher distribution to clients. Maintenance and record keeping must be demonstrated and documented. SFCHC is subject to an annual on-site visit from an authorized HHS staff member and/or team to ensure adherence to the following voucher guidelines.

Vouchers are intended for distribution to low-income HHOME & TransAccess clients living with HIV/AIDS.

Upon receipt of vouchers from HHS, SFCJC does the following:

- Verifies that the voucher amounts coincide with the voucher receipt and/or log. A copy of said receipt should accompany the physical voucher award.
- Records program name, type of voucher, value of voucher, voucher serial number, date of distribution, and client name for each voucher distributed in an easily accessible log.
- Secures vouchers in a safe or locked cabinet behind a locked door.
- Conducts quarterly inventory. This inventory is conducted by the Program Manager and Associate Director. The Program Manager and Associate Director are responsible for ensuring voucher compliance. If any discrepancy is discovered, the Associate Director or Program Manager will contact HHS immediately.

HHOME & TransAccess Staff supervision will be multi-faceted: In the course of their work within multi-disciplinary teams, staff will work under the supervision of their direct supervisor who will ensure day-to-day functioning for issues pertaining to how the team operates, such as logistics, client flow, assuring arrival of staff members, and communication among team members.

Clinical staff, including the Case Manager, may also be provided with weekly individual clinical supervision. This acknowledges the intensity of the work conducted and provides a weekly space to discuss emotions and barriers in care delivery. Individualized skills' building is offered as well as techniques to avoid burnout, process death and dying issues and strategizing on techniques to handle multiply-diagnosed clients.

The collaboration will also participate in the interviewing and hiring of new staff. The ability to deliver services in a multi-disciplinary team setting, and with multiple lines of supervision, will be major selection criteria for all hires.

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Administrative supervision is conducted on a weekly basis. Each staff person meets individually with the direct supervisor to go over documentation, constructive criticism and positive feedback on job performance areas and other administrative issues. This is supplemented by ongoing case-by-case supervision and guidance by the Program Manager. To support staff in managing their personal issues to effectively work with a challenging population, ongoing weekly individual clinical supervision may be provided for direct line staff. The Associate Director meets with the Trans Access Program Manager for administrative supervision; the program conducts monthly program team meetings and a mandatory all-staff meeting is scheduled on the second Wednesdays of each month. To manage the work of our TWHC partner, including those involved in this collaboration, monthly administrative meetings to review progress in obtaining program objectives will be held with the program managers/administrators. Areas needing follow up are detailed and plans of redress made and monitored in the minutes of these meetings.

HHOME & TransAccess Training: San Francisco Community Center holds ongoing learning as an important component of staff development. HHOME & Trans Access programs will close from 11 am – 5 pm on Wednesdays to conduct ongoing individual, team and/or all agency learning processes. Training occurring during these times are either lead by SFCHC managers or consultants brought in on areas of interest. These activities also ensure that we meet the requirements of our funders. Topics include harm reduction, appropriate syringe disposal, cultural competency, health topic updates, best practice in-services, provider updates and group processes to ensure effective agency communication. Staff members also attend an array of local trainings as well as national trainings, as funding allows.

Staff Performance Evaluation: The formal review process occurs annually in the Spring for the previous calendar year as stated in the Employee handbook. Areas of concern or deviation from the current standards are noted and plans of redress developed and monitored by direct supervisors. The formal reviews provide supervisors and employees alike with the opportunity to discuss job tasks, identify and correct weaknesses, encourage and recognize strengths, and discuss positive, purposeful and realistic approaches for meeting goals. Supervisors are strongly encouraged to discuss job performance and goals on an informal and regular basis, often through regularly maintained staff work plans.

Case conferencing: As an integrated service organization, HHOME & Trans Access conduct an array of case conferencing in an effort to coordinate and bring together the multi-disciplinary team that works on behalf of all clients access SFCHC. Case conference will occur weekly for 1-2 hours.

Cooperative Relationships and Linkages: HHOME & Trans Access could not conduct work without a large network of community providers. These providers include, but are not limited to, UCSF AIDS Health Project, St. Anthony's Church, San Francisco AIDS Foundation, SFGH Emergency Room, San Francisco City Clinic and St. James Infirmary. Annually a listing of the current agencies and organizations with which we have Memorandums of Understanding (MOU) will be submitted as part of our annual reports. New MOUs indicating the changes in referral tracking developed in collaboration with HPS will be executed and will be presented to SFDPH upon completion.

Client Satisfaction: HHOME & Trans Access will utilize client satisfaction surveys as one means of measuring the impact of work. In addition, participation in the Client Advisory Board (CAB) allows program participants to provide feedback. Program clients may also have representation on the agency board of directors.

SFCHC's Client Satisfaction Survey is used to measure clients' perception of the services provided, the facility in which we operate, the staff, and any unmet needs that they would like Trans Access to consider. The Client Satisfaction Survey is offered to clients by all program staff (some who are funded by this contract) and is entered into our data system. Results of the survey will assess program's performance to determine if client satisfaction has changed over time. Also, measuring client satisfaction will help to strengthen communication and build relations with clients, assess

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the strengths and weaknesses of HIV programs from the clients' perspective, focus the quality improvement efforts; and create baseline data against which to measure changes in clients' satisfaction.

Client Satisfaction reports will be presented to the CAB along with any changes or responses provided by management. The impact of clients in our work is very real. Comments documented at the CAB and some from the satisfaction surveys have resulted in continued high marks from clients regarding our work.

7. Objectives and Measurements:

SFCHC will fully cooperate with its DPH partners to satisfy the project's Federal work plan goals and objectives as described in Attachment I.

All objectives, and descriptions of how objectives will be measured, are contained in the HHS document entitled *HIV Health Services Performance Objectives* for each Fiscal Year of the contract term. SFCHC's HHOME and TransAccess program agrees to make its best efforts to achieve these objectives within the agreed upon time frame. The HHOME/TransAccess program shares information, in particular through the ARIES database, regarding the accomplishment of all program objectives and results of all evaluation measures with the SFDPH as part of the annual monitoring process.

8. Continuous Quality Improvement:

Provider agrees to abide by the standards of care for the services specified in this exhibit as described in "Making the Connection: Standards of Care for Client -Centered Services"

API Wellness Center guarantees compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency and Client Satisfaction.

HHOME and TransAccess agree to conduct HIV-specific CQI activities to ensure compliance with Public Health Service guidelines related to treatment of HIV. In order to ensure that the services are provided in the manner intended, San Francisco Community Center uses the following structures and processes to ensure continuous quality improvement.

- Alternating weeks one hour clinical supervision with licensed Mental Health
- Weekly multidisciplinary meeting to monitor client's issues, as documented in the meeting log.
- Annual review of written program policies and procedures.
- Quarterly Client Advisory Board meeting to address agency's strengths and weaknesses with client and identify areas of improvement, as documented in the minutes.

With the implementation of HIPAA requirements, a DPH Privacy Policy was developed and contractors were trained during FY 03-04. Effective July 1, 2004, contractors will be subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions (if any) identified in FY 04-05 (July 1, 2004 - June 30, 2005) will be considered informational, to establish a baseline for the following year. Beginning FY 05-06 (July 1, 2005 - June 30, 2006), findings of compliance or non-compliance and corrective actions (if any) will be integrated into the contractor's monitoring report. The following items should be incorporated into the contract narrative.

Item #2a: DPH Privacy Policy is integrated into the program's governing policies and procedures regarding patient privacy and confidentiality.

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As Measured by: Evidence that the policy and procedures that abides by the rules outlined in the DPH Privacy Policy have been adopted, approved and implemented.

Item #2b: All staff who handle patient health information are trained (Including new hires) and annually updated in the program's privacy/confidentiality policies and procedures.

As Measured by: Documentation exists showing individuals were trained.

Item #2c: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #2d: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #2e: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists.

Item #2f: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1).to providers outside the DPH Safety Net or (2) from a substance abuse program. As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in patient's/client's chart/file.

Data Collection and Reporting

The Program Managers and the Agency Quality Assurance/Contract Management Coordinator have the responsibility for the quality of the ARIES data collected and the quality of the interventions provided. They also have responsibility for ensuring the quality of tracking and documentation of referrals and linkages. SFCHC will fully cooperate with data entry into designated data systems & reporting requirements under the direction of HHS in order to satisfy local and Federal mandates for this project. New client registration data is entered within 48 hours or two working days after data is collected. Service data for the preceding month, including UOS is entered by the 15th working day of each month. The deliverables are consistent with the information that is submitted to the appropriate DPH Budget and Finance section on the "Monthly Statements of Deliverables and Invoice" form. If these HHS standards for quality and timeliness of data entry are not followed payments may be delayed until the data has been entered and updated. The Project Director/Evaluation Coordinator ensures that the Monthly Statement of Deliverables and Invoice, narrative reports, annual administrative reports, monitoring report protocols, and any other forms or reports required will be submitted in a timely fashion to the HIV Health Services Branch.

9. Required Language

Termination of Services: In the event that APIWC dba SFCHC decides that it can no longer provide the services for which it has contracted under this agreement APIWC dba SFCHC will send a written notice to HIV Health Services no less than 90 days prior to the date it wishes to terminate the services. In addition, APIWC dba SFCHC will prepare a written plan for the transition of all clients receiving services to another provider of services. This plan must be

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approved by HHS and should demonstrate a good faith effort to contact and locate all clients both active and inactive before the termination date.

- a) Third Party Reimbursement: See Target Population, Page 1
- b) Low Income: See Target Population, Page 1
- c) Client Eligibility: See Target Population, Page 1
- d) Client Retention: See Methodology, Pages 10-20
- e) Vouchers: See Methodology, Pages 19
- f) ARIES Database: See ARIES, Page 22
- g) Standards of Care: See Continuous Quality Improvement, Page 21
- h) Subcontractors: N/A

Appendix B Calculation of Charges

1. Method of Payment

A. Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately preceding month. All costs associated with the Services shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after Services have been rendered and in no case in advance of such Services.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

| | |
|--|--|
| Appendix B | Budget Summary |
| Appendix B-1, B-1a, B-1b, B-1c, B-1d, B-1e, B-1f, B-1g, B-1h, B-1i | Integrated Medical Case Management - Ohana |
| Appendix B-2, B-2a, B-2a.1, B-2b, B-2b.1, B-2b.2 B-2c, B-2d, B-2e, B-2f B-2g, B-2h, B-2i | Tenderloin Area Center of Excellence (TACE) |
| Appendix B-3 | Tenderloin Area Center of Excellence (TACE) - Rebranding Federally Qualified Health Center (FQHC) Project |
| Appendix B-4, B-4a, B-4b, B-4c, B-4d, B-4d.1, B-4e, B-4f, B-4g, B-4h, B-4i | Tenderloin Early Intervention Services (TEIS) - HIV Homeless Outreach Mobile Engagement (HHOME)/TransAccess |

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$753,237** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

The maximum dollar for each term and funding source shall be as follows:

| | <u>Term</u> | <u>Funding Source</u> | <u>Amount</u> |
|-------------------------------|-------------------------|-----------------------|---------------|
| Original Agreement | 05/01/17 – 02/28/18 | RWPA | \$109,233 |
| Original Agreement | 03/01/18 – 02/28/19 | RWPA | \$131,080 |
| Original Agreement | 03/01/19 – 02/29/20 | RWPA | \$131,080 |
| Original Agreement | 03/01/19 – 02/28/21 | RWPA | \$131,080 |
| Original Agreement | 05/01/17 – 02/28/18 | RWPA | \$653,908 |
| Original Agreement | 03/01/18 – 02/28/19 | RWPA | \$784,690 |
| Original Agreement | 03/01/19 – 02/29/20 | RWPA | \$784,690 |
| Original Agreement | 03/01/19 – 02/28/21 | RWPA | \$784,690 |
| Amendment #1 | 07/01/17 – 06/30/18 | GF | \$300,000 |
| Amendment #1 | 09/01/17 – 02/28/18 | RWPA | \$177,274 |
| Amendment #1 | 03/01/18 – 02/28/19 | RWPA | \$354,547 |
| Revision to Program Budget #1 | 12/01/18 – 02/28/19 | RWPA | \$10,000 |
| Revision to Program Budget #2 | 03/01/2019 – 02/29/2020 | RWPA | \$2,875 |
| Revision to Program Budget #2 | 03/01/2019 – 02/29/2020 | RWPA | \$17,211 |
| Revision to Program Budget #2 | 03/01/2019 – 02/29/2020 | RWPA | \$362,323 |
| Revision to Program Budget #2 | 10/01/2019 – 02/29/2020 | RWPA | \$8,070 |
| Revision to Program Budget #2 | 10/01/2019 – 02/29/2020 | RWPA | \$12,500 |
| Revision to Program Budget #2 | 03/01/2020 – 02/28/2021 | RWPA | \$2,875 |
| Revision to Program Budget #2 | 03/01/2020 – 02/28/2021 | RWPA | \$17,211 |
| Amendment #2 | 03/01/2020 – 02/28/2021 | RWPA-ETHE | \$362,323 |
| Amendment #2 | 03/01/2021 – 02/28/2022 | RWPA | \$133,955 |
| Amendment #2 | 03/01/2021 – 02/28/2022 | RWPA | \$801,901 |
| Amendment #2 | 03/01/2021 – 02/28/2022 | RWPA-ETHE | \$362,323 |
| Amendment #2 | 03/01/2022 – 02/28/2023 | RWPA | \$133,955 |
| Amendment #2 | 03/01/2022 – 02/28/2023 | RWPA | \$801,901 |
| Amendment #2 | 03/01/2022 – 02/28/2023 | RWPA-ETHE | \$362,323 |
| Amendment #2 | 03/01/2023 – 02/28/2024 | RWPA | \$133,955 |
| Amendment #2 | 03/01/2023 – 02/28/2024 | RWPA | \$801,901 |
| Amendment #2 | 03/01/2023 – 02/28/2024 | RWPA-ETHE | \$362,323 |
| Revision to Program Budget #3 | 03/01/2021 – 02/28/2022 | RWPA | \$4,263 |
| Revision to Program Budget #3 | 03/01/2021 – 02/28/2022 | RWPA | \$25,518 |
| Revision to Program Budget #3 | 03/01/2021 – 02/28/2022 | RWPA-ETHE | \$157,144 |
| Revision to Program Budget #3 | 03/01/2021 – 02/28/2022 | RWPA-ETHE | \$32,726 |
| Revision to Program Budget #3 | 03/01/2022 – 02/28/2023 | RWPA | \$4,263 |
| Revision to Program Budget #3 | 03/01/2022 – 02/28/2023 | RWPA | \$25,518 |
| Revision to Program Budget #3 | 03/01/2022 – 02/28/2023 | RWPA-ETHE | \$157,144 |
| Revision to Program Budget #3 | 03/01/2023 – 02/28/2024 | RWPA | \$4,263 |
| Revision to Program Budget #3 | 03/01/2023 – 02/28/2024 | RWPA | \$25,518 |
| Revision to Program Budget #3 | 03/01/2023 – 02/28/2024 | RWPA-ETHE | \$157,144 |
| Revision to Program Budget #4 | 03/01/2022 – 02/28/2023 | RWPA | \$3,455 |
| Revision to Program Budget #4 | 03/01/2022 – 02/28/2023 | RWPA | \$20,685 |
| Revision to Program Budget #4 | 03/01/2022 – 02/28/2023 | RWPA-ETHE | \$60,000 |
| Revision to Program Budget #4 | 03/01/2023 – 02/28/2024 | RWPA | \$3,455 |

| | | | |
|-------------------------------|--------------------------------|---|---------------------|
| Revision to Program Budget #4 | 03/01/2023 – 02/28/2024 | RWPA | \$20,685 |
| Revision to Program Budget #4 | 03/01/2023 – 02/28/2024 | RWPA-ETHE | -\$519,467 |
| Revision to Program Budget #4 | 03/01/2023 – 02/28/2024 | TBD | \$440,812 |
| Amendment #3 | 03/01/2023 – 02/28/2024 | TBD | -\$440,812 |
| Amendment #3 | 07/01/2017 – 06/30/2018 | GF | -\$1,730 |
| Amendment #3 | 03/01/2018 – 02/28/2019 | RWPA | -\$381 |
| Amendment #3 | 03/01/2021 – 02/28/2022 | RWPA | -\$9,695 |
| Amendment #3 | 03/01/2021 – 02/28/2022 | RWPA | -\$2,542 |
| Amendment #3 | 03/01/2023 – 02/28/2024 | RWPA | \$579,467 |
| Amendment #3 | 03/01/2024 – 02/28/2025 | RWPA | \$848,104 |
| Amendment #3 | 03/01/2024 – 02/28/2025 | RWPA | \$141,673 |
| Amendment #3 | 03/01/2024 – 02/28/2025 | GF | \$579,467 |
| Amendment #3 | 03/01/2025 – 02/28/2026 | RWPA | \$848,104 |
| Amendment #3 | 03/01/2025 – 02/28/2026 | RWPA | \$141,673 |
| Amendment #3 | 03/01/2025 – 02/28/2026 | GF | \$579,467 |
| Amendment #3 | 03/01/2026 – 02/28/2027 | RWPA | \$848,104 |
| Amendment #3 | 03/01/2026 – 02/28/2027 | RWPA | \$141,673 |
| Amendment #3 | 03/01/2026 – 02/28/2027 | GF | \$579,467 |
| | | Total Award | \$14,487,362 |
| | | Contingency for 03/1/2023 – 02/28/2027 | \$753,237 |
| | | (This equals the total NTE)Total | \$15,240,599 |

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

D. A final closing invoice, clearly marked “FINAL,” shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.

3. No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

| Public Health Contract Budget Summary by Program | | | | | | | | | | | | |
|--|--------------------------------------|---------------------|----------------|----------------|----------------|---|---------------------|----------------|----------------|----------------|--------------------|---------------------|
| CID# / CMS # 1000002676 / 7870 | | | | | | | | | | | | Appendix B, Page 6 |
| DPH Section HIV Health Services | | | | | | | | | | | | 05/01/17 - 02/28/27 |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revision to Program Budget | | | | | | | | | | | | FY 2017-27 |
| Agency/Organization Name Asian and Pacific Islander Wellness Center (APIWC) dba San Francisco Community Health Center | | | | | | | | | | | | Fund Notice: |
| (Name (may be same as above) Same) | | | | | | | | | | | | |
| Program Appendix Number | Rebranding FHQC Project (TACE) | HHOME / TransAccess | | | | Carry Forward HHOME / TransAccess | HHOME / TransAccess | | | | Page Sub- Total | Contract TOTAL |
| | | A-4/B-4 | A-4/B-4a | A-4/B-4b | A-4/B-4c | | A-4/B-4d | A-4/B-4f | A-4/B-4g | A-4/B-4h | | |
| Appendix Term | | | | | | | | | | | | |
| | A-3/B-3 | 9/1/17-2/28/18 | 3/1/18-2/28/19 | 3/1/19-2/29/20 | 3/1/20-2/28/21 | 3/1/21-2/28/22 | 3/1/22-2/28/23 | 3/1/23-2/29/24 | 3/1/24-2/28/25 | 3/1/25-2/28/26 | 3/1/26-2/28/27 | |
| EXPENSES | | | | | | | | | | | | |
| Salaries | \$ 99,700 | \$ 104,690 | \$ 211,880 | \$ 217,538 | \$ 217,538 | \$ 326,860 | \$ 366,477 | \$ 366,477 | \$ 366,477 | \$ 366,477 | \$ 366,477 | \$ 3,034,337 |
| Employee Benefits | \$ 26,361 | \$ 27,681 | \$ 56,021 | \$ 57,517 | \$ 57,517 | \$ 86,423 | \$ 96,896 | \$ 96,896 | \$ 96,896 | \$ 96,896 | \$ 96,896 | \$ 802,278 |
| Total Personnel Expenses | \$ 126,061 | \$ 132,371 | \$ 267,901 | \$ 275,055 | \$ 275,055 | \$ 413,283 | \$ 463,373 | \$ 463,373 | \$ 463,373 | \$ 463,373 | \$ 463,373 | \$ 3,836,615 |
| Operating Expense | \$ 149,167 | \$ 30,694 | \$ 58,223 | \$ 58,223 | \$ 58,223 | \$ 64,543 | \$ - | \$ 69,644 | \$ 69,644 | \$ 69,644 | \$ 69,644 | \$ 767,293 |
| Capital Expense (\$5,000 and over) | | | | | | | | | | | | \$ - |
| Subtotal Direct Costs | \$ 275,228 | \$ 163,065 | \$ 326,124 | \$ 333,278 | \$ 333,278 | \$ 477,826 | \$ 533,017 | \$ 533,017 | \$ 533,017 | \$ 533,017 | \$ 533,017 | \$ 4,603,908 |
| Indirect Cost Amount | \$ 24,772 | \$ 14,209 | \$ 28,423 | \$ 29,045 | \$ 29,045 | \$ 41,641 | \$ 46,450 | \$ 46,450 | \$ 46,450 | \$ 46,450 | \$ 46,450 | \$ 402,087 |
| Indirect Cost Rate (%) | 9.0% | 9% | 9% | 9% | 9% | 9% | 9% | 9% | 9% | 9% | 9% | 9% |
| Total Expenses | \$ 300,000 | \$ 177,274 | \$ 354,547 | \$ 362,323 | \$ 362,323 | \$ 519,467 | \$ 579,467 | \$ 579,467 | \$ 579,467 | \$ 579,467 | \$ 579,467 | \$ 5,005,995 |
| REVENUES & FUNDING SOURCES | | | | | | | | | | | | |
| DPH Funding Sources (select from drop-down list) | | | | | | | | | | | | |
| HHS FED CARE Part A - PD13, CFDA #93.914 | | \$ 177,274 | \$ 354,547 | \$ 362,323 | | | | | | | | \$ 894,144 |
| HHS COUNTY GF | | | | | | | | | | | | \$ 300,000 |
| HHS FED RWPA - E.T.H.E. CFDA #93.686 | | | | \$ 362,323 | | \$ 519,467 | \$ 579,467 | \$ 579,467 | \$ 579,467 | \$ 579,467 | \$ 579,467 | \$ 3,811,851 |
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| Unspent Monies | \$ (1,730) | | | | | | | | | | | \$ (1,730) |
| Total DPH Revenues | \$ 298,270 | \$ 177,274 | \$ 354,547 | \$ 362,323 | \$ 362,323 | \$ 519,467 | \$ 579,467 | \$ 579,467 | \$ 579,467 | \$ 579,467 | \$ 579,467 | \$ 5,004,265 |
| Non-DPH Funding Sources (select from drop-down list) | | | | | | | | | | | | |
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| Total Non-DPH Revenues | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Total Revenues (DPH and Non-DPH) | \$ 298,270 | \$ 177,274 | \$ 354,547 | \$ 362,323 | \$ 362,323 | \$ 519,467 | \$ 579,467 | \$ 579,467 | \$ 579,467 | \$ 579,467 | \$ 579,467 | \$ 5,004,265 |
| Pymt Method: Cost Reimbursement (CR) | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR |
| Prepared By Amber Curley Phone # 415-292-3400 x325 | | | | | | | | | | | | |

Public Health Contract Budget Summary by Program Appendix B, Page 5
 CIB# / CMS # 1000002676 / 7870 05/01/17 - 02/28/27

DPH Section HIV Health Services Fund Notice:
 Check one: Original Amendment Revision to Program Budget
 Agency/Organization Name Asian and Pacific Islander Wellness Center (APIWC) dba San Francisco Community Health Center FY 2017-27
 Contractor Name Same as above

| Appendix Number Appendix Term | Tenderloin Area Center of Excellence (TACE) | | | | | | | | | | | | | Page Total |
|------------------------------------|---|-----------------------------|---|--|---|-----------------------------|-----------------------------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------|
| | A-2/B-2 5/01/17-2/28/18 | A-2/B-2a 3/01/18-2/28/19 | A-2/B-2a.1 Nutritional Supp 12/01/18-02/28/19 | A-2/B-2a.1a Nutritional Supp 10/01/19-02/29/20 | A-2/B-2a.2 Med Lockers 10/01/19-02/29/20 | A-2/B-2b 3/01/19-2/29/20 | A-2/B-2c 3/01/20-2/28/21 | A-2/B-2d and B- 2d.1 3/1/21-2/28/22 | A-2/B-2e 3/1/22-2/28/23 | A-2/B-2f 3/1/23-2/29/24 | A-2/B-2g 3/1/24-2/28/25 | A-2/B-2h 3/1/25-2/28/26 | A-2/B-2i 3/1/26-2/28/27 | |
| EXPENSES | | | | | | | | | | | | | | |
| Salaries | \$ 360,641 | \$ 429,448 | | | \$ 4,326 | \$ 455,812 | \$ 475,995 | \$ 489,335 | \$ 489,335 | \$ 489,335 | \$ 489,335 | \$ 489,335 | \$ 489,335 | \$ 489,335 |
| Employee Benefits | \$ 96,353 | \$ 113,331 | | | \$ 1,142 | \$ 120,517 | \$ 125,853 | \$ 129,380 | \$ 129,380 | \$ 129,380 | \$ 129,380 | \$ 129,380 | \$ 129,380 | \$ 129,380 |
| Total Personnel Expenses | \$ 456,994 | \$ 542,779 | | | \$ 5,468 | \$ 576,329 | \$ 601,848 | \$ 618,715 | \$ 618,715 | \$ 618,715 | \$ 618,715 | \$ 618,715 | \$ 618,715 | \$ 618,715 |
| Operating Expense | \$ 143,923 | \$ 177,121 | 9,174 | 7,404 | 6,000 | \$ 159,361 | \$ 159,361 | \$ 159,361 | \$ 159,361 | \$ 159,361 | \$ 159,361 | \$ 159,361 | \$ 159,361 | \$ 159,361 |
| Capital Expense (\$5,000 and over) | | | | | | | | | | | | | | |
| Subtotal Direct Costs | \$ 599,917 | \$ 719,900 | \$ 9,174 | \$ 7,404 | \$ 11,468 | \$ 735,690 | \$ 761,209 | \$ 778,076 | \$ 778,076 | \$ 778,076 | \$ 778,076 | \$ 778,076 | \$ 778,076 | \$ 778,076 |
| Indirect Cost Amount | \$ 53,991 | \$ 64,790 | \$ 826 | \$ 666 | \$ 1,032 | \$ 66,211 | \$ 66,211 | \$ 70,028 | \$ 70,028 | \$ 70,028 | \$ 70,028 | \$ 70,028 | \$ 70,028 | \$ 70,028 |
| Indirect Cost Rate (%) | 9.0% | 9.0% | 9.0% | 9.0% | 9.0% | 9.0% | 8.7% | 9.0% | 9.0% | 9.0% | 9.0% | 9.0% | 9.0% | 9.0% |
| Total Expenses | \$ 653,908 | \$ 784,690 | \$ 10,000 | \$ 8,070 | \$ 12,500 | \$ 801,901 | \$ 827,419 | \$ 848,104 | \$ 848,104 | \$ 848,104 | \$ 848,104 | \$ 848,104 | \$ 848,104 | \$ 848,104 |

REVENUES & FUNDING SOURCES

| DPH Funding Sources (select from drop-down list) | | | | | | | | | | | | | | |
|--|------------|------------|-----------|----------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| HRSFED CARE PARTA - PDT13, CFDA #93,914 | \$ 653,908 | \$ 784,690 | \$ 10,000 | \$ 8,070 | \$ 12,500 | \$ 801,901 | \$ 827,419 | \$ 848,104 | \$ 848,104 | \$ 848,104 | \$ 848,104 | \$ 848,104 | \$ 848,104 | \$ 848,104 |
| HHS COUNTY GF | | | | | | | | | | | | | | |
| HHS FED RWPA - E.T.H.E. CFDA #93,686 | | | | | | | | | | | | | | |
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Unspent Monies \$ (381)

Total DPH Revenues \$ 653,908 \$ 784,309 \$ 10,000 \$ 8,070 \$ 12,500 \$ 801,901 \$ 824,877 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104

Non-DPH Funding Sources (select from drop-down list)

Pymt Method: Cost

Reimbursement (CR)

Prepared By Kristina Gunhouse-Vigil Phone # 415-292-3400 x325

Total Revenues (DPH and Non-DPH) \$ 653,908 \$ 784,309 \$ 10,000 \$ 8,070 \$ 12,500 \$ 801,901 \$ 824,877 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104

Total Non-DPH Revenues \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -

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Net Income \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -

Total Revenues \$ 653,908 \$ 784,309 \$ 10,000 \$ 8,070 \$ 12,500 \$ 801,901 \$ 824,877 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104

Total Expenses \$ 653,908 \$ 784,690 \$ 10,000 \$ 8,070 \$ 12,500 \$ 801,901 \$ 827,419 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104

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Total Revenues \$ 653,908 \$ 784,309 \$ 10,000 \$ 8,070 \$ 12,500 \$ 801,901 \$ 824,877 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104

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Total Revenues \$ 653,908 \$ 784,309 \$ 10,000 \$ 8,070 \$ 12,500 \$ 801,901 \$ 824,877 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104

Total Expenses \$ 653,908 \$ 784,690 \$ 10,000 \$ 8,070 \$ 12,500 \$ 801,901 \$ 827,419 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104

Total Revenues \$ 653,908 \$ 784,309 \$ 10,000 \$ 8,070 \$ 12,500 \$ 801,901 \$ 824,877 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104

Total Expenses \$ 653,908 \$ 784,690 \$ 10,000 \$ 8,070 \$ 12,500 \$ 801,901 \$ 827,419 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104 \$ 848,104

Appendix B, Page 4

CID# / CMS # 1000002676 / 7870

DPH Section HIV Health Services

Check one: Original Amendment Revision to Program Budget

Agency/Organization Name Asian and Pacific Islander Wellness Center (APIWC) dba San Francisco Community Health Center

Contractor Name (may be same as above) Same

Fund Notice:

| Ohana Integrated Medical Case Management (IMCM) | | | | | | | | | | | | | |
|---|-----------------|-----------------|-----------------|-----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------|------------|--------------|
| Program | Appendix Number | Appendix Term | A-1/B-1 | A-1/B-1a | A-1/B-1b | A-1/B-1c | A-1/B-1d | A-1/B-1e | A-1/B-1f | A-1/B-1g | A-1/B-1h | A-1/B-1i | Page Total |
| | 5/01/17-2/28/18 | 3/01/18-2/28/19 | 3/01/19-2/29/20 | 3/01/20-2/28/21 | 3/1/21-2/28/22 | 3/1/22-2/28/23 | 3/1/23-2/29/24 | 3/1/24-2/28/25 | 3/1/25-2/28/26 | 3/1/26-2/28/27 | | | |
| EXPENSES | | | | | | | | | | | | | |
| Salaries | \$ 67,298 | \$ 80,758 | \$ 82,844 | \$ 82,844 | \$ 85,921 | \$ 88,429 | \$ 88,429 | \$ 88,429 | \$ 88,429 | \$ 88,429 | \$ 88,429 | \$ 88,429 | \$ 841,810 |
| Employee Benefits | \$ 17,793 | \$ 21,353 | \$ 21,904 | \$ 21,904 | \$ 22,717 | \$ 23,380 | \$ 23,380 | \$ 23,380 | \$ 23,380 | \$ 23,380 | \$ 23,380 | \$ 23,380 | \$ 222,572 |
| Total Personnel Expenses | \$ 85,091 | \$ 102,111 | \$ 104,748 | \$ 104,748 | \$ 108,638 | \$ 111,809 | \$ 111,809 | \$ 111,809 | \$ 111,809 | \$ 111,809 | \$ 111,809 | \$ 111,809 | \$ 1,064,382 |
| Operating Expense | \$ 15,123 | \$ 18,146 | \$ 18,146 | \$ 18,146 | \$ 18,166 | \$ 18,166 | \$ 18,166 | \$ 18,166 | \$ 18,166 | \$ 18,166 | \$ 18,166 | \$ 18,166 | \$ 178,557 |
| Capital Expense (\$5,000 and over) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Subtotal Direct Costs | \$ 100,214 | \$ 120,257 | \$ 122,894 | \$ 122,894 | \$ 126,804 | \$ 129,975 | \$ 129,975 | \$ 129,975 | \$ 129,975 | \$ 129,975 | \$ 129,975 | \$ 129,975 | \$ 1,242,939 |
| Indirect Cost Amount | \$ 9,019 | \$ 10,823 | \$ 11,061 | \$ 11,061 | \$ 11,414 | \$ 11,698 | \$ 11,698 | \$ 11,698 | \$ 11,698 | \$ 11,698 | \$ 11,698 | \$ 11,698 | \$ 111,868 |
| Indirect Cost Rate (%) | 9.0% | 9.0% | 9.0% | 9.0% | 9.0% | 9.0% | 9.0% | 9.0% | 9.0% | 9.0% | 9.0% | 9.0% | 9.0% |
| Total Expenses | \$ 109,233 | \$ 131,080 | \$ 133,955 | \$ 133,955 | \$ 138,218 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 1,354,807 |
| REVENUES & FUNDING SOURCES | | | | | | | | | | | | | |
| HHS FED CARE Part A - PD13, CFDA #93.914 | \$ 109,233 | \$ 131,080 | \$ 133,955 | \$ 133,955 | \$ 138,218 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 1,354,806 |
| HHS COUNTY GF | | | | | | | | | | | | | |
| HHS FED RWPA - E.T.H.E. CFDA #93.686 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Unspent Monies | | | | | \$ (9,695) | | | | | | | | \$ (9,695) |
| Total DPH Revenues | \$ 109,233 | \$ 131,080 | \$ 133,955 | \$ 133,955 | \$ 128,523 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 1,345,111 |
| Total Non-DPH Revenues | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Total Revenues (DPH and Non-DPH) | \$ 109,233 | \$ 131,080 | \$ 133,955 | \$ 133,955 | \$ 128,523 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 141,673 | \$ 1,345,111 |
| (CR) | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR |

Prepared By Kristina Gunhouse-Vigil Phone # 415-292-3400 x325

APIWC dba SFCHC
Ohana Integrated Medical Case Management

Appendix B-1g, Page 1
03/01/2024 - 02/28/2025
Ryan White Part A

UOS COST ALLOCATION BY SERVICE MODE

| | | SERVICE MODES | | | | | | |
|---------------------------------------|----------------|-----------------------|------------|--------------------------------------|------------|---------------------------------|-----------|-----------------------|
| Personnel Expenses Position Titles | FTE | Case Management Hours | | Treatment Adherence Individual Hours | | Treatment Adherence Group Hours | | Contract Totals |
| | | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | |
| Chief Medical Officer | 0.01 | \$ 1,971 | 100% | \$ - | | \$ - | | \$ 1,971 |
| Director of Programs | 0.07 | \$ 6,515 | 100% | \$ - | | \$ - | | \$ 6,515 |
| Assoc Director Health Svcs | 0.10 | \$ 8,212 | 100% | \$ - | | \$ - | | \$ 8,212 |
| Case Managers | 1.21873 | \$ 57,603 | 89% | \$ 6,472 | 10% | \$ 648 | 1% | \$ 64,723 |
| Client Engagement Specialist | 0.20 | \$ 2,803 | 40% | \$ 4,205 | 60% | \$ - | | \$ 7,008 |
| Total FTE & Total Salaries | 1.59873 | \$ 77,104 | 87% | \$ 10,677 | 12% | \$ 648 | 1% | \$ 88,429 |
| Fringe Benefits | 26.44% | \$ 20,386 | 87% | \$ 2,823 | 12% | \$ 171 | 1% | \$ 23,380 |
| Total Personnel Expenses | | \$ 97,490 | 87% | \$ 13,500 | 12% | \$ 819 | 1% | \$ 111,809 |
| Operating Expenses | | | | | | | | |
| | | Expense | % | Expense | % | Expense | % | Contract Total |
| Total Occupancy | | \$ 10,815 | 91% | \$ 896 | 8% | \$ 239 | 2% | \$ 11,950 |
| Total Materials and Supplies | | \$ 1,273 | 93% | \$ 68 | 5% | \$ 28 | 2% | \$ 1,369 |
| Total General Operating | | \$ 953 | 73% | \$ 326 | 25% | \$ 26 | 2% | \$ 1,305 |
| Total Staff Travel | | \$ 519 | 70% | \$ 223 | 30% | | | \$ 742 |
| Consultants/Subcontractor: | | | | | | | | \$ - |
| Other; Client Group Refreshments | | | | \$ 1,400 | 50% | \$ 1,400 | 50% | \$ 2,800 |
| | | | | | | | | |
| | | | | | | | | |
| Total Operating Expenses | | \$ 13,560 | 75% | \$ 2,913 | 16% | \$ 1,693 | 9% | \$ 18,166 |
| Total Direct Expenses | | | | | | | | |
| | | \$ 111,050 | 85% | \$ 16,413 | 13% | \$ 2,512 | 2% | \$ 129,975 |
| Indirect Expenses | 9.00% | \$ 9,995 | 85% | \$ 1,477 | 13% | \$ 226 | 2% | \$ 11,698 |
| TOTAL EXPENSES | | \$ 121,045 | 85% | \$ 17,890 | 13% | \$ 2,738 | 2% | \$ 141,673 |
| UOS per Service Mode | | | | | | | | |
| | | 1,458 | | 215 | | 18 | | 1,691 |
| Cost Per UOS by Service Mode | | | | | | | | |
| | | \$83.05 | | \$83.21 | | \$152.13 | | N/A |
| UDC per Service Mode | | | | | | | | |
| | | 58 | | 25 | | 30 | | 58 |

BUDGET JUSTIFICATION**1a) SALARIES**

| | | | | | |
|-------------------|---|----------------|---------------------------|------------------|---------------|
| Staff Position 1: | Chief Medical Officer | | | | |
| Brief Duties | Oversees& leads agency hlth care svcs; oversight of linkage/integration w behavioral hlth, HIV testing, outreach; manages agency PrEP clinic & all related med care/outreach; leads all quality management efforts, including annual QA of all svcs and develops plans for CQI. | | | | |
| Min Quals | MD license; certification in HIV med; strong record of leadership w HIV & exp w LGBT comm. | | | | |
| Annual Salary: | x FTE: | x Mos per Yr | 12 mos | Total | |
| \$197,097.17 | 0.01 | 12 | 1.00 | \$ 1,971 | |
| Staff Position 2: | Director of Programs | | | | |
| Brief Duties | Leads dep providing outpt mental hlth, subs abuse, case mngmt, pt advocacy, pt navigation, outreach & community hlth ed svcs; drives strategic operational implementation of progs, carries out admin requirements for mission/vision; participates on sr leadership team. | | | | |
| Min Quals | Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts. | | | | |
| \$93,073.67 | 0.07 | 12 | 1.00 | \$ 6,515 | |
| Staff Position 3: | Assoc Director of Health Svcs | | | | |
| Brief Duties | Provides clinical spvsn for Case Mngrs & mental hlth interns; clinical consultation/training to all staff; conducts mental hlth assessments. | | | | |
| Min Quals | LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management. | | | | |
| \$82,123.82 | 0.10 | 12 | 1.00 | \$ 8,212 | |
| Staff Position 4: | Case Managers | | | | |
| Brief Duties | Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators. | | | | |
| Min Quals | Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp. | | | | |
| \$53,106.74 | 1.21873 | 12 | 1.00 | \$ 64,723 | |
| Staff Position 5: | Client Engagement Specialist | | | | |
| Brief Duties | Provides clerical/admin support to prog staff; plans client events, organizes & facilitates groups; data entry/collection for reporting requirements. | | | | |
| Min Quals | Bachelor's or equivalent exp, computer, office skills, 2 yrs of admin experience. | | | | |
| \$35,041.50 | 0.20 | 12 | 1.00 | \$ 7,008 | |
| Total FTE: | | 1.59873 | Total Salaries: \$ | | 88,429 |

1b) EMPLOYEE FRINGE BENEFITS:

| Component | Cost |
|---|----------------|
| Social Security | \$ 6,765 |
| Retirement | \$ 1,273 |
| Medical | \$ 13,751 |
| Unemployment Insurance | \$ 707 |
| Other (specify): | \$ 884 |
| Total Fringe Benefit: | 23,380 |
| Fringe Benefit %: | 26.44% |
| TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: | 111,809 |

2) OPERATING EXPENSES:

| Occupancy Expense | Brief Description | Rate | Cost |
|-------------------------|---|-----------------|---------------|
| Rent/facilities | Project staff office, common & confidential mtg areas. | \$470.9/mo./FTE | 9,034 |
| Utilities/maintenance | Janitorial, maintenance supplies, security for staff space. | \$127/mo./FTE | 2,436.46 |
| Phone/Communication | Phone, internet, email: prog & client communication/coordination. | \$25/mo./FTE | 479.62 |
| Total Occupancy: | | | 11,950 |

| Materials & Supplies Expense | Brief Description | Rate | Cost |
|--|--|--------------------------|--------------|
| Supplies/Postage | General office supplies for program related projects. | \$30.20/mo./FTE | 579 |
| Printing/reproduction | Brochures and pamphlets for outreach. | \$0.50 each x 500 copies | 250 |
| Program/Ed Supplies | Educational materials for treatment grps/case finding. | \$45/mo. | 540 |
| Total Materials & Supplies: | | | 1,369 |

| General Operating Expense | Brief Description | Rate | Cost |
|---------------------------------|--|--------------|--------------|
| Insurance | Liability for project staff office, drop-in, grp svcs areas. | \$43/mo./FTE | 825 |
| Equipment rental | Copier, phone, voicemail equip lease/maintenance. | \$25/mo./FTE | 480 |
| Total General Operating: | | | 1,305 |

| Staff Travel and Purpose | Location | Expense Item | Rate | Cost |
|--|----------|--------------|-----------------------------|------------|
| MUNI tokens to escort clients to appts | Local | MUNI tokens | \$2 ea x 58 UDC x 6-7 appts | 742 |
| Total Staff Travel: | | | | 742 |

| Other Expense | Brief Description | Rate | Cost |
|---------------------|--|-------------------------------|-------|
| Client Food Expense | Client snacks/food for support grps + annual client mtg. | \$200/grp x 12 + \$400 annual | 2,800 |

| | |
|----------------------------------|----------------|
| Total Other: | 2,800 |
| TOTAL OPERATING EXPENSES: | 18,166 |
| TOTAL DIRECT COSTS: | 129,975 |

4) INDIRECT COSTS

| | | |
|----------------------|------------|-------|
| Salaries & benefits | \$9,578.00 | 9,578 |
| Occupancy | \$653.00 | 653 |
| Materials & supplies | \$185.00 | 185 |
| General operating | \$176.00 | 176 |
| Travel | \$33.00 | 33 |
| Consultants | \$110.00 | 110 |
| Other | \$963.00 | 963 |

| | |
|------------------------------|----------------|
| Indirect Rate: | 9.00% |
| TOTAL INDIRECT COSTS: | 11,698 |
| TOTAL EXPENSES: | 141,673 |

APIWC dba SFCHC
Ohana Integrated Medical Case Management

Appendix B-1h, Page 1
03/01/2025 - 02/28/2026
Ryan White Part A

UOS COST ALLOCATION BY SERVICE MODE

| | | SERVICE MODES | | | | | | |
|---------------------------------------|----------------|-----------------------|------------|--------------------------------------|------------|---------------------------------|-----------|-----------------------|
| Personnel Expenses Position Titles | FTE | Case Management Hours | | Treatment Adherence Individual Hours | | Treatment Adherence Group Hours | | Contract Totals |
| | | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | |
| Chief Medical Officer | 0.01 | \$ 1,971 | 100% | \$ - | | \$ - | | \$ 1,971 |
| Director of Programs | 0.07 | \$ 6,515 | 100% | \$ - | | \$ - | | \$ 6,515 |
| Assoc Director Health Svcs | 0.10 | \$ 8,212 | 100% | \$ - | | \$ - | | \$ 8,212 |
| Case Managers | 1.21873 | \$ 57,603 | 89% | \$ 6,472 | 10% | \$ 648 | 1% | \$ 64,723 |
| Client Engagement Specialist | 0.20 | \$ 2,803 | 40% | \$ 4,205 | 60% | \$ - | | \$ 7,008 |
| Total FTE & Total Salaries | 1.59873 | \$ 77,104 | 87% | \$ 10,677 | 12% | \$ 648 | 1% | \$ 88,429 |
| Fringe Benefits | 26.44% | \$ 20,386 | 87% | \$ 2,823 | 12% | \$ 171 | 1% | \$ 23,380 |
| Total Personnel Expenses | | \$ 97,490 | 87% | \$ 13,500 | 12% | \$ 819 | 1% | \$ 111,809 |
| Operating Expenses | | | | | | | | |
| | | Expense | % | Expense | % | Expense | % | Contract Total |
| Total Occupancy | | \$ 10,815 | 91% | \$ 896 | 8% | \$ 239 | 2% | \$ 11,950 |
| Total Materials and Supplies | | \$ 1,273 | 93% | \$ 68 | 5% | \$ 28 | 2% | \$ 1,369 |
| Total General Operating | | \$ 953 | 73% | \$ 326 | 25% | \$ 26 | 2% | \$ 1,305 |
| Total Staff Travel | | \$ 519 | 70% | \$ 223 | 30% | | | \$ 742 |
| Consultants/Subcontractor: | | | | | | | | \$ - |
| Other; Client Group Refreshments | | | | \$ 1,400 | 50% | \$ 1,400 | 50% | \$ 2,800 |
| | | | | | | | | |
| | | | | | | | | |
| Total Operating Expenses | | \$ 13,560 | 75% | \$ 2,913 | 16% | \$ 1,693 | 9% | \$ 18,166 |
| Total Direct Expenses | | | | | | | | |
| | | \$ 111,050 | 85% | \$ 16,413 | 13% | \$ 2,512 | 2% | \$ 129,975 |
| Indirect Expenses | 9.00% | \$ 9,995 | 85% | \$ 1,477 | 13% | \$ 226 | 2% | \$ 11,698 |
| TOTAL EXPENSES | | \$ 121,045 | 85% | \$ 17,890 | 13% | \$ 2,738 | 2% | \$ 141,673 |
| UOS per Service Mode | | | | | | | | |
| | | 1,458 | | 215 | | 18 | | 1,691 |
| Cost Per UOS by Service Mode | | | | | | | | |
| | | \$83.05 | | \$83.21 | | \$152.13 | | N/A |
| UDC per Service Mode | | | | | | | | |
| | | 58 | | 25 | | 30 | | 58 |

BUDGET JUSTIFICATION**1a) SALARIES**

| | | | | | |
|--|---|----------------|------------------------|------------------|------------------|
| Staff Position 1: Chief Medical Officer | | | | | |
| Brief Duties | Oversees& leads agency hlth care svcs; oversight of linkage/integration w behavioral hlth, HIV testing, outreach; manages agency PrEP clinic & all related med care/outreach; leads all quality management efforts, including annual QA of all svcs and develops plans for CQI. | | | | |
| Min Quals | MD license; certification in HIV med; strong record of leadership w HIV & exp w LGBT comm. | | | | |
| Annual Salary: | x FTE: | x Mos per Yr | 12 mos | Total | |
| \$197,097.17 | 0.01 | 12 | 1.00 | \$ 1,971 | |
| Staff Position 2: Director of Programs | | | | | |
| Brief Duties | Leads dep providing outpt mental hlth, subs abuse, case mngmt, pt advocacy, pt navigation, outreach & community hlth ed svcs; drives strategic operational implementation of progs, carries out admin requirements for mission/vision; participates on sr leadership team. | | | | |
| Min Quals | Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts. | | | | |
| \$93,073.67 | 0.07 | 12 | 1.00 | \$ 6,515 | |
| Staff Position 3: Assoc Director of Health Svcs | | | | | |
| Brief Duties | Provides clinical spvsn for Case Mngrs & mental hlth interns; clinical consultation/training to all staff; conducts mental hlth assessments. | | | | |
| Min Quals | LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management. | | | | |
| \$82,123.82 | 0.10 | 12 | 1.00 | \$ 8,212 | |
| Staff Position 4: Case Managers | | | | | |
| Brief Duties | Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators. | | | | |
| Min Quals | Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp. | | | | |
| \$53,106.74 | 1.21873 | 12 | 1.00 | \$ 64,723 | |
| Staff Position 5: Client Engagement Specialist | | | | | |
| Brief Duties | Provides clerical/admin support to prog staff; plans client events, organizes & facilitates groups; data entry/collection for reporting requirements. | | | | |
| Min Quals | Bachelor's or equivalent exp, computer, office skills, 2 yrs of admin experience. | | | | |
| \$35,041.50 | 0.20 | 12 | 1.00 | \$ 7,008 | |
| Total FTE: | | 1.59873 | Total Salaries: | | \$ 88,429 |

1b) EMPLOYEE FRINGE BENEFITS:

| Component | Cost |
|---|----------------|
| Social Security | \$ 6,765 |
| Retirement | \$ 1,273 |
| Medical | \$ 13,751 |
| Unemployment Insurance | \$ 707 |
| Other (specify): | \$ 884 |
| Total Fringe Benefit: | 23,380 |
| Fringe Benefit %: | 26.44% |
| TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: | 111,809 |

2) OPERATING EXPENSES:

| Occupancy Expense | Brief Description | Rate | Cost |
|-------------------------|---|-----------------|---------------|
| Rent/facilities | Project staff office, common & confidential mtg areas. | \$470.9/mo./FTE | 9,034 |
| Utilities/maintenance | Janitorial, maintenance supplies, security for staff space. | \$127/mo./FTE | 2,436.46 |
| Phone/Communication | Phone, internet, email: prog & client communication/coordination. | \$25/mo./FTE | 479.62 |
| Total Occupancy: | | | 11,950 |

| Materials & Supplies Expense | Brief Description | Rate | Cost |
|--|--|--------------------------|--------------|
| Supplies/Postage | General office supplies for program related projects. | \$30.20/mo./FTE | 579 |
| Printing/reproduction | Brochures and pamphlets for outreach. | \$0.50 each x 500 copies | 250 |
| Program/Ed Supplies | Educational materials for treatment grps/case finding. | \$45/mo. | 540 |
| Total Materials & Supplies: | | | 1,369 |

| General Operating Expense | Brief Description | Rate | Cost |
|---------------------------------|--|--------------|--------------|
| Insurance | Liability for project staff office, drop-in, grp svcs areas. | \$43/mo./FTE | 825 |
| Equipment rental | Copier, phone, voicemail equip lease/maintenance. | \$25/mo./FTE | 480 |
| Total General Operating: | | | 1,305 |

| Staff Travel and Purpose | Location | Expense Item | Rate | Cost |
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| MUNI tokens to escort clients to appts | Local | MUNI tokens | \$2 ea x 58 UDC x 6-7 appts | 742 |
| Total Staff Travel: | | | 742 | |

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| Client Food Expense | Client snacks/food for support grps + annual client mtg. | \$200/grp x 12 + \$400 annual | 2,800 |

| | |
|----------------------------------|----------------|
| Total Other: | 2,800 |
| TOTAL OPERATING EXPENSES: | 18,166 |
| TOTAL DIRECT COSTS: | 129,975 |

4) INDIRECT COSTS

| | | |
|----------------------|------------|-------|
| Salaries & benefits | \$9,578.00 | 9,578 |
| Occupancy | \$653.00 | 653 |
| Materials & supplies | \$185.00 | 185 |
| General operating | \$176.00 | 176 |
| Travel | \$33.00 | 33 |
| Consultants | \$110.00 | 110 |
| Other | \$963.00 | 963 |

| | |
|------------------------------|----------------|
| Indirect Rate: | 9.00% |
| TOTAL INDIRECT COSTS: | 11,698 |
| TOTAL EXPENSES: | 141,673 |

APIWC dba SFCHC
Ohana Integrated Medical Case Management

Appendix B-1i, Page 1
03/01/2026 - 02/28/2027
Ryan White Part A

UOS COST ALLOCATION BY SERVICE MODE

| | | SERVICE MODES | | | | | | |
|---------------------------------------|----------------|-----------------------|------------|--------------------------------------|------------|---------------------------------|-----------|-----------------------|
| Personnel Expenses Position Titles | FTE | Case Management Hours | | Treatment Adherence Individual Hours | | Treatment Adherence Group Hours | | Contract Totals |
| | | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | |
| Chief Medical Officer | 0.01 | \$ 1,971 | 100% | \$ - | | \$ - | | \$ 1,971 |
| Director of Programs | 0.07 | \$ 6,515 | 100% | \$ - | | \$ - | | \$ 6,515 |
| Assoc Director Health Svcs | 0.10 | \$ 8,212 | 100% | \$ - | | \$ - | | \$ 8,212 |
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| Operating Expenses | | | | | | | | |
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| Consultants/Subcontractor: | | | | | | | | \$ - |
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| | | | | | | | | |
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| UOS per Service Mode | | | | | | | | |
| | | 1,458 | | 215 | | 18 | | 1,691 |
| Cost Per UOS by Service Mode | | | | | | | | |
| | | \$83.05 | | \$83.21 | | \$152.13 | | N/A |
| UDC per Service Mode | | | | | | | | |
| | | 58 | | 25 | | 30 | | 58 |

BUDGET JUSTIFICATION**1a) SALARIES**

| | | | | | |
|--|---|----------------|------------------------|------------------|------------------|
| Staff Position 1: Chief Medical Officer | | | | | |
| Brief Duties | Oversees& leads agency hlth care svcs; oversight of linkage/integration w behavioral hlth, HIV testing, outreach; manages agency PrEP clinic & all related med care/outreach; leads all quality management efforts, including annual QA of all svcs and develops plans for CQI. | | | | |
| Min Quals | MD license; certification in HIV med; strong record of leadership w HIV & exp w LGBT comm. | | | | |
| Annual Salary: | x FTE: | x Mos per Yr | 12 mos | Total | |
| \$197,097.17 | 0.01 | 12 | 1.00 | \$ 1,971 | |
| Staff Position 2: Director of Programs | | | | | |
| Brief Duties | Leads dep providing outpt mental hlth, subs abuse, case mngmt, pt advocacy, pt navigation, outreach & community hlth ed svcs; drives strategic operational implementation of progs, carries out admin requirements for mission/vision; participates on sr leadership team. | | | | |
| Min Quals | Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts. | | | | |
| \$93,073.67 | 0.07 | 12 | 1.00 | \$ 6,515 | |
| Staff Position 3: Assoc Director of Health Svcs | | | | | |
| Brief Duties | Provides clinical spvsn for Case Mngrs & mental hlth interns; clinical consultation/training to all staff; conducts mental hlth assessments. | | | | |
| Min Quals | LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management. | | | | |
| \$82,123.82 | 0.10 | 12 | 1.00 | \$ 8,212 | |
| Staff Position 4: Case Managers | | | | | |
| Brief Duties | Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators. | | | | |
| Min Quals | Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp. | | | | |
| \$53,106.74 | 1.21873 | 12 | 1.00 | \$ 64,723 | |
| Staff Position 5: Client Engagement Specialist | | | | | |
| Brief Duties | Provides clerical/admin support to prog staff; plans client events, organizes & facilitates groups; data entry/collection for reporting requirements. | | | | |
| Min Quals | Bachelor's or equivalent exp, computer, office skills, 2 yrs of admin experience. | | | | |
| \$35,041.50 | 0.20 | 12 | 1.00 | \$ 7,008 | |
| Total FTE: | | 1.59873 | Total Salaries: | | \$ 88,429 |

1b) EMPLOYEE FRINGE BENEFITS:

| Component | Cost |
|---|----------------|
| Social Security | \$ 6,765 |
| Retirement | \$ 1,273 |
| Medical | \$ 13,751 |
| Unemployment Insurance | \$ 707 |
| Other (specify): | \$ 884 |
| Total Fringe Benefit: | 23,380 |
| Fringe Benefit %: | 26.44% |
| TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: | 111,809 |

2) OPERATING EXPENSES:

| Occupancy Expense | Brief Description | Rate | Cost |
|-------------------------|---|-----------------|---------------|
| Rent/facilities | Project staff office, common & confidential mtg areas. | \$470.9/mo./FTE | 9,034 |
| Utilities/maintenance | Janitorial, maintenance supplies, security for staff space. | \$127/mo./FTE | 2,436.46 |
| Phone/Communication | Phone, internet, email: prog & client communication/coordination. | \$25/mo./FTE | 479.62 |
| Total Occupancy: | | | 11,950 |

| Materials & Supplies Expense | Brief Description | Rate | Cost |
|--|--|--------------------------|--------------|
| Supplies/Postage | General office supplies for program related projects. | \$30.20/mo./FTE | 579 |
| Printing/reproduction | Brochures and pamphlets for outreach. | \$0.50 each x 500 copies | 250 |
| Program/Ed Supplies | Educational materials for treatment grps/case finding. | \$45/mo. | 540 |
| Total Materials & Supplies: | | | 1,369 |

| General Operating Expense | Brief Description | Rate | Cost |
|---------------------------------|--|--------------|--------------|
| Insurance | Liability for project staff office, drop-in, grp svcs areas. | \$43/mo./FTE | 825 |
| Equipment rental | Copier, phone, voicemail equip lease/maintenance. | \$25/mo./FTE | 480 |
| Total General Operating: | | | 1,305 |

| Staff Travel and Purpose | Location | Expense Item | Rate | Cost |
|--|----------|--------------|-----------------------------|------------|
| MUNI tokens to escort clients to appts | Local | MUNI tokens | \$2 ea x 58 UDC x 6-7 appts | 742 |
| Total Staff Travel: | | | | 742 |

| Other Expense | Brief Description | Rate | Cost |
|---------------------|--|-------------------------------|-------|
| Client Food Expense | Client snacks/food for support grps + annual client mtg. | \$200/grp x 12 + \$400 annual | 2,800 |

| | |
|----------------------------------|----------------|
| Total Other: | 2,800 |
| TOTAL OPERATING EXPENSES: | 18,166 |
| TOTAL DIRECT COSTS: | 129,975 |

4) INDIRECT COSTS

| | | |
|----------------------|------------|-------|
| Salaries & benefits | \$9,578.00 | 9,578 |
| Occupancy | \$653.00 | 653 |
| Materials & supplies | \$185.00 | 185 |
| General operating | \$176.00 | 176 |
| Travel | \$33.00 | 33 |
| Consultants | \$110.00 | 110 |
| Other | \$963.00 | 963 |

| | |
|------------------------------|----------------|
| Indirect Rate: | 9.00% |
| TOTAL INDIRECT COSTS: | 11,698 |
| TOTAL EXPENSES: | 141,673 |

UOS COST ALLOCATION BY SERVICE MODE

| | | SERVICE MODES | | | | | | | | |
|-----------------------------------|----------------|-----------------------|------------|--------------------------------------|-----------|---------------------------|------------|--|-----------|-----------------|
| Personnel Expenses | | Case Management Hours | | Mental Health Referrals and Linkages | | Peer Advocacy Group Hours | | Outpatient Mental Health & Substance Abuse Group Hours | | Contract Totals |
| Position Titles | FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | |
| Chief Program Officer | 0.10 | 9,960 | 82% | - | | 2,186 | 18% | - | | 12,146 |
| Director of Programs | 0.15 | 14,341 | 87% | 330 | 2% | 1,648 | 10% | 165 | 1% | 16,484 |
| Associate Director | 0.20 | 15,038 | 100% | - | | - | | - | | 15,038 |
| Program Manager | 1.00 | 52,808 | 83% | 2,544 | 4% | 7,001 | 11% | 1,271 | 2% | 63,624 |
| Case Managers | 5.82269 | 298,911 | 92% | 13,067 | 4% | 9,800 | 3% | 4,901 | 2% | 326,679 |
| Contracts Mngmt Coord | 0.15 | 9,107 | 83% | 219 | 2% | 1,426 | 13% | 219 | 2% | 10,971 |
| Engagement Specialist | 0.40 | 13,686 | 79% | - | | 3,638 | 21% | - | | 17,324 |
| Data Specialist | 0.45 | 25,986 | 96% | 541 | 2% | 271 | 1% | 271 | 1% | 27,069 |
| Total FTE & Salaries | 8.27269 | 439,837 | 76% | 16,701 | 2% | 25,970 | 20% | 6,827 | 2% | 489,335 |
| Fringe Benefits | 26.44% | 98,330 | 76% | 2,587 | 2% | 25,875 | 20% | 2,588 | 2% | 129,380 |
| Total Personnel | | 538,167 | 76% | 19,288 | 2% | 51,845 | 20% | 9,415 | 2% | 618,715 |
| Operating Expenses | | Expense | % | Expense | % | Expense | % | Expense | % | Total |
| Total Occupancy | | 63,895 | 76% | 1,681 | 2% | 16,814 | 20% | 1,681 | 2% | 84,071 |
| Total Materials and Supplies | | 6,032 | 76% | 159 | 2% | 1,588 | 20% | 159 | 2% | 7,938 |
| Total General Operating | | 8,471 | 76% | 223 | 2% | 2,229 | 20% | 223 | 2% | 11,146 |
| Total Staff Travel | | 7,866 | 76% | 207 | 2% | 2,070 | 20% | 207 | 2% | 10,350 |
| Consultants/Subcontractor: | | - | | - | | - | | - | | - |
| Other - Misc | | 5,016 | 76% | 132 | 2% | 1,320 | 20% | 132 | 2% | 6,600 |
| Other - Client Food | | 29,835 | 76% | 785 | 2% | 7,851 | 20% | 785 | 2% | 39,256 |
| Total Operating Expenses | | 121,115 | 76% | 3,187 | 2% | 31,872 | 20% | 3,187 | 2% | 159,361 |
| Total Direct Expenses | | 659,282 | 85% | 22,475 | 3% | 83,717 | 11% | 12,602 | 2% | 778,076 |
| Indirect Expenses 9.000% | | 59,524 | 85% | 2,101 | 3% | 7,003 | 10% | 1,400 | 2% | 70,028 |
| TOTAL EXPENSES | | 718,807 | 85% | 24,577 | 3% | 90,720 | 11% | 14,002 | 2% | 848,104 |
| UOS per Service Mode | | 7,085 | | 237 | | 540 | | 90 | | 7,952 |
| Cost / UOS by Service Mode | | \$101.46 | | \$103.71 | | \$168.00 | | \$155.58 | | N/A |
| UDC per Service Mode | | 200 | | 50 | | 100 | | 30 | | 200 |

BUDGET JUSTIFICATION**1a) SALARIES**

| Staff Position 1: Chief Program Officer | | | | |
|--|---|--------------------|--------------------------------------|-------------------|
| Brief Duties | The CPO leads all of the agency's programs except the medical clinic. The CPO oversees programmatic strategy and is tasked with optimizing resources across programs for effective client outcomes. | | | |
| Min Quals | Strong record of leadership in HIV services, 5+ years program development, multi-program operations, and established funder relationships. | | | |
| Annual Salary: | x FTE: | x Mos per Yr | Annualized if < 12 | Total |
| \$121,463.43 | 0.10 | 12 | 1.00 | \$ 12,146 |
| Staff Position 2: Director of Programs | | | | |
| Brief Duties | Directly supervises all programs that provide services to individual clients except medical clinic. Provides clinical supervision and consultation to providers. Engages directly with clients to evaluate concerns and address grievances. | | | |
| Min Quals | Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts. | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$109,895.48 | 0.15 | 12 | 1.00 | \$ 16,484 |
| Staff Position 3: Associate Director | | | | |
| Brief Duties | Provides supervision of all Program Mngrs; oversees programmatic operation; coordinates with program partners; provides direct services to clients as back-up for service provider absences, vacations, and staff shortages. | | | |
| Min Quals | LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management. | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$75,191.65 | 0.20 | 12 | 1.00 | \$ 15,038 |
| Staff Position 4: Program Manager | | | | |
| Brief Duties | The program manager will provide day-to-day oversight of the TACE program and supervision of staff. | | | |
| Min Quals | Bachelor's degree with 2 years management level experience. | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$63,623.70 | 1.00 | 12 | 1.00 | \$ 63,624 |
| Staff Position 5: Case Managers | | | | |
| Brief Duties | Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators. | | | |
| Min Quals | Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp. | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$56,104.54 | 5.82269 | 12 | 1.00 | \$ 326,679 |
| Staff Position 6: Contracts Mngmt Coord | | | | |

| | | | | |
|--|--------|--------------------|--------------------------------------|------------------|
| Brief Duties Provides TACE monitoring to ensure outcome deliverables and performance goals are met. Responsible for overall contract quality assurance. Works continuously with program staff to deliver timely reports. | | | | |
| Min Quals Bachelor's degree and 3-5 years experience in program delivery and contract compliance. | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$73,137.84 | 0.15 | 12 | 1.00 | \$ 10,971 |

| | | | | |
|---|--------|--------------------|--------------------------------------|------------------|
| Staff Position 7: Engagement Specialist | | | | |
| Brief Duties Provides clerical/admin support to prog staff; plans client events, organizes/facilitates grps; data entry/collection. | | | | |
| Min Quals Bachelor's or equivalent exp, computer, office skills, 2 yrs of admin experience. | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$43,310.16 | 0.40 | 12 | 1.00 | \$ 17,324 |

| | | | | |
|---|--------|--------------------|--------------------------------------|------------------|
| Staff Position 8: Data Specialist | | | | |
| Brief Duties Provides clerical/admin support to prog staff; plans client events, organizes/facilitates grps; data entry/collection. | | | | |
| Min Quals Bachelor's or equivalent exp, computer, office skills, 2 yrs of admin experience. | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$60,153.32 | 0.45 | 12 | 1.00 | \$ 27,069 |

Total FTE: 8.27269 Total Salaries: \$ 489,335

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger acc

| Component | Cost |
|------------------------|-------------|
| Social Security | \$ 37,434 |
| Retirement | \$ 7,046 |
| Medical | \$ 76,092 |
| Dental | \$ - |
| Unemployment Insurance | \$ 3,915 |
| Disability Insurance | \$ - |
| Paid Time Off | \$ - |
| Other (specify): | \$ 4,893 |

Total Fringe Benefit: \$ 129,380

Fringe Benefit %: 26.44%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 618,715

2) OPERATING EXPENSES:

| Occupancy Expense | Brief Description | Rate | Cost |
|-------------------------|---|------------------|------------------|
| Rent/facilities | Project staff office, common & confidential mtg areas. | \$649.87/mo./FTE | \$ 64,514 |
| Utilities/maintenance | Janitorial, maintenance supplies, security for staff space. | \$132/mo./FTE | \$ 13,104 |
| Phone/Communication | Phone, internet, email: prog & client communication/coordination. | 65/mo./FTE | \$ 6,453 |
| Total Occupancy: | | | \$ 84,071 |

| Materials & Supplies Expense | Brief Description | Rate | Cost |
|--|--|--------------|-----------------|
| Supplies/Postage | General office supplies for program related projects. | \$35/mo./FTE | \$ 3,475 |
| Program Supplies | Hygiene kits and other program supplies ~\$35.70/month for ~. 125 UDC/year. | \$4,463 | \$ 4,463 |
| Total Materials & Supplies: | | | \$ 7,938 |

| General Operating Expense | Brief Description | Rate | Cost |
|---------------------------------|---|-----------------------|------------------|
| Insurance | Liability for project staff office, drop-in, grp svcs areas. | \$43/mo./FTE | \$ 4,269 |
| Equipment rental | Copier, phone, voicemail equip lease/maintenance. | \$25/mo./FTE | \$ 2,482 |
| Conference Presentations | Conference registration for presenters on HIV/AIDS interventions for 3 staff attendees, twice a year. | \$670 x 3; \$595 x 3 | \$ 3,795 |
| Staff Training | Compasspoint Trainings. | \$300/staff * 2 staff | \$ 600 |
| Total General Operating: | | | \$ 11,146 |

| Staff Travel and Purpose | Location | Expense Item | Rate | Cost |
|--|-------------|-----------------------|----------------------------|----------|
| Clipper cards to escort clients to appts | Local | Clipper Cards | \$2.5 x 125 UDC x 12 appts | \$ 3,750 |
| US Conference on AIDS (USCA) | Orlando, FL | Airfare/Hotel/PerDiem | 1150 x 3 staff | \$ 3,450 |
| Nat'l Healthcare for the Homeless | Minneapolis | Airfare/Hotel/PerDiem | 1050 x 3 staff | \$ 3,150 |
| Total Staff Travel: | | | \$ 10,350 | |

| Other Expense - Misc | Brief Description | Rate | Cost |
|--------------------------|---|---------------------|-----------------|
| Medical waste removal | Fees for removal of medical waste products. | \$500/mo x 12 x 50% | \$ 3,000 |
| Art Program supplies | Paint, beads, canvas and other materials for art therapy program. | \$300/mo x 12 mos | \$ 3,600 |
| Total Other- Misc | | | \$ 6,600 |

| Other Expense - Client Food/Incentives | Brief Description | Rate | Cost |
|--|---|---------------------|-----------|
| Client Food/Incentives | Food for program activities; breakfast/lunch programs for ~. 125 clients/year at ~\$19.20/client per month. | 2400/month x 12 mos | \$ 28,800 |
| Client Food/Incentives | Client mental health and treatment adherence programming for ~125 clients/year, for ~\$60/client per year. | 7456 annually | \$ 7,456 |

| | | | |
|---|---|--------------------|------------------|
| Client Food/Incentives | Ad hoc nutrition support & Consumer Advisory Bd mtgs for ~25 clients/month at ~\$10/client per month. | 250/month x 12 mos | \$ 3,000 |
| Total Other - Client Food/Incentives | | | \$ 39,256 |

TOTAL OPERATING EXPENSES: \$ 159,361

TOTAL DIRECT COSTS: \$ 778,076

4) INDIRECT COSTS

| Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) | | Amount |
|--|-------------|-----------|
| Salaries & benefits | \$55,027.00 | \$ 55,027 |
| Occupancy | \$4,875.00 | \$ 4,875 |
| Materials & supplies | \$1,379.00 | \$ 1,379 |
| General operating | \$1,310.00 | \$ 1,310 |
| Travel | \$246.00 | \$ 246 |
| Other | \$7,191.00 | \$ 7,191 |

Indirect Rate: 9.000%

TOTAL INDIRECT COSTS: \$ 70,028

TOTAL EXPENSES: \$ 848,104

APIWC dba SFCHC
Tenderloin Area Center of Excellence (TACE)
Ambulatory Healthcare Services

Appendix B-2h, Page 1
03/01/2025 - 02/28/2026
Ryan White Part A

UOS COST ALLOCATION BY SERVICE MODE

| | | SERVICE MODES | | | | | | | | |
|-----------------------------------|----------------|-----------------------|------------|--------------------------------------|-----------|---------------------------|------------|--|-----------|-----------------|
| Personnel Expenses | | Case Management Hours | | Mental Health Referrals and Linkages | | Peer Advocacy Group Hours | | Outpatient Mental Health & Substance Abuse Group Hours | | Contract Totals |
| Position Titles | FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | |
| Chief Program Officer | 0.10 | 9,960 | 82% | - | | 2,186 | 18% | - | | 12,146 |
| Director of Programs | 0.15 | 14,341 | 87% | 330 | 2% | 1,648 | 10% | 165 | 1% | 16,484 |
| Associate Director | 0.20 | 15,038 | 100% | - | | - | | - | | 15,038 |
| Program Manager | 1.00 | 52,808 | 83% | 2,544 | 4% | 7,001 | 11% | 1,271 | 2% | 63,624 |
| Case Managers | 5.82269 | 298,911 | 92% | 13,067 | 4% | 9,800 | 3% | 4,901 | 2% | 326,679 |
| Contracts Mngmt Coord | 0.15 | 9,107 | 83% | 219 | 2% | 1,426 | 13% | 219 | 2% | 10,971 |
| Engagement Specialist | 0.40 | 13,686 | 79% | - | | 3,638 | 21% | - | | 17,324 |
| Data Specialist | 0.45 | 25,986 | 96% | 541 | 2% | 271 | 1% | 271 | 1% | 27,069 |
| Total FTE & Salaries | 8.27269 | 439,837 | 76% | 16,701 | 2% | 25,970 | 20% | 6,827 | 2% | 489,335 |
| Fringe Benefits | 26.44% | 98,330 | 76% | 2,587 | 2% | 25,875 | 20% | 2,588 | 2% | 129,380 |
| Total Personnel | | 538,167 | 76% | 19,288 | 2% | 51,845 | 20% | 9,415 | 2% | 618,715 |
| Operating Expenses | | Expense | % | Expense | % | Expense | % | Expense | % | Total |
| Total Occupancy | | 63,895 | 76% | 1,681 | 2% | 16,814 | 20% | 1,681 | 2% | 84,071 |
| Total Materials and Supplies | | 6,032 | 76% | 159 | 2% | 1,588 | 20% | 159 | 2% | 7,938 |
| Total General Operating | | 8,471 | 76% | 223 | 2% | 2,229 | 20% | 223 | 2% | 11,146 |
| Total Staff Travel | | 7,866 | 76% | 207 | 2% | 2,070 | 20% | 207 | 2% | 10,350 |
| Consultants/Subcontractor: | | - | | - | | - | | - | | - |
| Other - Misc | | 5,016 | 76% | 132 | 2% | 1,320 | 20% | 132 | 2% | 6,600 |
| Other - Client Food | | 29,835 | 76% | 785 | 2% | 7,851 | 20% | 785 | 2% | 39,256 |
| Total Operating Expenses | | 121,115 | 76% | 3,187 | 2% | 31,872 | 20% | 3,187 | 2% | 159,361 |
| Total Direct Expenses | | 659,282 | 85% | 22,475 | 3% | 83,717 | 11% | 12,602 | 2% | 778,076 |
| Indirect Expenses 9.000% | | 59,524 | 85% | 2,101 | 3% | 7,003 | 10% | 1,400 | 2% | 70,028 |
| TOTAL EXPENSES | | 718,807 | 85% | 24,577 | 3% | 90,720 | 11% | 14,002 | 2% | 848,104 |
| UOS per Service Mode | | 7,085 | | 237 | | 540 | | 90 | | 7,952 |
| Cost / UOS by Service Mode | | \$101.46 | | \$103.71 | | \$168.00 | | \$155.58 | | N/A |
| UDC per Service Mode | | 200 | | 50 | | 100 | | 30 | | 200 |

BUDGET JUSTIFICATION**1a) SALARIES**

| Staff Position 1: Chief Program Officer | | | | |
|--|---|--------------------|--------------------------------------|-------------------|
| Brief Duties | The CPO leads all of the agency's programs except the medical clinic. The CPO oversees programmatic strategy and is tasked with optimizing resources across programs for effective client outcomes. | | | |
| Min Quals | Strong record of leadership in HIV services, 5+ years program development, multi-program operations, and established funder relationships. | | | |
| Annual Salary: | x FTE: | x Mos per Yr | Annualized if < 12 | Total |
| \$121,463.43 | 0.10 | 12 | 1.00 | \$ 12,146 |
| Staff Position 2: Director of Programs | | | | |
| Brief Duties | Directly supervises all programs that provide services to individual clients except medical clinic. Provides clinical supervision and consultation to providers. Engages directly with clients to evaluate concerns and address grievances. | | | |
| Min Quals | Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts. | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$109,895.48 | 0.15 | 12 | 1.00 | \$ 16,484 |
| Staff Position 3: Associate Director | | | | |
| Brief Duties | Provides supervision of all Program Mngrs; oversees programmatic operation; coordinates with program partners; provides direct services to clients as back-up for service provider absences, vacations, and staff shortages. | | | |
| Min Quals | LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management. | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$75,191.65 | 0.20 | 12 | 1.00 | \$ 15,038 |
| Staff Position 4: Program Manager | | | | |
| Brief Duties | The program manager will provide day-to-day oversight of the TACE program and supervision of staff. | | | |
| Min Quals | Bachelor's degree with 2 years management level experience. | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$63,623.70 | 1.00 | 12 | 1.00 | \$ 63,624 |
| Staff Position 5: Case Managers | | | | |
| Brief Duties | Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators. | | | |
| Min Quals | Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp. | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$56,104.54 | 5.82269 | 12 | 1.00 | \$ 326,679 |
| Staff Position 6: Contracts Mngmt Coord | | | | |

| Occupancy Expense | Brief Description | Rate | Cost |
|-------------------------|---|------------------|------------------|
| Rent/facilities | Project staff office, common & confidential mtg areas. | \$649.87/mo./FTE | \$ 64,514 |
| Utilities/maintenance | Janitorial, maintenance supplies, security for staff space. | \$132/mo./FTE | \$ 13,104 |
| Phone/Communication | Phone, internet, email: prog & client communication/coordination. | 65/mo./FTE | \$ 6,453 |
| Total Occupancy: | | | \$ 84,071 |

| Materials & Supplies Expense | Brief Description | Rate | Cost |
|--|--|--------------|-----------------|
| Supplies/Postage | General office supplies for program related projects. | \$35/mo./FTE | \$ 3,475 |
| Program Supplies | Hygiene kits and other program supplies ~\$35.70/month for ~. 125 UDC/year. | \$4,463 | \$ 4,463 |
| Total Materials & Supplies: | | | \$ 7,938 |

| General Operating Expense | Brief Description | Rate | Cost |
|---------------------------------|---|-----------------------|------------------|
| Insurance | Liability for project staff office, drop-in, grp svcs areas. | \$43/mo./FTE | \$ 4,269 |
| Equipment rental | Copier, phone, voicemail equip lease/maintenance. | \$25/mo./FTE | \$ 2,482 |
| Conference Presentations | Conference registration for presenters on HIV/AIDS interventions for 3 staff attendees, twice a year. | \$670 x 3; \$595 x 3 | \$ 3,795 |
| Staff Training | Compasspoint Trainings. | \$300/staff * 2 staff | \$ 600 |
| Total General Operating: | | | \$ 11,146 |

| Staff Travel and Purpose | Location | Expense Item | Rate | Cost |
|--|-------------|-----------------------|----------------------------|----------|
| Clipper cards to escort clients to appts | Local | Clipper Cards | \$2.5 x 125 UDC x 12 appts | \$ 3,750 |
| US Conference on AIDS (USCA) | Orlando, FL | Airfare/Hotel/PerDiem | 1150 x 3 staff | \$ 3,450 |
| Nat'l Healthcare for the Homeless | Minneapolis | Airfare/Hotel/PerDiem | 1050 x 3 staff | \$ 3,150 |
| Total Staff Travel: | | | \$ 10,350 | |

| Other Expense - Misc | Brief Description | Rate | Cost |
|--------------------------|---|---------------------|-----------------|
| Medical waste removal | Fees for removal of medical waste products. | \$500/mo x 12 x 50% | \$ 3,000 |
| Art Program supplies | Paint, beads, canvas and other materials for art therapy program. | \$300/mo x 12 mos | \$ 3,600 |
| Total Other- Misc | | | \$ 6,600 |

| Other Expense - Client Food/Incentives | Brief Description | Rate | Cost |
|--|---|---------------------|-----------|
| Client Food/Incentives | Food for program activities; breakfast/lunch programs for ~. 125 clients/year at ~\$19.20/client per month. | 2400/month x 12 mos | \$ 28,800 |
| Client Food/Incentives | Client mental health and treatment adherence programming for ~125 clients/year, for ~\$60/client per year. | 7456 annually | \$ 7,456 |

| | | | |
|---|---|--------------------|------------------|
| Client Food/Incentives | Ad hoc nutrition support & Consumer Advisory Bd mtgs for ~25 clients/month at ~\$10/client per month. | 250/month x 12 mos | \$ 3,000 |
| Total Other - Client Food/Incentives | | | \$ 39,256 |

TOTAL OPERATING EXPENSES: \$ 159,361

TOTAL DIRECT COSTS: \$ 778,076

4) INDIRECT COSTS

| Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) | | Amount |
|--|-------------|-----------|
| Salaries & benefits | \$55,027.00 | \$ 55,027 |
| Occupancy | \$4,875.00 | \$ 4,875 |
| Materials & supplies | \$1,379.00 | \$ 1,379 |
| General operating | \$1,310.00 | \$ 1,310 |
| Travel | \$246.00 | \$ 246 |
| Other | \$7,191.00 | \$ 7,191 |

Indirect Rate: 9.000%

TOTAL INDIRECT COSTS: \$ 70,028

TOTAL EXPENSES: \$ 848,104

APIWC dba SFCHC
Tenderloin Area Center of Excellence (TACE)
Ambulatory Healthcare Services

Appendix B-2i, Page 1
03/01/2026 - 02/28/2027
Ryan White Part A

UOS COST ALLOCATION BY SERVICE MODE

| | | SERVICE MODES | | | | | | | | |
|-----------------------------------|----------------|-----------------------|------------|--------------------------------------|-----------|---------------------------|------------|--|-----------|-----------------|
| Personnel Expenses | | Case Management Hours | | Mental Health Referrals and Linkages | | Peer Advocacy Group Hours | | Outpatient Mental Health & Substance Abuse Group Hours | | Contract Totals |
| Position Titles | FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | |
| Chief Program Officer | 0.10 | 9,960 | 82% | - | | 2,186 | 18% | - | | 12,146 |
| Director of Programs | 0.15 | 14,341 | 87% | 330 | 2% | 1,648 | 10% | 165 | 1% | 16,484 |
| Associate Director | 0.20 | 15,038 | 100% | - | | - | | - | | 15,038 |
| Program Manager | 1.00 | 52,808 | 83% | 2,544 | 4% | 7,001 | 11% | 1,271 | 2% | 63,624 |
| Case Managers | 5.82269 | 298,911 | 92% | 13,067 | 4% | 9,800 | 3% | 4,901 | 2% | 326,679 |
| Contracts Mngmt Coord | 0.15 | 9,107 | 83% | 219 | 2% | 1,426 | 13% | 219 | 2% | 10,971 |
| Engagement Specialist | 0.40 | 13,686 | 79% | - | | 3,638 | 21% | - | | 17,324 |
| Data Specialist | 0.45 | 25,986 | 96% | 541 | 2% | 271 | 1% | 271 | 1% | 27,069 |
| Total FTE & Salaries | 8.27269 | 439,837 | 76% | 16,701 | 2% | 25,970 | 20% | 6,827 | 2% | 489,335 |
| Fringe Benefits | 26.44% | 98,330 | 76% | 2,587 | 2% | 25,875 | 20% | 2,588 | 2% | 129,380 |
| Total Personnel | | 538,167 | 76% | 19,288 | 2% | 51,845 | 20% | 9,415 | 2% | 618,715 |
| Operating Expenses | | Expense | % | Expense | % | Expense | % | Expense | % | Total |
| Total Occupancy | | 63,895 | 76% | 1,681 | 2% | 16,814 | 20% | 1,681 | 2% | 84,071 |
| Total Materials and Supplies | | 6,032 | 76% | 159 | 2% | 1,588 | 20% | 159 | 2% | 7,938 |
| Total General Operating | | 8,471 | 76% | 223 | 2% | 2,229 | 20% | 223 | 2% | 11,146 |
| Total Staff Travel | | 7,866 | 76% | 207 | 2% | 2,070 | 20% | 207 | 2% | 10,350 |
| Consultants/Subcontractor: | | - | | - | | - | | - | | - |
| Other - Misc | | 5,016 | 76% | 132 | 2% | 1,320 | 20% | 132 | 2% | 6,600 |
| Other - Client Food | | 29,835 | 76% | 785 | 2% | 7,851 | 20% | 785 | 2% | 39,256 |
| Total Operating Expenses | | 121,115 | 76% | 3,187 | 2% | 31,872 | 20% | 3,187 | 2% | 159,361 |
| Total Direct Expenses | | 659,282 | 85% | 22,475 | 3% | 83,717 | 11% | 12,602 | 2% | 778,076 |
| Indirect Expenses 9.000% | | 59,524 | 85% | 2,101 | 3% | 7,003 | 10% | 1,400 | 2% | 70,028 |
| TOTAL EXPENSES | | 718,807 | 85% | 24,577 | 3% | 90,720 | 11% | 14,002 | 2% | 848,104 |
| UOS per Service Mode | | 7,085 | | 237 | | 540 | | 90 | | 7,952 |
| Cost / UOS by Service Mode | | \$101.46 | | \$103.71 | | \$168.00 | | \$155.58 | | N/A |
| UDC per Service Mode | | 200 | | 50 | | 100 | | 30 | | 200 |

BUDGET JUSTIFICATION**1a) SALARIES**

| Staff Position 1: Chief Program Officer | | | | |
|--|---|--------------------|--------------------------------------|-------------------|
| Brief Duties | The CPO leads all of the agency's programs except the medical clinic. The CPO oversees programmatic strategy and is tasked with optimizing resources across programs for effective client outcomes. | | | |
| Min Quals | Strong record of leadership in HIV services, 5+ years program development, multi-program operations, and established funder relationships. | | | |
| Annual Salary: | x FTE: | x Mos per Yr | Annualized if < 12 | Total |
| \$121,463.43 | 0.10 | 12 | 1.00 | \$ 12,146 |
| Staff Position 2: Director of Programs | | | | |
| Brief Duties | Directly supervises all programs that provide services to individual clients except medical clinic. Provides clinical supervision and consultation to providers. Engages directly with clients to evaluate concerns and address grievances. | | | |
| Min Quals | Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts. | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$109,895.48 | 0.15 | 12 | 1.00 | \$ 16,484 |
| Staff Position 3: Associate Director | | | | |
| Brief Duties | Provides supervision of all Program Mngrs; oversees programmatic operation; coordinates with program partners; provides direct services to clients as back-up for service provider absences, vacations, and staff shortages. | | | |
| Min Quals | LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management. | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$75,191.65 | 0.20 | 12 | 1.00 | \$ 15,038 |
| Staff Position 4: Program Manager | | | | |
| Brief Duties | The program manager will provide day-to-day oversight of the TACE program and supervision of staff. | | | |
| Min Quals | Bachelor's degree with 2 years management level experience. | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$63,623.70 | 1.00 | 12 | 1.00 | \$ 63,624 |
| Staff Position 5: Case Managers | | | | |
| Brief Duties | Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators. | | | |
| Min Quals | Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp. | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$56,104.54 | 5.82269 | 12 | 1.00 | \$ 326,679 |
| Staff Position 6: Contracts Mngmt Coord | | | | |

| Occupancy Expense | Brief Description | Rate | Cost |
|-------------------------|---|------------------|------------------|
| Rent/facilities | Project staff office, common & confidential mtg areas. | \$649.87/mo./FTE | \$ 64,514 |
| Utilities/maintenance | Janitorial, maintenance supplies, security for staff space. | \$132/mo./FTE | \$ 13,104 |
| Phone/Communication | Phone, internet, email: prog & client communication/coordination. | 65/mo./FTE | \$ 6,453 |
| Total Occupancy: | | | \$ 84,071 |

| Materials & Supplies Expense | Brief Description | Rate | Cost |
|--|--|--------------|-----------------|
| Supplies/Postage | General office supplies for program related projects. | \$35/mo./FTE | \$ 3,475 |
| Program Supplies | Hygiene kits and other program supplies ~\$35.70/month for ~. 125 UDC/year. | \$4,463 | \$ 4,463 |
| Total Materials & Supplies: | | | \$ 7,938 |

| General Operating Expense | Brief Description | Rate | Cost |
|---------------------------------|---|-----------------------|------------------|
| Insurance | Liability for project staff office, drop-in, grp svcs areas. | \$43/mo./FTE | \$ 4,269 |
| Equipment rental | Copier, phone, voicemail equip lease/maintenance. | \$25/mo./FTE | \$ 2,482 |
| Conference Presentations | Conference registration for presenters on HIV/AIDS interventions for 3 staff attendees, twice a year. | \$670 x 3; \$595 x 3 | \$ 3,795 |
| Staff Training | Compasspoint Trainings. | \$300/staff * 2 staff | \$ 600 |
| Total General Operating: | | | \$ 11,146 |

| Staff Travel and Purpose | Location | Expense Item | Rate | Cost |
|--|-------------|-----------------------|----------------------------|----------|
| Clipper cards to escort clients to appts | Local | Clipper Cards | \$2.5 x 125 UDC x 12 appts | \$ 3,750 |
| US Conference on AIDS (USCA) | Orlando, FL | Airfare/Hotel/PerDiem | 1150 x 3 staff | \$ 3,450 |
| Nat'l Healthcare for the Homeless | Minneapolis | Airfare/Hotel/PerDiem | 1050 x 3 staff | \$ 3,150 |
| Total Staff Travel: | | | \$ 10,350 | |

| Other Expense - Misc | Brief Description | Rate | Cost |
|--------------------------|---|---------------------|-----------------|
| Medical waste removal | Fees for removal of medical waste products. | \$500/mo x 12 x 50% | \$ 3,000 |
| Art Program supplies | Paint, beads, canvas and other materials for art therapy program. | \$300/mo x 12 mos | \$ 3,600 |
| Total Other- Misc | | | \$ 6,600 |

| Other Expense - Client Food/Incentives | Brief Description | Rate | Cost |
|--|---|---------------------|-----------|
| Client Food/Incentives | Food for program activities; breakfast/lunch programs for ~. 125 clients/year at ~\$19.20/client per month. | 2400/month x 12 mos | \$ 28,800 |
| Client Food/Incentives | Client mental health and treatment adherence programming for ~125 clients/year, for ~\$60/client per year. | 7456 annually | \$ 7,456 |

| | | | |
|---|---|--------------------|------------------|
| Client Food/Incentives | Ad hoc nutrition support & Consumer Advisory Bd mtgs for ~25 clients/month at ~\$10/client per month. | 250/month x 12 mos | \$ 3,000 |
| Total Other - Client Food/Incentives | | | \$ 39,256 |

TOTAL OPERATING EXPENSES: \$ 159,361

TOTAL DIRECT COSTS: \$ 778,076

4) INDIRECT COSTS

| Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) | | Amount |
|--|-------------|-----------|
| Salaries & benefits | \$55,027.00 | \$ 55,027 |
| Occupancy | \$4,875.00 | \$ 4,875 |
| Materials & supplies | \$1,379.00 | \$ 1,379 |
| General operating | \$1,310.00 | \$ 1,310 |
| Travel | \$246.00 | \$ 246 |
| Other | \$7,191.00 | \$ 7,191 |

Indirect Rate: 9.000%

TOTAL INDIRECT COSTS: \$ 70,028

TOTAL EXPENSES: \$ 848,104

UOS COST ALLOCATION BY SERVICE MODE

| | | SERVICE MODES | | | | | | |
|----------------------------------|-----------------------------------|--------------------------------------|---------------|----------------------------------|--------------|-------------------------------|---------------|-----------------------|
| Personnel Expenses | | Trans Access Medical Case Management | | Trans Access Support Group Hours | | HHOME Medical Case Management | | Contract Totals |
| Position Titles | FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | |
| Program Manager | 1.00 | 34,655 | 50% | | | 34,655 | 50% | 69,309 |
| HHOME Case Manager | 2.29 | | | | | 127,584 | 100% | 127,584 |
| Trans Access Senior Case Manager | 2.29 | 122,481 | 96% | 5,103 | 4% | | | 127,584 |
| Registered Nurse | 0.40 | | | | | 42,000 | 100% | 42,000 |
| | | | | - | | | | |
| | | - | | | | | | |
| Total FTE & Salaries | 5.98 | 157,135 | 43% | 5,103 | 1% | 204,239 | 56% | 366,477 |
| Fringe Benefits | 26.44% | 46,510 | 48% | 3,876 | 4% | 46,510 | 48% | 96,896 |
| Total Personnel | | 203,645 | 44% | 8,979 | 2% | 250,749 | 54% | 463,373 |
| Operating Expenses | | | | | | | | |
| | | Expense | % | Expense | % | Expense | % | Total |
| Total Occupancy | | 19,191 | 44% | 846 | 2% | 23,630 | 54% | 43,667 |
| Total Materials and Supplies | | 3,162 | 44% | 139 | 2% | 3,893 | 54% | 7,194 |
| Total General Operating | | 2,804 | 44% | 124 | 2% | 3,452 | 54% | 6,380 |
| Total Staff Travel | | 3,793 | 44% | 167 | 2% | 4,670 | 54% | 8,630 |
| Consultants/Subcontractor: | | - | | - | | - | | - |
| Other | | 1,658 | 44% | 73 | 2% | 2,042 | 54% | 3,773 |
| Total Operating Expenses | | 30,607 | 43.95% | 1,350 | 1.94% | 37,687 | 54.11% | 69,644 |
| Capital Expenses | | | | | | | | |
| | | Expenditure | % | Expenditure | % | Expenditure | % | Contract Total |
| Capital Expenditure 1 | | | | | | | | - |
| Capital Expenditure 2 | | | | | | | | - |
| Total Capital Expenses | | | | | | | | - |
| Total Direct Expenses | | 234,252 | 44% | 10,329 | 2% | 288,436 | 54% | 533,017 |
| Indirect Expenses | 8.71454% | 20,414 | 44% | 900 | 2% | 25,136 | 54% | 46,450 |
| TOTAL EXPENSES | | 254,666 | 44% | 11,229 | 2% | 313,572 | 54% | 579,467 |
| Type of Reimbursement | | Cost Reimbursement | | | | | | |
| | UOS per Service Mode | 2,679 | | 90 | | 2,679 | | 5,448 |
| | Cost / UOS by Service Mode | \$95.07 | | \$124.77 | | \$117.05 | | N/A |
| | UDC per Service Mode | 50 | | 25 | | 50 | | 100 |

BUDGET JUSTIFICATION

Contractor Name APIWC dba SFCHC
Program Name: HHOME / Trans Access

Appendix #: B-4f
 Fiscal Year: 3/1/23-2/29/24

1a) SALARIES

| | | | | |
|--|--------|--------------------|--------------------------------------|------------------|
| Staff Position 1: Program Manager | | | | |
| Provides day-to-day supervision and coordination of project timelines, data collection and reporting. Direct supervisor for project staff. | | | | |
| Brief description of job duties: | | | | |
| Minimum qualifications: Bachelor's degree; 3 years program management and staff supervision experience. | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$69,308.66 | 1.00 | 12 | 1.00 | \$ 69,309 |

| | | | | |
|--|--------|--------------------|--------------------------------------|-------------------|
| Staff Position 2: HHOME Case Manager | | | | |
| Performs comprehensive client psychosocial assessments; prepares and updates individualized care plans in collaboration with clients; provides referrals and linkage support to essential health, behavioral, and psychosocial resources including housing, employment, mental health, and substance use services; provides individual and/or group therapy. | | | | |
| Brief description of job duties: | | | | |
| Master's degree and one year experience in social services or equivalent combination of education and experience | | | | |
| Minimum qualifications: Bilingual preferred. | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$55,713.50 | 2.29 | 12 | 1.00 | \$ 127,584 |

| | | | | |
|--|--------|--------------------|--------------------------------------|-------------------|
| Staff Position 3: Trans Access Case Manager | | | | |
| Performs comprehensive client psychosocial assessments; prepares and updates individualized care plans in collaboration with clients; provides referrals and linkage support to essential health, behavioral, and psychosocial resources including housing, employment, mental health, and substance use services; provides individual and/or group therapy. | | | | |
| Brief description of job duties: | | | | |
| Master's degree and one year experience in social services or equivalent combination of education and experience | | | | |
| Minimum qualifications: Bilingual preferred. | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$55,713.50 | 2.29 | 12 | 1.00 | \$ 127,584 |

| | | | | |
|---|--------|--------------------|--------------------------------------|------------------|
| Staff Position 4: Registered Nurse | | | | |
| Plans, coordinates, and oversees nursing services for the HHOME team and for the clinic. The RN would be overseeing adherence and nursing care for the Homeless HIV Outreach and Mobile Engagement (HHOME) program. This includes performing duties such as blood draw and wound care on the street, in rooms, and in clinic. They will also support our primary care providers in patient adherence to treatment goals through coordination of care. | | | | |
| Brief description of job duties: | | | | |
| Bachelor's degree in Nursing; at least 3 years of experience that can be demonstrated to be applicable to the duties listed in the job description. OR Associate's degree in Nursing; at least 5 years of experience that can be demonstrated to be applicable to the duties listed in the job description. | | | | |
| Minimum qualifications: demonstrated to be applicable to the duties listed in the job description. | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$105,000.00 | 0.40 | 12 | 1.00 | \$ 42,000 |

| | | | | |
|----------------------------------|--------|--------------------|--------------------------------------|--------------|
| Staff Position 6: | | | | |
| Brief description of job duties: | | | | |
| Minimum qualifications: | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| | | | 0 | \$ - |

Total FTE: **5.98** **Total Salaries: \$** **366,477**

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

| Component | Cost |
|------------------------------|---------------|
| Social Security | \$ 28,035.00 |
| Retirement | \$ 5,277.00 |
| Medical | \$ 56,987.00 |
| Dental | |
| Unemployment Insurance | \$ 2,932.00 |
| Disability Insurance | |
| Paid Time Off | |
| Other (specify): | \$ 3,665.00 |
| Total Fringe Benefit: | |
| | 96,896 |

Fringe Benefit %: **26.44%**

| | |
|---|----------------|
| TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: | 463,373 |
|---|----------------|

2) OPERATING EXPENSES:**Occupancy:**

| Expense Item | Brief Description | Rate | Cost |
|---------------------------|---|------------------|---------------|
| Rent/facilities | For project staff space, common and confidential meeting areas. | \$439.51/mo./FTE | 31,539 |
| Utilities and maintenance | To cover janitorial and maintenance supplies. | \$127/mo./FTE | 9,114 |
| Telephone/communications | Telephone, internet and email services. | \$42/mo./FTE | 3,014 |
| | | | |
| | | | |
| Total Occupancy: | | | 43,667 |

Materials & Supplies:

| Expense Item | Brief Description | Rate | Cost |
|--|---|---------------------|--------------|
| Group meeting supplies | Healthy snacks for weekly client support groups ~\$4.25/client for ~25 clients/week for ~48 weeks/yr. | \$106.25 x 48 weeks | 5,100 |
| Office supplies | Basic supplies such as paper, pens, files, printer cartridges, postage, and delivery. | \$25/mo./FTE | 1,794 |
| Printing and reproduction | Flyers, schedules of services and other client materials. | \$25/mo. | 300 |
| | | | |
| Total Materials & Supplies: | | | 7,194 |

General Operating:

| Expense Item | Brief Description | Rate | Cost |
|---------------------------------|--|-----------------|--------------|
| Insurance | Liability for project staff office, drop-in, grp svcs areas. | \$43/mo./FTE | \$ 3,086 |
| Equipment rental | Copier, phone, voicemail equip lease/maintenance. | \$25/mo./FTE | \$ 1,794 |
| Staff training | Conference registrations. | \$500 x 3 staff | 1,500 |
| Total General Operating: | | | 6,380 |

Staff Travel:

| Purpose of Travel | Location | Expense Item | Rate | Cost |
|--|---------------|------------------------|-------------------------------|--------------|
| Local transportation for project staff: BART, MUNI | San Francisco | clipper card | \$94/mo x 4 staff x 12 months | 4,512 |
| Conference travel | National | airfare/hotel/per diem | 2059/staff x 2 staff | 4,118 |
| | | | | |
| Total Staff Travel: | | | | 8,630 |

Consultants/Subcontractors:

| Consultant/Subcontractor Name | Service Description | Rate | Cost |
|--|---------------------|------|----------|
| | | | - |
| | | | |
| | | | |
| Total Consultants/Subcontractors: | | | - |

Other:

| Expense Item | Brief Description | Rate | Cost |
|--|--|---|--------------|
| Client housing support | Stabilization/permanent housing move-in kits. | \$50/client x 25 clients | 1,250 |
| Client treatment adherence and mental health programming | Nutritional food for programming with ~ 100 clients/year at ~\$25.23 per client. | (\$75/mo x 12 mo) + \$1623 annual meeting | 2,523 |
| Total Other: | | | 3,773 |

| | |
|----------------------------------|---------------|
| TOTAL OPERATING EXPENSES: | 69,644 |
|----------------------------------|---------------|

3) CAPITAL EXPENDITURES: (If needed. A unit valued at \$5,000 or more)

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
| | | |
| | | |

| | |
|------------------------------------|----------|
| TOTAL CAPITAL EXPENDITURES: | - |
|------------------------------------|----------|

| | |
|----------------------------|----------------|
| TOTAL DIRECT COSTS: | 533,017 |
|----------------------------|----------------|

4) INDIRECT COSTS

| Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) | Amount |
|---|---------------|
| Salaries & Benefits | 36,649 |
| Occupancy | 3,489 |
| Materials & Supplies | 988 |
| General Operating | - |
| Travel | 176 |
| Consultants | - |
| Other | 5,148 |

| | |
|--|-------------------------------------|
| | Indirect Rate: 8.71454% |
| | TOTAL INDIRECT COSTS: 46,450 |

| |
|--------------------------------|
| TOTAL EXPENSES: 579,467 |
|--------------------------------|

UOS COST ALLOCATION BY SERVICE MODE

| | | SERVICE MODES | | | | | | |
|---------------------------------|-----------------------------------|--------------------------------------|---------------|----------------------------------|--------------|-------------------------------|---------------|-----------------------|
| Personnel Expenses | | Trans Access Medical Case Management | | Trans Access Support Group Hours | | HHOME Medical Case Management | | Contract Totals |
| Position Titles | FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | |
| Program Manager | 1.00 | 34,655 | 50% | | | 34,655 | 50% | 69,309 |
| HHOME Case Manager | 2.29 | | | | | 127,584 | 100% | 127,584 |
| Trans Access Case Manager | 2.29 | 122,481 | 96% | 5,103 | 4% | | | 127,584 |
| Registered Nurse | 0.40 | | | | | 42,000 | 100% | 42,000 |
| | | | | - | | | | |
| | | - | | | | | | |
| Total FTE & Salaries | 5.98 | 157,135 | 43% | 5,103 | 1% | 204,239 | 56% | 366,477 |
| Fringe Benefits | 26.44% | 46,510 | 48% | 3,876 | 4% | 46,510 | 48% | 96,896 |
| Total Personnel | | 203,645 | 44% | 8,979 | 2% | 250,749 | 54% | 463,373 |
| Operating Expenses | | | | | | | | |
| | | Expense | % | Expense | % | Expense | % | Total |
| Total Occupancy | | 19,191 | 44% | 846 | 2% | 23,630 | 54% | 43,667 |
| Total Materials and Supplies | | 3,162 | 44% | 139 | 2% | 3,893 | 54% | 7,194 |
| Total General Operating | | 2,804 | 44% | 124 | 2% | 3,452 | 54% | 6,380 |
| Total Staff Travel | | 3,793 | 44% | 167 | 2% | 4,670 | 54% | 8,630 |
| Consultants/Subcontractor: | | - | | - | | - | | - |
| Other | | 1,658 | 44% | 73 | 2% | 2,042 | 54% | 3,773 |
| Total Operating Expenses | | 30,607 | 43.95% | 1,350 | 1.94% | 37,687 | 54.11% | 69,644 |
| Capital Expenses | | | | | | | | |
| | | Expenditure | % | Expenditure | % | Expenditure | % | Contract Total |
| Capital Expenditure 1 | | | | | | | | - |
| Capital Expenditure 2 | | | | | | | | - |
| Total Capital Expenses | | | | | | | | - |
| Total Direct Expenses | | | | | | | | |
| | | 234,252 | 44% | 10,329 | 2% | 288,436 | 54% | 533,017 |
| Indirect Expenses | 8.71454% | 20,414 | 44% | 900 | 2% | 25,136 | 54% | 46,450 |
| TOTAL EXPENSES | | 254,666 | 44% | 11,229 | 2% | 313,572 | 54% | 579,467 |
| Type of Reimbursement | | Cost Reimbursement | | | | | | |
| | UOS per Service Mode | 2,679 | | 90 | | 2,679 | | 5,448 |
| | Cost / UOS by Service Mode | \$95.07 | | \$124.77 | | \$117.05 | | N/A |
| | UDC per Service Mode | 50 | | 25 | | 50 | | 100 |

BUDGET JUSTIFICATION

Contractor Name APIWC dba SFCHC
Program Name: HHOME / Trans Access

Appendix #: B-4g
 Fiscal Year: 3/1/24-2/28/25

1a) SALARIES

| | | | | |
|---|--------|--------------------|--------------------------------------|------------------|
| Staff Position 1: Program Manager | | | | |
| Brief description of job duties: Provides day-to-day supervision and coordination of project timelines, data collection and reporting. Direct supervisor for project staff. | | | | |
| Minimum qualifications: Bachelor's degree; 3 years program management and staff supervision experience. | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$69,308.66 | 1.00 | 12 | 1.00 | \$ 69,309 |

| | | | | |
|---|--------|--------------------|--------------------------------------|-------------------|
| Staff Position 2: HHOME Case Manager | | | | |
| Brief description of job duties: Performs comprehensive client psychosocial assessments; prepares and updates individualized care plans in collaboration with clients; provides referrals and linkage support to essential health, behavioral, and psychosocial resources including housing, employment, mental health, and substance use services; provides individual and/or group therapy. | | | | |
| Minimum qualifications: Master's degree and one year experience in social services or equivalent combination of education and experience. Bilingual preferred. | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$55,713.50 | 2.29 | 12 | 1.00 | \$ 127,584 |

| | | | | |
|---|--------|--------------------|--------------------------------------|-------------------|
| Staff Position 3: Trans Access Case Manager | | | | |
| Brief description of job duties: Performs comprehensive client psychosocial assessments; prepares and updates individualized care plans in collaboration with clients; provides referrals and linkage support to essential health, behavioral, and psychosocial resources including housing, employment, mental health, and substance use services; provides individual and/or group therapy. | | | | |
| Minimum qualifications: Master's degree and one year experience in social services or equivalent combination of education and experience. Bilingual preferred. | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$55,713.50 | 2.29 | 12 | 1.00 | \$ 127,584 |

| | | | | |
|--|--------|--------------------|--------------------------------------|------------------|
| Staff Position 4: Registered Nurse | | | | |
| Brief description of job duties: Plans, coordinates, and oversees nursing services for the HHOME team and for the clinic. The RN would be overseeing adherence and nursing care for the Homeless HIV Outreach and Mobile Engagement (HHOME) program. This includes performing duties such as blood draw and wound care on the street, in rooms, and in clinic. They will also support our primary care providers in patient adherence to treatment goals through coordination of care. | | | | |
| Minimum qualifications: Bachelor's degree in Nursing; at least 3 years of experience that can be demonstrated to be applicable to the duties listed in the job description. OR Associate's degree in Nursing; at least 5 years of experience that can be demonstrated to be applicable to the duties listed in the job description. | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$105,000.00 | 0.40 | 12 | 1.00 | \$ 42,000 |

| | | | | |
|----------------------------------|--------|--------------------|--------------------------------------|--------------|
| Staff Position 6: | | | | |
| Brief description of job duties: | | | | |
| Minimum qualifications: | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| | | | 0 | \$ - |

Total FTE: 5.98 Total Salaries: \$ 366,477

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

| | | |
|------------------------|------------------------------|---------------|
| Component | Cost | |
| Social Security | \$ | 28,035.00 |
| Retirement | \$ | 5,277.00 |
| Medical | \$ | 56,987.00 |
| Dental | | |
| Unemployment Insurance | \$ | 2,932.00 |
| Disability Insurance | | |
| Paid Time Off | | |
| Other (specify): | \$ | 3,665.00 |
| | Total Fringe Benefit: | 96,896 |
| | Fringe Benefit %: | 26.44% |

| | |
|---|----------------|
| TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: | 463,373 |
|---|----------------|

2) OPERATING EXPENSES:**Occupancy:**

| Expense Item | Brief Description | Rate | Cost |
|---------------------------|---|------------------|---------------|
| Rent/facilities | For project staff space, common and confidential meeting areas. | \$439.51/mo./FTE | 31,539 |
| Utilities and maintenance | To cover janitorial and maintenance supplies. | \$127/mo./FTE | 9,114 |
| Telephone/communications | Telephone, internet and email services. | \$42/mo./FTE | 3,014 |
| | | | |
| | | | |
| Total Occupancy: | | | 43,667 |

Materials & Supplies:

| Expense Item | Brief Description | Rate | Cost |
|--|---|---------------------|--------------|
| Group meeting supplies | Healthy snacks for weekly client support groups ~\$4.25/client for ~25 clients/week for ~48 weeks/yr. | \$106.25 x 48 weeks | 5,100 |
| Office supplies | Basic supplies such as paper, pens, files, printer cartridges, postage, and delivery. | \$25/mo./FTE | 1,794 |
| Printing and reproduction | Flyers, schedules of services and other client materials. | \$25/mo. | 300 |
| | | | |
| Total Materials & Supplies: | | | 7,194 |

General Operating:

| Expense Item | Brief Description | Rate | Cost |
|---------------------------------|--|-----------------|--------------|
| Insurance | Liability for project staff office, drop-in, grp svcs areas. | \$43/mo./FTE | \$ 3,086 |
| Equipment rental | Copier, phone, voicemail equip lease/maintenance. | \$25/mo./FTE | \$ 1,794 |
| Staff training | Conference registrations. | \$500 x 3 staff | 1,500 |
| Total General Operating: | | | 6,380 |

Staff Travel:

| Purpose of Travel | Location | Expense Item | Rate | Cost |
|--|---------------|------------------------|-------------------------------|-------|
| Local transportation for project staff: BART, MUNI | San Francisco | clipper card | \$94/mo x 4 staff x 12 months | 4,512 |
| Conference travel | National | airfare/hotel/per diem | 2059/staff x 2 staff | 4,118 |
| Total Staff Travel: | | | 8,630 | |

Consultants/Subcontractors:

| Consultant/Subcontractor Name | Service Description | Rate | Cost |
|--|---------------------|------|----------|
| | | | - |
| | | | |
| | | | |
| Total Consultants/Subcontractors: | | | - |

Other:

| Expense Item | Brief Description | Rate | Cost |
|--|--|---|--------------|
| Client housing support | Stabilization/permanent housing move-in kits. | \$50/client x 25 clients | 1,250 |
| Client treatment adherence and mental health programming | Nutritional food for programming with ~ 100 clients/year at ~\$25.23 per client. | (\$75/mo x 12 mo) + \$1623 annual meeting | 2,523 |
| Total Other: | | | 3,773 |

| | |
|----------------------------------|---------------|
| TOTAL OPERATING EXPENSES: | 69,644 |
|----------------------------------|---------------|

3) CAPITAL EXPENDITURES: (If needed. A unit valued at \$5,000 or more)

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
| | | |
| | | |

| | |
|------------------------------------|----------|
| TOTAL CAPITAL EXPENDITURES: | - |
|------------------------------------|----------|

| | |
|----------------------------|----------------|
| TOTAL DIRECT COSTS: | 533,017 |
|----------------------------|----------------|

4) INDIRECT COSTS

| Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) | Amount |
|---|---------------|
| Salaries & Benefits | 36,649 |
| Occupancy | 3,489 |
| Materials & Supplies | 988 |
| General Operating | - |
| Travel | 176 |
| Consultants | - |
| Other | 5,148 |

| | |
|--|-------------------------------------|
| | Indirect Rate: 8.71454% |
| | TOTAL INDIRECT COSTS: 46,450 |

| |
|--------------------------------|
| TOTAL EXPENSES: 579,467 |
|--------------------------------|

UOS COST ALLOCATION BY SERVICE MODE

| | | SERVICE MODES | | | | | | |
|---------------------------------|-----------------------------------|--------------------------------------|---------------|----------------------------------|--------------|-------------------------------|---------------|-----------------------|
| Personnel Expenses | | Trans Access Medical Case Management | | Trans Access Support Group Hours | | HHOME Medical Case Management | | Contract Totals |
| Position Titles | FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | |
| Program Manager | 1.00 | 34,655 | 50% | | | 34,655 | 50% | 69,309 |
| HHOME Case Manager | 2.29 | | | | | 127,584 | 100% | 127,584 |
| Trans Access Case Manager | 2.29 | 122,481 | 96% | 5,103 | 4% | | | 127,584 |
| Registered Nurse | 0.40 | | | | | 42,000 | 100% | 42,000 |
| | | | | - | | | | |
| | | - | | | | | | |
| Total FTE & Salaries | 5.98 | 157,135 | 43% | 5,103 | 1% | 204,239 | 56% | 366,477 |
| Fringe Benefits | 26.44% | 46,510 | 48% | 3,876 | 4% | 46,510 | 48% | 96,896 |
| Total Personnel | | 203,645 | 44% | 8,979 | 2% | 250,749 | 54% | 463,373 |
| Operating Expenses | | | | | | | | |
| | | Expense | % | Expense | % | Expense | % | Total |
| Total Occupancy | | 19,191 | 44% | 846 | 2% | 23,630 | 54% | 43,667 |
| Total Materials and Supplies | | 3,162 | 44% | 139 | 2% | 3,893 | 54% | 7,194 |
| Total General Operating | | 2,804 | 44% | 124 | 2% | 3,452 | 54% | 6,380 |
| Total Staff Travel | | 3,793 | 44% | 167 | 2% | 4,670 | 54% | 8,630 |
| Consultants/Subcontractor: | | - | | - | | - | | - |
| Other | | 1,658 | 44% | 73 | 2% | 2,042 | 54% | 3,773 |
| Total Operating Expenses | | 30,607 | 43.95% | 1,350 | 1.94% | 37,687 | 54.11% | 69,644 |
| Capital Expenses | | | | | | | | |
| | | Expenditure | % | Expenditure | % | Expenditure | % | Contract Total |
| Capital Expenditure 1 | | | | | | | | - |
| Capital Expenditure 2 | | | | | | | | - |
| Total Capital Expenses | | | | | | | | - |
| Total Direct Expenses | | | | | | | | |
| | | 234,252 | 44% | 10,329 | 2% | 288,436 | 54% | 533,017 |
| Indirect Expenses | 8.71454% | 20,414 | 44% | 900 | 2% | 25,136 | 54% | 46,450 |
| TOTAL EXPENSES | | 254,666 | 44% | 11,229 | 2% | 313,572 | 54% | 579,467 |
| Type of Reimbursement | | Cost Reimbursement | | | | | | |
| | UOS per Service Mode | 2,679 | | 90 | | 2,679 | | 5,448 |
| | Cost / UOS by Service Mode | \$95.07 | | \$124.77 | | \$117.05 | | N/A |
| | UDC per Service Mode | 50 | | 25 | | 50 | | 100 |

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 463,373

2) OPERATING EXPENSES:

Occupancy:

| Expense Item | Brief Description | Rate | Cost |
|---------------------------|---|------------------|---------------|
| Rent/facilities | For project staff space, common and confidential meeting areas. | \$439.51/mo./FTE | 31,539 |
| Utilities and maintenance | To cover janitorial and maintenance supplies. | \$127/mo./FTE | 9,114 |
| Telephone/communications | Telephone, internet and email services. | \$42/mo./FTE | 3,014 |
| | | | |
| Total Occupancy: | | | 43,667 |

Materials & Supplies:

| Expense Item | Brief Description | Rate | Cost |
|--|---|---------------------|--------------|
| Group meeting supplies | Healthy snacks for weekly client support groups ~\$4.25/client for ~25 clients/week for ~48 weeks/yr. | \$106.25 x 48 weeks | 5,100 |
| Office supplies | Basic supplies such as paper, pens, files, printer cartridges, postage, and delivery. | \$25/mo./FTE | 1,794 |
| Printing and reproduction | Flyers, schedules of services and other client materials. | \$25/mo. | 300 |
| | | | |
| Total Materials & Supplies: | | | 7,194 |

General Operating:

| Expense Item | Brief Description | Rate | Cost |
|---------------------------------|--|-----------------|--------------|
| Insurance | Liability for project staff office, drop-in, grp svcs areas. | \$43/mo./FTE | \$ 3,086 |
| Equipment rental | Copier, phone, voicemail equip lease/maintenance. | \$25/mo./FTE | \$ 1,794 |
| Staff training | Conference registrations. | \$500 x 3 staff | 1,500 |
| Total General Operating: | | | 6,380 |

Staff Travel:

| Purpose of Travel | Location | Expense Item | Rate | Cost |
|--|---------------|------------------------|-------------------------------|-------|
| Local transportation for project staff: BART, MUNI | San Francisco | clipper card | \$94/mo x 4 staff x 12 months | 4,512 |
| Conference travel | National | airfare/hotel/per diem | 2059/staff x 2 staff | 4,118 |
| Total Staff Travel: | | | 8,630 | |

Consultants/Subcontractors:

| Consultant/Subcontractor Name | Service Description | Rate | Cost |
|--|---------------------|------|----------|
| | | | - |
| | | | |
| Total Consultants/Subcontractors: | | | - |

Other:

| Expense Item | Brief Description | Rate | Cost |
|--|--|---|--------------|
| Client housing support | Stabilization/permanent housing move-in kits. | \$50/client x 25 clients | 1,250 |
| Client treatment adherence and mental health programming | Nutritional food for programming with ~ 100 clients/year at ~\$25.23 per client. | (\$75/mo x 12 mo) + \$1623 annual meeting | 2,523 |
| Total Other: | | | 3,773 |

TOTAL OPERATING EXPENSES: 69,644

3) CAPITAL EXPENDITURES: (If needed. A unit valued at \$5,000 or more)

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
| | | |

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 533,017

4) INDIRECT COSTS

| Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) | Amount |
|---|---------------|
| Salaries & Benefits | 36,649 |
| Occupancy | 3,489 |
| Materials & Supplies | 988 |
| General Operating | - |
| Travel | 176 |
| Consultants | - |
| Other | 5,148 |

| | |
|--|-------------------------------------|
| | Indirect Rate: 8.71454% |
| | TOTAL INDIRECT COSTS: 46,450 |

| |
|--------------------------------|
| TOTAL EXPENSES: 579,467 |
|--------------------------------|

UOS COST ALLOCATION BY SERVICE MODE

| | | SERVICE MODES | | | | | | |
|---------------------------------|-----------------------------------|--------------------------------------|---------------|----------------------------------|--------------|-------------------------------|---------------|-----------------------|
| Personnel Expenses | | Trans Access Medical Case Management | | Trans Access Support Group Hours | | HHOME Medical Case Management | | Contract Totals |
| Position Titles | FTE | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | |
| Program Manager | 1.00 | 34,655 | 50% | | | 34,655 | 50% | 69,309 |
| HHOME Case Manager | 2.29 | | | | | 127,584 | 100% | 127,584 |
| Trans Access Case Manager | 2.29 | 122,481 | 96% | 5,103 | 4% | | | 127,584 |
| Registered Nurse | 0.40 | | | | | 42,000 | 100% | 42,000 |
| | | | | - | | | | |
| | | - | | | | | | |
| Total FTE & Salaries | 5.98 | 157,135 | 43% | 5,103 | 1% | 204,239 | 56% | 366,477 |
| Fringe Benefits | 26.44% | 46,510 | 48% | 3,876 | 4% | 46,510 | 48% | 96,896 |
| Total Personnel | | 203,645 | 44% | 8,979 | 2% | 250,749 | 54% | 463,373 |
| Operating Expenses | | | | | | | | |
| | | Expense | % | Expense | % | Expense | % | Total |
| Total Occupancy | | 19,191 | 44% | 846 | 2% | 23,630 | 54% | 43,667 |
| Total Materials and Supplies | | 3,162 | 44% | 139 | 2% | 3,893 | 54% | 7,194 |
| Total General Operating | | 2,804 | 44% | 124 | 2% | 3,452 | 54% | 6,380 |
| Total Staff Travel | | 3,793 | 44% | 167 | 2% | 4,670 | 54% | 8,630 |
| Consultants/Subcontractor: | | - | | - | | - | | - |
| Other | | 1,658 | 44% | 73 | 2% | 2,042 | 54% | 3,773 |
| Total Operating Expenses | | 30,607 | 43.95% | 1,350 | 1.94% | 37,687 | 54.11% | 69,644 |
| Capital Expenses | | | | | | | | |
| | | Expenditure | % | Expenditure | % | Expenditure | % | Contract Total |
| Capital Expenditure 1 | | | | | | | | - |
| Capital Expenditure 2 | | | | | | | | - |
| Total Capital Expenses | | | | | | | | - |
| Total Direct Expenses | | | | | | | | |
| | | 234,252 | 44% | 10,329 | 2% | 288,436 | 54% | 533,017 |
| Indirect Expenses | 8.71454% | 20,414 | 44% | 900 | 2% | 25,136 | 54% | 46,450 |
| TOTAL EXPENSES | | 254,666 | 44% | 11,229 | 2% | 313,572 | 54% | 579,467 |
| Type of Reimbursement | | Cost Reimbursement | | | | | | |
| | UOS per Service Mode | 2,679 | | 90 | | 2,679 | | 5,448 |
| | Cost / UOS by Service Mode | \$95.07 | | \$124.77 | | \$117.05 | | N/A |
| | UDC per Service Mode | 50 | | 25 | | 50 | | 100 |

BUDGET JUSTIFICATION

Contractor Name APIWC dba SFCHC
Program Name: HHOME / Trans Access

Appendix #: B-4i
 Fiscal Year: 3/1/26-2/28/27

1a) SALARIES

| Staff Position 1: Program Manager | | | | |
|---|--------|--------------------|--------------------------------------|------------------|
| Brief description of job duties: Provides day-to-day supervision and coordination of project timelines, data collection and reporting. Direct supervisor for project staff. | | | | |
| Minimum qualifications: Bachelor's degree; 3 years program management and staff supervision experience. | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$69,308.66 | 1.00 | 12 | 1.00 | \$ 69,309 |

| Staff Position 2: HHOME Case Manager | | | | |
|---|--------|--------------------|--------------------------------------|-------------------|
| Brief description of job duties: Performs comprehensive client psychosocial assessments; prepares and updates individualized care plans in collaboration with clients; provides referrals and linkage support to essential health, behavioral, and psychosocial resources including housing, employment, mental health, and substance use services; provides individual and/or group therapy. | | | | |
| Minimum qualifications: Master's degree and one year experience in social services or equivalent combination of education and experience. Bilingual preferred. | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$55,713.50 | 2.29 | 12 | 1.00 | \$ 127,584 |

| Staff Position 3: Trans Access Case Manager | | | | |
|---|--------|--------------------|--------------------------------------|-------------------|
| Brief description of job duties: Performs comprehensive client psychosocial assessments; prepares and updates individualized care plans in collaboration with clients; provides referrals and linkage support to essential health, behavioral, and psychosocial resources including housing, employment, mental health, and substance use services; provides individual and/or group therapy. | | | | |
| Minimum qualifications: Master's degree and one year experience in social services or equivalent combination of education and experience. Bilingual preferred. | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$55,713.50 | 2.29 | 12 | 1.00 | \$ 127,584 |

| Staff Position 4: Registered Nurse | | | | |
|--|--------|--------------------|--------------------------------------|------------------|
| Brief description of job duties: Plans, coordinates, and oversees nursing services for the HHOME team and for the clinic. The RN would be overseeing adherence and nursing care for the Homeless HIV Outreach and Mobile Engagement (HHOME) program. This includes performing duties such as blood draw and wound care on the street, in rooms, and in clinic. They will also support our primary care providers in patient adherence to treatment goals through coordination of care. | | | | |
| Minimum qualifications: Bachelor's degree in Nursing; at least 3 years of experience that can be demonstrated to be applicable to the duties listed in the job description. OR Associate's degree in Nursing; at least 5 years of experience that can be demonstrated to be applicable to the duties listed in the job description. | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| \$105,000.00 | 0.40 | 12 | 1.00 | \$ 42,000 |

| Staff Position 6: | | | | |
|----------------------------------|--------|--------------------|--------------------------------------|--------------|
| Brief description of job duties: | | | | |
| Minimum qualifications: | | | | |
| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total |
| | | | 0 | \$ - |

Total FTE: 5.98 **Total Salaries: \$ 366,477**

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

| Component | Cost |
|------------------------|--------------|
| Social Security | \$ 28,035.00 |
| Retirement | \$ 5,277.00 |
| Medical | \$ 56,987.00 |
| Dental | |
| Unemployment Insurance | \$ 2,932.00 |
| Disability Insurance | |
| Paid Time Off | |
| Other (specify): | \$ 3,665.00 |

Total Fringe Benefit: 96,896

Fringe Benefit %: 26.44%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 463,373

2) OPERATING EXPENSES:

Occupancy:

| Expense Item | Brief Description | Rate | Cost |
|---------------------------|---|------------------|---------------|
| Rent/facilities | For project staff space, common and confidential meeting areas. | \$439.51/mo./FTE | 31,539 |
| Utilities and maintenance | To cover janitorial and maintenance supplies. | \$127/mo./FTE | 9,114 |
| Telephone/communications | Telephone, internet and email services. | \$42/mo./FTE | 3,014 |
| | | | |
| Total Occupancy: | | | 43,667 |

Materials & Supplies:

| Expense Item | Brief Description | Rate | Cost |
|--|---|---------------------|--------------|
| Group meeting supplies | Healthy snacks for weekly client support groups ~\$4.25/client for ~25 clients/week for ~48 weeks/yr. | \$106.25 x 48 weeks | 5,100 |
| Office supplies | Basic supplies such as paper, pens, files, printer cartridges, postage, and delivery. | \$25/mo./FTE | 1,794 |
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| | | | |
| Total Materials & Supplies: | | | 7,194 |

General Operating:

| Expense Item | Brief Description | Rate | Cost |
|---------------------------------|--|-----------------|--------------|
| Insurance | Liability for project staff office, drop-in, grp svcs areas. | \$43/mo./FTE | \$ 3,086 |
| Equipment rental | Copier, phone, voicemail equip lease/maintenance. | \$25/mo./FTE | \$ 1,794 |
| Staff training | Conference registrations. | \$500 x 3 staff | 1,500 |
| Total General Operating: | | | 6,380 |

Staff Travel:

| Purpose of Travel | Location | Expense Item | Rate | Cost |
|--|---------------|------------------------|-------------------------------|--------------|
| Local transportation for project staff: BART, MUNI | San Francisco | clipper card | \$94/mo x 4 staff x 12 months | 4,512 |
| Conference travel | National | airfare/hotel/per diem | 2059/staff x 2 staff | 4,118 |
| | | | | |
| Total Staff Travel: | | | | 8,630 |

Consultants/Subcontractors:

| Consultant/Subcontractor Name | Service Description | Rate | Cost |
|--|---------------------|------|------|
| | | | - |
| | | | |
| | | | |
| Total Consultants/Subcontractors: | | | - |

Other:

| Expense Item | Brief Description | Rate | Cost |
|--|--|---|--------------|
| Client housing support | Stabilization/permanent housing move-in kits. | \$50/client x 25 clients | 1,250 |
| Client treatment adherence and mental health programming | Nutritional food for programming with ~ 100 clients/year at ~\$25.23 per client. | (\$75/mo x 12 mo) + \$1623 annual meeting | 2,523 |
| Total Other: | | | 3,773 |

TOTAL OPERATING EXPENSES: 69,644

3) CAPITAL EXPENDITURES: (If needed. A unit valued at \$5,000 or more)

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
| | | |
| | | |

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 533,017

4) INDIRECT COSTS

| Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) | Amount |
|---|---------------|
| Salaries & Benefits | 36,649 |
| Occupancy | 3,489 |
| Materials & Supplies | 988 |
| General Operating | - |
| Travel | 176 |
| Consultants | - |
| Other | 5,148 |

| | |
|--|-------------------------------------|
| | Indirect Rate: 8.71454% |
| | TOTAL INDIRECT COSTS: 46,450 |

| |
|--------------------------------|
| TOTAL EXPENSES: 579,467 |
|--------------------------------|

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

This Business Associate Agreement (“BAA”) supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity (“CE”), and Contractor, the Business Associate (“BA”) (the “Agreement”). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

RECITALS

- A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).
- B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.
- C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).
- D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.
- E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

1. Definitions.

a. Breach means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

b. Breach Notification Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.

c. Business Associate is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.

d. Covered Entity means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.

e. Data Aggregation means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

f. Designated Record Set means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

g. Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.

h. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

i. Health Care Operations shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

j. Privacy Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or

APPENDIX E



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with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

l. Protected Information shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.

m. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.

n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

o. Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

a. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

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c. Permitted Uses. BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].

d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this

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BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

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San Francisco Department of Public Health
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j. Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

k. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the “Secretary”) for purposes of determining BA’s compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

l. Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of “minimum necessary” is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes “minimum necessary” to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.

n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents.

Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. Termination.

a. Material Breach. A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]

b. Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI. Per the Secretary's guidance, the City will accept destruction of electronic PHI in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Media Sanitization. The City will accept destruction of PHI contained in paper records by shredding, burning, pulping, or pulverizing the records so that the PHI is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

e. Disclaimer. CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Email: compliance.privacy@sfdph.org
Hotline (Toll-Free): 1-855-729-6040

| | |
|------------------|---------------------------|
| Contractor Name: | Contractor City Vendor ID |
|------------------|---------------------------|

PRIVACY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

I. All Contractors.

| DOES YOUR ORGANIZATION... | | | | Yes | No* |
|---------------------------|---|---------------|----------------|-----|-----|
| A | Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)? | | | | |
| B | Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents? | | | | |
| | If yes: | Name & Title: | Phone # Email: | | |
| C | Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.] | | | | |
| D | Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.] | | | | |
| E | Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information? | | | | |
| F | Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisory authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFDPH Information Security staff? | | | | |

II. Contractors who serve patients/clients and have access to SFDPH PHI, must also complete this section.

| If Applicable: DOES YOUR ORGANIZATION... | | Yes | No* |
|--|---|-----|-----|
| G | Have (or will have if/when applicable) evidence that SFDPH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFDPH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause? | | |
| H | Have evidence in each patient's / client's chart or electronic file that a Privacy Notice that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFDPH.) | | |
| I | Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility? | | |
| J | Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations? | | |
| K | When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information? | | |

III. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

| | | | |
|--|---------------|-----------|------|
| ATTESTED by Privacy Officer or designated person | Name: (print) | Signature | Date |
|--|---------------|-----------|------|

IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

| | | | |
|-------------------------------|--------------|-----------|------|
| EXCEPTION(S) APPROVED by OCPA | Name (print) | Signature | Date |
|-------------------------------|--------------|-----------|------|

| | |
|------------------|---------------------------|
| Contractor Name: | Contractor City Vendor ID |
|------------------|---------------------------|

DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

I. All Contractors.

| DOES YOUR ORGANIZATION... | | Yes | No * |
|---------------------------|--|-----|------|
| A | Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years] | | |
| B | Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans? | | |
| | Date of last Data Security Risk Assessment/Audit: | | |
| C | Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report: | | |
| | Have a formal Data Security Awareness Program? | | |
| D | Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)? | | |
| E | Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information? | | |
| F | If yes: Name & Title: | | |
| | Email: | | |
| G | Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.] | | |
| | Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.] | | |
| H | Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information? | | |
| I | Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)? | | |

II. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

| | | |
|--|-----------|------|
| Name: (print) | Signature | Date |
| ATTESTED by Data Security Officer or designated person | | |

III. * EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

| | | |
|-------------------------------|-----------|------|
| Name (print) | Signature | Date |
| EXCEPTION(S) APPROVED by OCPA | | |

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1g
03/01/2024 - 02/28/2025
PAGE A

Contractor: **Asian and Pacific Islander Wellness** Contract ID # **1000002676**
Address: **730 Polk Street, 4th Floor**
San Francisco, CA 94109

Invoice Number
A-1MAR24

Telephone: **415-292-3400**
Fax: **415-292-3404**



Contract Purchase Order No: _____

Funding Source: **RWPA**

Program Name: **Integrated Medical Case Management - Ohana**

Department ID-Authority ID: _____

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **03/1/24 - 03/31/24**

FINAL Invoice (check if Yes)

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|--------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Case Management Hours | 1,458 | 58 | | | | | | | 1,458 | 58 |
| Treatment Adherence Individual Hours | 215 | 25 | | | | | | | 215 | 25 |
| Treatment Adherence Group Hours | 18 | 30 | | | | | | | 18 | 30 |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 58 | | | 58 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B) | \$88,429 | | | | \$88,429.00 |
| Fringe Benefits | \$23,380 | | | | \$23,380.00 |
| Total Personnel Expenses | \$111,809 | | | | \$111,809.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$11,950 | | | | \$11,950.00 |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$1,369 | | | | \$1,369.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$1,305 | | | | \$1,305.00 |
| Staff Travel - (e.g., Local & Out of Town) | \$742 | | | | \$742.00 |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | \$2,800 | | | | \$2,800.00 |
| Total Operating Expenses | \$18,166 | | | | \$18,166.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$129,975 | | | | \$129,975.00 |
| Indirect Expenses | \$11,698 | | | | \$11,698.00 |
| TOTAL EXPENSES | \$141,673 | | | | \$141,673.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

| | | |
|---|----------------------------|-------------|
| Send to: aidsoffice@sfdph.org | By: _____ | Date: _____ |
| ATTN: Accounts Payable | (DPH Authorized Signatory) | |

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1g
03/01/2024 - 02/28/2025
PAGE B

Contractor: Asian and Pacific Islander Wellness Center dba San Francisco Community H
Address: 730 Polk Street, 4th Floor
San Francisco, CA 94109
Telephone: 415-292-3400
Fax: 415-292-3404
Program Name: Integrated Medical Case Management - Ohana
ACE Control #:
Invoice Number: A-1MAR24
Contract Purchase Order No:
Fund Source: RWPA
Department ID-Authority ID:
Project ID-Activity ID:
Invoice Period: 03/1/24 - 03/31/24
FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

Table with 7 columns: PERSONNEL, FTE, BUDGETED SALARY, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Rows include Chief Medical Officer, Director of Programs, Assoc Director Health Svcs, Case Managers, Client Engagement Specialist, and a TOTAL SALARIES row.

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By:
Title:

Date:

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1h
03/01/2025 - 02/28/2026
PAGE A

Contractor: **Asian and Pacific Islander Wellness** Contract ID # **1000002676**
Address: **730 Polk Street, 4th Floor**
San Francisco, CA 94109

Invoice Number
A-1MAR25

Telephone: **415-292-3400**
Fax: **415-292-3404**



Contract Purchase Order No: _____

Funding Source: **RWPA**

Program Name: **Integrated Medical Case Management - Ohana**

Department ID-Authority ID: _____

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **03/1/25 - 03/31/25**

FINAL Invoice (check if Yes)

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|--------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Case Management Hours | 1,458 | 58 | | | | | | | 1,458 | 58 |
| Treatment Adherence Individual Hours | 215 | 25 | | | | | | | 215 | 25 |
| Treatment Adherence Group Hours | 18 | 30 | | | | | | | 18 | 30 |
| | | | | | | | | | | |
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| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 58 | | | 58 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B) | \$88,429 | | | | \$88,429.00 |
| Fringe Benefits | \$23,380 | | | | \$23,380.00 |
| Total Personnel Expenses | \$111,809 | | | | \$111,809.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$11,950 | | | | \$11,950.00 |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$1,369 | | | | \$1,369.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$1,305 | | | | \$1,305.00 |
| Staff Travel - (e.g., Local & Out of Town) | \$742 | | | | \$742.00 |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | \$2,800 | | | | \$2,800.00 |
| Total Operating Expenses | \$18,166 | | | | \$18,166.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$129,975 | | | | \$129,975.00 |
| Indirect Expenses | \$11,698 | | | | \$11,698.00 |
| TOTAL EXPENSES | \$141,673 | | | | \$141,673.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES: _____

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

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|---|----------------------------|-------------|
| Send to: aidsoffice@sfdph.org | By: _____ | Date: _____ |
| ATTN: Accounts Payable | (DPH Authorized Signatory) | |

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1h
03/01/2025 - 02/28/2026
PAGE B

Contractor: Asian and Pacific Islander Wellness Center dba San Francisco Community H **Invoice Number**

Address: 730 Polk Street, 4th Floor
San Francisco, CA 94109 **Contract Purchase Order No:**

Telephone: 415-292-3400 **Fund Source:**

Fax: 415-292-3404 **Department ID-Authority ID:**

Program Name: Integrated Medical Case Management - Ohana **Project ID-Activity ID:**

ACE Control #:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

| PERSONNEL | FTE | BUDGETED SALARY | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|------------------------------|------------|------------------------|-----------------------------|-------------------------|--------------------|--------------------------|
| Chief Medical Officer | 0.01 | \$1,971 | | | | \$1,971.00 |
| Director of Programs | 0.07 | \$6,515 | | | | \$6,515.00 |
| Assoc Director Health Svcs | 0.10 | \$8,212 | | | | \$8,212.00 |
| Case Managers | 1.21873 | \$64,723 | | | | \$64,723.00 |
| Client Engagement Specialist | 0.20 | \$7,008 | | | | \$7,008.00 |
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| TOTAL SALARIES | 1.59873 | \$88,429 | | | | \$88,429.00 |

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ **Date:** _____
Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1i
03/01/2026 - 02/28/2027
PAGE A

Contractor: **Asian and Pacific Islander Wellness** Contract ID # **1000002676**
Address: **730 Polk Street, 4th Floor**
San Francisco, CA 94109

Invoice Number
A-1MAR26

Telephone: **415-292-3400**
Fax: **415-292-3404**



Contract Purchase Order No: _____

Funding Source: **RWPA**

Program Name: **Integrated Medical Case Management - Ohana**

Department ID-Authority ID: _____

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **03/1/26 - 03/31/26**

FINAL Invoice (check if Yes)

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|--------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Case Management Hours | 1,458 | 58 | | | | | | | 1,458 | 58 |
| Treatment Adherence Individual Hours | 215 | 25 | | | | | | | 215 | 25 |
| Treatment Adherence Group Hours | 18 | 30 | | | | | | | 18 | 30 |
| | | | | | | | | | | |
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| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 58 | | | 58 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B) | \$88,429 | | | | \$88,429.00 |
| Fringe Benefits | \$23,380 | | | | \$23,380.00 |
| Total Personnel Expenses | \$111,809 | | | | \$111,809.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$11,950 | | | | \$11,950.00 |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$1,369 | | | | \$1,369.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$1,305 | | | | \$1,305.00 |
| Staff Travel - (e.g., Local & Out of Town) | \$742 | | | | \$742.00 |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | \$2,800 | | | | \$2,800.00 |
| Total Operating Expenses | \$18,166 | | | | \$18,166.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$129,975 | | | | \$129,975.00 |
| Indirect Expenses | \$11,698 | | | | \$11,698.00 |
| TOTAL EXPENSES | \$141,673 | | | | \$141,673.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES: _____

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

| | | |
|---|----------------------------|-------------|
| Send to: aidsoffice@sfdph.org | By: _____ | Date: _____ |
| ATTN: Accounts Payable | (DPH Authorized Signatory) | |

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1i
03/01/2026 - 02/28/2027
PAGE B

| | | |
|---|--|---|
| Contractor: Asian and Pacific Islander Wellness Center dba San Francisco Community H | | Invoice Number <input type="text" value="A-1MAR26"/> |
| Address: 730 Polk Street, 4th Floor San Francisco, CA 94109 | | Contract Purchase Order No: <input type="text"/> |
| Telephone: 415-292-3400 Fax: 415-292-3404 | | Fund Source: <input type="text" value="RWPA"/> |
| Program Name: Integrated Medical Case Management - Ohana | | Department ID-Authority ID: <input type="text"/> |
| ACE Control #: <input type="text"/> | | Project ID-Activity ID: <input type="text"/> |
| | | Invoice Period: <input type="text" value="03/1/26 - 03/31/26"/> |
| | | FINAL Invoice <input type="checkbox"/> (check if Yes) |

DETAIL PERSONNEL EXPENDITURES

| PERSONNEL | FTE | BUDGETED SALARY | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|------------------------------|---------|-----------------|----------------------|------------------|-------------|-------------------|
| Chief Medical Officer | 0.01 | \$1,971 | | | | \$1,971.00 |
| Director of Programs | 0.07 | \$6,515 | | | | \$6,515.00 |
| Assoc Director Health Svcs | 0.10 | \$8,212 | | | | \$8,212.00 |
| Case Managers | 1.21873 | \$64,723 | | | | \$64,723.00 |
| Client Engagement Specialist | 0.20 | \$7,008 | | | | \$7,008.00 |
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| TOTAL SALARIES | 1.59873 | \$88,429 | | | | \$88,429.00 |

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____
 Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2g
03/01/2024 - 02/28/2025
PAGE A

Contractor: **Asian and Pacific Islander Wellness** Contract ID # **1000002676**
Address: **730 Polk Street, 4th Floor**
San Francisco, CA 94109

Invoice Number
A-2MAR24

Telephone: **415-292-3400**
Fax: **415-292-3404**



Contract Purchase Order No: _____

Funding Source: **RWPA**

Program Name: **Tenderloin Area Center of Excellence**

Department ID-Authority ID: _____

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **03/1/24 - 03/31/24**

FINAL Invoice (check if Yes)

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Case Management Hours | 7,085 | 200 | | | | | | | 7,085 | 200 |
| Mental Health Referrals and Linkages | 237 | 50 | | | | | | | 237 | 50 |
| Peer Advocacy Group Hours | 540 | 100 | | | | | | | 540 | 100 |
| Outpatient Mental Health & Substance Abuse Grd | 90 | 30 | | | | | | | 90 | 30 |
| | | | | | | | | | | |

| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 200 | | | 200 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B) | \$489,335 | | | | \$489,335.00 |
| Fringe Benefits | \$129,380 | | | | \$129,380.00 |
| Total Personnel Expenses | \$618,715 | | | | \$618,715.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$84,071 | | | | \$84,071.00 |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$7,938 | | | | \$7,938.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$11,146 | | | | \$11,146.00 |
| Staff Travel - (e.g., Local & Out of Town) | \$10,350 | | | | \$10,350.00 |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | \$45,856 | | | | \$45,856.00 |
| Total Operating Expenses | \$159,361 | | | | \$159,361.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$778,076 | | | | \$778,076.00 |
| Indirect Expenses | \$70,028 | | | | \$70,028.00 |
| TOTAL EXPENSES | \$848,104 | | | | \$848,104.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES: _____

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

| | | |
|---|----------------------------|-------------|
| Send to: aidsoffice@sfdph.org | By: _____ | Date: _____ |
| ATTN: Accounts Payable | (DPH Authorized Signatory) | |

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2g
03/01/2024 - 02/28/2025
PAGE B

| | |
|---|---|
| Contractor: Asian and Pacific Islander Wellness Center dba San Francisco Community H Address: 730 Polk Street, 4th Floor San Francisco, CA 94109 Telephone: 415-292-3400 Fax: 415-292-3404 Program Name: Tenderloin Area Center of Excellence ACE Control #: <input style="width:200px;" type="text"/> | Invoice Number: <input style="width:100%;" type="text" value="A-2MAR24"/> Contract Purchase Order No: <input style="width:100%;" type="text"/> Fund Source: <input style="width:100%;" type="text" value="RWPA"/> Department ID-Authority ID: <input style="width:100%;" type="text"/> Project ID-Activity ID: <input style="width:100%;" type="text"/> Invoice Period: <input style="width:100%;" type="text" value="03/1/24 - 03/31/24"/> FINAL Invoice <input style="width:50px;" type="checkbox"/> (check if Yes) |
|---|---|

DETAIL PERSONNEL EXPENDITURES

| PERSONNEL | FTE | BUDGETED SALARY | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|-----------------------|----------------|------------------|----------------------|------------------|-------------|---------------------|
| Chief Program Officer | 0.10 | \$12,146 | | | | \$12,146.00 |
| Director of Programs | 0.15 | \$16,484 | | | | \$16,484.00 |
| Associate Director | 0.20 | \$15,038 | | | | \$15,038.00 |
| Program Manager | 1.00 | \$63,624 | | | | \$63,624.00 |
| Case Managers | 5.82269 | \$326,679 | | | | \$326,679.00 |
| Contracts Coordinator | 0.15 | \$10,971 | | | | \$10,971.00 |
| Engagement Specialist | 0.40 | \$17,324 | | | | \$17,324.00 |
| Data Specialist | 0.45 | \$27,069 | | | | \$27,069.00 |
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| TOTAL SALARIES | 8.27269 | \$489,335 | | | | \$489,335.00 |

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

| | |
|---------------------|-------------|
| Certified By: _____ | Date: _____ |
| Title: _____ | |

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2h
03/01/2025 - 02/28/2026
PAGE A

| | | | |
|--|-----------------------------|----------------------------|--|
| Contractor: Asian and Pacific Islander Wellness Address: 730 Polk Street, 4th Floor San Francisco, CA 94109 Telephone: 415-292-3400 Fax: 415-292-3404 | Contract ID # 1000002676 | Invoice Number A-2MAR25 | Contract Purchase Order No: _____ Funding Source: RWPA Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 03/1/25 - 03/31/25 FINAL Invoice <input type="checkbox"/> (check if Yes) |
|--|-----------------------------|----------------------------|--|



Program Name: Tenderloin Area Center of Excellence

ACE Control #: _____

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Case Management Hours | 7,085 | 200 | | | | | | | 7,085 | 200 |
| Mental Health Referrals and Linkages | 237 | 50 | | | | | | | 237 | 50 |
| Peer Advocacy Group Hours | 540 | 100 | | | | | | | 540 | 100 |
| Outpatient Mental Health & Substance Abuse Grd | 90 | 30 | | | | | | | 90 | 30 |
| | | | | | | | | | | |

| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | 200 | | | | 200 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B) | \$489,335 | | | | \$489,335.00 |
| Fringe Benefits | \$129,380 | | | | \$129,380.00 |
| Total Personnel Expenses | \$618,715 | | | | \$618,715.00 |
| Operating Expenses: | | | | | |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$84,071 | | | | \$84,071.00 |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$7,938 | | | | \$7,938.00 |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$11,146 | | | | \$11,146.00 |
| Staff Travel - (e.g., Local & Out of Town) | \$10,350 | | | | \$10,350.00 |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | \$45,856 | | | | \$45,856.00 |
| Total Operating Expenses | \$159,361 | | | | \$159,361.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$778,076 | | | | \$778,076.00 |
| Indirect Expenses | \$70,028 | | | | \$70,028.00 |
| TOTAL EXPENSES | \$848,104 | | | | \$848,104.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES: _____

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

| | | |
|---|---|-------------|
| Send to: aidsoffice@sfdph.org | By: _____ (DPH Authorized Signatory) | Date: _____ |
| ATTN: Accounts Payable | | |

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2h
03/01/2025 - 02/28/2026
PAGE B

| | |
|--|---|
| <p>Contractor: Asian and Pacific Islander Wellness Center dba San Francisco Community H Address: 730 Polk Street, 4th Floor San Francisco, CA 94109</p> <p>Telephone: 415-292-3400 Fax: 415-292-3404</p> <p>Program Name: Tenderloin Area Center of Excellence</p> <p>ACE Control #: <input type="text"/></p> | <p align="right">Invoice Number <input type="text" value="A-2MAR25"/></p> <p>Contract Purchase Order No: <input type="text"/></p> <p>Fund Source: <input type="text" value="RWPA"/></p> <p>Department ID-Authority ID: <input type="text"/></p> <p>Project ID-Activity ID: <input type="text"/></p> <p>Invoice Period: <input type="text" value="03/1/25 - 03/31/25"/></p> <p>FINAL Invoice <input type="checkbox"/> (check if Yes)</p> |
|--|---|

DETAIL PERSONNEL EXPENDITURES

| PERSONNEL | FTE | BUDGETED SALARY | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|-----------------------|----------------|--------------------|-------------------------|---------------------|----------------|----------------------|
| Chief Program Officer | 0.10 | \$12,146 | | | | \$12,146.00 |
| Director of Programs | 0.15 | \$16,484 | | | | \$16,484.00 |
| Associate Director | 0.20 | \$15,038 | | | | \$15,038.00 |
| Program Manager | 1.00 | \$63,624 | | | | \$63,624.00 |
| Case Managers | 5.82269 | \$326,679 | | | | \$326,679.00 |
| Contracts Coordinator | 0.15 | \$10,971 | | | | \$10,971.00 |
| Engagement Specialist | 0.40 | \$17,324 | | | | \$17,324.00 |
| Data Specialist | 0.45 | \$27,069 | | | | \$27,069.00 |
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| TOTAL SALARIES | 8.27269 | \$489,335 | | | | \$489,335.00 |

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____
 Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2i
03/01/2026 - 02/28/2027
PAGE A

Contractor: **Asian and Pacific Islander Wellness** Contract ID # **1000002676**
Address: **730 Polk Street, 4th Floor**
San Francisco, CA 94109

Invoice Number
A-2MAR26

Contract Purchase Order No: _____

Telephone: **415-292-3400**
Fax: **415-292-3404**



Funding Source: **RWPA**

Department ID-Authority ID: _____

Program Name: **Tenderloin Area Center of Excellence**

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **03/1/26 - 03/31/26**

FINAL Invoice (check if Yes)

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Case Management Hours | 7,085 | 200 | | | | | | | 7,085 | 200 |
| Mental Health Referrals and Linkages | 237 | 50 | | | | | | | 237 | 50 |
| Peer Advocacy Group Hours | 540 | 100 | | | | | | | 540 | 100 |
| Outpatient Mental Health & Substance Abuse Grd | 90 | 30 | | | | | | | 90 | 30 |
| | | | | | | | | | | |

| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 200 | | | 200 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B) | \$489,335 | | | | \$489,335.00 |
| Fringe Benefits | \$129,380 | | | | \$129,380.00 |
| Total Personnel Expenses | \$618,715 | | | | \$618,715.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$84,071 | | | | \$84,071.00 |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$7,938 | | | | \$7,938.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$11,146 | | | | \$11,146.00 |
| Staff Travel - (e.g., Local & Out of Town) | \$10,350 | | | | \$10,350.00 |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | \$45,856 | | | | \$45,856.00 |
| Total Operating Expenses | \$159,361 | | | | \$159,361.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$778,076 | | | | \$778,076.00 |
| Indirect Expenses | \$70,028 | | | | \$70,028.00 |
| TOTAL EXPENSES | \$848,104 | | | | \$848,104.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES: _____

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

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|---|----------------------------|-------------|
| Send to: aidsoffice@sfdph.org | By: _____ | Date: _____ |
| ATTN: Accounts Payable | (DPH Authorized Signatory) | |

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2i
03/01/2026 - 02/28/2027
PAGE B

Contractor: Asian and Pacific Islander Wellness Center dba San Francisco Community H

Address: 730 Polk Street, 4th Floor
San Francisco, CA 94109

Telephone: 415-292-3400
Fax: 415-292-3404

Program Name: Tenderloin Area Center of Excellence

ACE Control #:

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period:

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

| PERSONNEL | FTE | BUDGETED SALARY | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|-----------------------|---------|-----------------|----------------------|------------------|-------------|-------------------|
| Chief Program Officer | 0.10 | \$12,146 | | | | \$12,146.00 |
| Director of Programs | 0.15 | \$16,484 | | | | \$16,484.00 |
| Associate Director | 0.20 | \$15,038 | | | | \$15,038.00 |
| Program Manager | 1.00 | \$63,624 | | | | \$63,624.00 |
| Case Managers | 5.82269 | \$326,679 | | | | \$326,679.00 |
| Contracts Coordinator | 0.15 | \$10,971 | | | | \$10,971.00 |
| Engagement Specialist | 0.40 | \$17,324 | | | | \$17,324.00 |
| Data Specialist | 0.45 | \$27,069 | | | | \$27,069.00 |
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| TOTAL SALARIES | 8.27269 | \$489,335 | | | | \$489,335.00 |

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____
Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4f
03/01/2023 - 02/29/2024
PAGE A

Contractor: **Asian and Pacific Islander Wellness** Contract ID # **1000002676**
Address: **730 Polk Street, 4th Floor**
San Francisco, CA 94109

Invoice Number
A-4MAR23

Contract Purchase Order No: _____

Telephone: **415-292-3400**
Fax: **415-292-3404**



Funding Source: **RWPA - ETHE**

Department ID-Authority ID: _____

Program Name: **Tenderloin Early Intervention Services - HHOME/TransAccess**

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **03/1/23 - 03/31/23**

FINAL Invoice (check if Yes)

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|--------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Trans Access Medical Case Management | 2,679 | 50 | | | | | | | 2,679 | 50 |
| Trans Access Support Group Hours | 90 | 25 | | | | | | | 90 | 25 |
| HHOME Medical Case Management | 2,679 | 50 | | | | | | | 2,679 | 50 |
| | | | | | | | | | | |
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| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 100 | | | 100 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B) | \$366,477 | | | | \$366,477.00 |
| Fringe Benefits | \$96,896 | | | | \$96,896.00 |
| Total Personnel Expenses | \$463,373 | | | | \$463,373.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$43,667 | | | | \$43,667.00 |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$7,194 | | | | \$7,194.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$6,380 | | | | \$6,380.00 |
| Staff Travel - (e.g., Local & Out of Town) | \$8,630 | | | | \$8,630.00 |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | \$3,773 | | | | \$3,773.00 |
| Total Operating Expenses | \$69,644 | | | | \$69,644.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$533,017 | | | | \$533,017.00 |
| Indirect Expenses | \$46,450 | | | | \$46,450.00 |
| TOTAL EXPENSES | \$579,467 | | | | \$579,467.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES: _____

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

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|---|----------------------------|-------------|
| Send to: aidsoffice@sfdph.org | By: _____ | Date: _____ |
| ATTN: Accounts Payable | (DPH Authorized Signatory) | |

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4g
03/01/2024 - 02/28/2025
PAGE A

Contractor: **Asian and Pacific Islander Wellness** Contract ID # **1000002676**
Address: **730 Polk Street, 4th Floor**
San Francisco, CA 94109

Invoice Number
A-4MAR24

Telephone: **415-292-3400**
Fax: **415-292-3404**



Contract Purchase Order No: _____

Funding Source: **RWPA - ETHE**

Program Name: **Tenderloin Early Intervention Services - HHOME/TransAccess**

Department ID-Authority ID: _____

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **03/1/24 - 03/31/24**

FINAL Invoice (check if Yes)

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|--------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Trans Access Medical Case Management | 2,679 | 50 | | | | | | | 2,679 | 50 |
| Trans Access Support Group Hours | 90 | 25 | | | | | | | 90 | 25 |
| HHOME Medical Case Management | 2,679 | 50 | | | | | | | 2,679 | 50 |
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| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 100 | | | 100 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B) | \$366,477 | | | | \$366,477.00 |
| Fringe Benefits | \$96,896 | | | | \$96,896.00 |
| Total Personnel Expenses | \$463,373 | | | | \$463,373.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$43,667 | | | | \$43,667.00 |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$7,194 | | | | \$7,194.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$6,380 | | | | \$6,380.00 |
| Staff Travel - (e.g., Local & Out of Town) | \$8,630 | | | | \$8,630.00 |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | \$3,773 | | | | \$3,773.00 |
| Total Operating Expenses | \$69,644 | | | | \$69,644.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$533,017 | | | | \$533,017.00 |
| Indirect Expenses | \$46,450 | | | | \$46,450.00 |
| TOTAL EXPENSES | \$579,467 | | | | \$579,467.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES: _____

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

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| Send to: aidsoffice@sfdph.org | By: _____ | Date: _____ |
| ATTN: Accounts Payable | (DPH Authorized Signatory) | |

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4g
03/01/2024 - 02/28/2025
PAGE B

Contractor: Asian and Pacific Islander Wellness Center dba San Francisco Community H **Invoice Number**
Address: 730 Polk Street, 4th Floor
 San Francisco, CA 94109 **Contract Purchase Order No:**
Telephone: 415-292-3400 **Fund Source:**
Fax: 415-292-3404 **Department ID-Authority ID:**
Program Name: Tenderloin Early Intervention Services - HHOME/TransAccess **Project ID-Activity ID:**
ACE Control #: **Invoice Period:**
FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

| PERSONNEL | FTE | BUDGETED SALARY | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|----------------------------------|------|-----------------|----------------------|------------------|-------------|-------------------|
| Program Manager | 1.00 | \$69,309 | | | | \$69,309.00 |
| HHOME Case Manager | 2.29 | \$127,584 | | | | \$127,584.00 |
| Trans Access Senior Case Manager | 2.29 | \$127,584 | | | | \$127,584.00 |
| Registered Nurse | 0.40 | \$42,000 | | | | \$42,000.00 |
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| TOTAL SALARIES | 5.98 | \$366,477 | | | | \$366,477.00 |

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____
 Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4h
03/01/2025 - 02/28/2026
PAGE A

Contractor: **Asian and Pacific Islander Wellness** Contract ID # **1000002676**
Address: **730 Polk Street, 4th Floor**
San Francisco, CA 94109

Invoice Number
A-4MAR25

Telephone: **415-292-3400**
Fax: **415-292-3404**



Contract Purchase Order No: _____

Funding Source: **RWPA - ETHE**

Program Name: **Tenderloin Early Intervention Services - HHOME/TransAccess**

Department ID-Authority ID: _____

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **03/1/25 - 03/31/25**

FINAL Invoice (check if Yes)

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|--------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Trans Access Medical Case Management | 2,679 | 50 | | | | | | | 2,679 | 50 |
| Trans Access Support Group Hours | 90 | 25 | | | | | | | 90 | 25 |
| HHOME Medical Case Management | 2,679 | 50 | | | | | | | 2,679 | 50 |
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| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 100 | | | 100 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B) | \$366,477 | | | | \$366,477.00 |
| Fringe Benefits | \$96,896 | | | | \$96,896.00 |
| Total Personnel Expenses | \$463,373 | | | | \$463,373.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$43,667 | | | | \$43,667.00 |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$7,194 | | | | \$7,194.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$6,380 | | | | \$6,380.00 |
| Staff Travel - (e.g., Local & Out of Town) | \$8,630 | | | | \$8,630.00 |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | \$3,773 | | | | \$3,773.00 |
| Total Operating Expenses | \$69,644 | | | | \$69,644.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$533,017 | | | | \$533,017.00 |
| Indirect Expenses | \$46,450 | | | | \$46,450.00 |
| TOTAL EXPENSES | \$579,467 | | | | \$579,467.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES: _____

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

| | | |
|---|----------------------------|-------------|
| Send to: aidsoffice@sfdph.org | By: _____ | Date: _____ |
| ATTN: Accounts Payable | (DPH Authorized Signatory) | |

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4h
03/01/2025 - 02/28/2026
PAGE B

| | |
|--|---|
| <p>Contractor: Asian and Pacific Islander Wellness Center dba San Francisco Community H Address: 730 Polk Street, 4th Floor San Francisco, CA 94109</p> <p>Telephone: 415-292-3400 Fax: 415-292-3404</p> <p>Program Name: Tenderloin Early Intervention Services - HHOME/TransAccess</p> <p>ACE Control #: <input style="width:200px" type="text"/></p> | <p align="right">Invoice Number <input style="width:150px" type="text" value="A-4MAR25"/></p> <p>Contract Purchase Order No: <input style="width:150px" type="text"/></p> <p>Fund Source: <input style="width:150px" type="text" value="RWPA - ETHE"/></p> <p>Department ID-Authority ID: <input style="width:150px" type="text"/></p> <p>Project ID-Activity ID: <input style="width:150px" type="text"/></p> <p>Invoice Period: <input style="width:150px" type="text" value="03/1/25 - 03/31/25"/></p> <p>FINAL Invoice <input style="width:50px" type="checkbox"/> (check if Yes)</p> |
|--|---|

DETAIL PERSONNEL EXPENDITURES

| PERSONNEL | FTE | BUDGETED SALARY | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|----------------------------------|-------------|------------------|----------------------|------------------|-------------|---------------------|
| Program Manager | 1.00 | \$69,309 | | | | \$69,309.00 |
| HHOME Case Manager | 2.29 | \$127,584 | | | | \$127,584.00 |
| Trans Access Senior Case Manager | 2.29 | \$127,584 | | | | \$127,584.00 |
| Registered Nurse | 0.40 | \$42,000 | | | | \$42,000.00 |
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| TOTAL SALARIES | 5.98 | \$366,477 | | | | \$366,477.00 |

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____
 Title: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4i
03/01/2026 - 02/28/2027
PAGE A

| | | | |
|--|------------------------------------|-----------------------------------|---|
| Contractor: Asian and Pacific Islander Wellness Address: 730 Polk Street, 4th Floor San Francisco, CA 94109 Telephone: 415-292-3400 Fax: 415-292-3404 | Contract ID # 1000002676 | Invoice Number A-4MAR26 | Contract Purchase Order No: _____ Funding Source: RWPA - ETHE Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 03/1/26 - 03/31/26 FINAL Invoice <input type="checkbox"/> (check if Yes) |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> HHS </div> | | | |
| Program Name: Tenderloin Early Intervention Services - HHOME/TransAccess ACE Control #: _____ | | | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|--------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Trans Access Medical Case Management | 2,679 | 50 | | | | | | | 2,679 | 50 |
| Trans Access Support Group Hours | 90 | 25 | | | | | | | 90 | 25 |
| HHOME Medical Case Management | 2,679 | 50 | | | | | | | 2,679 | 50 |
| | | | | | | | | | | |

| | UDC | UDC | UDC | UDC | UDC |
|--|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | 100 | | | | 100 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B) | \$366,477 | | | | \$366,477.00 |
| Fringe Benefits | \$96,896 | | | | \$96,896.00 |
| Total Personnel Expenses | \$463,373 | | | | \$463,373.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$43,667 | | | | \$43,667.00 |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$7,194 | | | | \$7,194.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$6,380 | | | | \$6,380.00 |
| Staff Travel - (e.g., Local & Out of Town) | \$8,630 | | | | \$8,630.00 |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | \$3,773 | | | | \$3,773.00 |
| Total Operating Expenses | \$69,644 | | | | \$69,644.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$533,017 | | | | \$533,017.00 |
| Indirect Expenses | \$46,450 | | | | \$46,450.00 |
| TOTAL EXPENSES | \$579,467 | | | | \$579,467.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
 Title: _____

| | | |
|---|---|-------------|
| Send to: aidsoffice@sfdph.org | By: _____ (DPH Authorized Signatory) | Date: _____ |
| ATTN: Accounts Payable | | |

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4i
03/01/2026 - 02/28/2027
PAGE B

| | | |
|---|--|------------------------------------|
| Contractor: Asian and Pacific Islander Wellness Center dba San Francisco Community H | | Invoice Number |
| Address: 730 Polk Street, 4th Floor | | A-4MAR26 |
| San Francisco, CA 94109 | | Contract Purchase Order No: |
| Telephone: 415-292-3400 | | Fund Source: RWPA - ETHE |
| Fax: 415-292-3404 | | Department ID-Authority ID: |
| Program Name: Tenderloin Early Intervention Services - HHOME/TransAccess | | |
| | | Project ID-Activity ID: |
| ACE Control #: | | Invoice Period: 03/1/26 - 03/31/26 |
| FINAL Invoice <input type="checkbox"/> (check if Yes) | | |

DETAIL PERSONNEL EXPENDITURES

| PERSONNEL | FTE | BUDGETED SALARY | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|----------------------------------|------|--------------------|-------------------------|---------------------|----------------|----------------------|
| Program Manager | 1.00 | \$69,309 | | | | \$69,309.00 |
| HHOME Case Manager | 2.29 | \$127,584 | | | | \$127,584.00 |
| Trans Access Senior Case Manager | 2.29 | \$127,584 | | | | \$127,584.00 |
| Registered Nurse | 0.40 | \$42,000 | | | | \$42,000.00 |
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| | | | | | | |
| TOTAL SALARIES | 5.98 | \$366,477 | | | | \$366,477.00 |

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____
Title: _____

Date: _____

APPENDIX K

Data Access and Sharing Terms

Article 1 Access

1.1 Revision to Scope of Access (RSA):

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

1.2 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;

1.2.2 Communicating with the SFDPH IT Service Desk;

1.2.3 Providing Agency Data User(s) details to the City;

1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;

1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and

1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

1.3 SFDPH IT Service Desk.

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

1.4 Deprovisioning Schedule.

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

1.5 Active Directory.

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

1.6 Role Based Access.

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

1.7 Training Requirements.

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

1.8 Agency Data User Confidentiality Agreement.

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

1.9 Corrective Action.

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

1.10 User ID and Password.

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

1.11 Notification of Compromised Password.

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

1.12 Multi Factor Authentication.

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

1.13 Qualified Personnel.

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

1.14 Workstation/Laptop encryption.

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

1.15 Server Security.

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

1.16 Removable media devices.

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

1.17 Antivirus software.

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

1.18 Patch Management.

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

1.19 System Timeout.

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

1.20 Warning Banners.

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

1.21 Transmission encryption.

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

1.23 Intrusion Detection.

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

of the City.

1.24 Security of PHI.

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

1.25 Data Security and City Data

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

1.26 Data Privacy and Information Security Program.

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

1.27 Disaster Recovery.

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

1.28 Supervision of Data.

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

1.29 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

1.30 No Technical or Administrative Support.

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

1.31 City Audit of Agency and Agency Data Users.

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

1.32 Minimum Necessary.

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

1.33 No Re-Disclosure or Reporting.

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

1.34 Health Information Exchange.

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

1.35 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data

breach in the same manner in which Agency would be so obligated, (2) provide cyber with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 2 Indemnity

2.1 Medical Malpractice Indemnification.

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

- (a) Read information displayed or transmitted by the System accurately and completely;
- (b) Ensure that Agency Data Users are trained on the use of the System;
- (c) Be responsible for decisions made based on the use of the System;
- (d) Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;
- (e) Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;
- (f) Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;
- (g) Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

The Parties agree that as between them, all rights, including all intellectual property rights in and to the City Data and any derivative works of the City Data shall remain the exclusive property of the City.

3.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and

- ii. any action pertaining to a breach required by applicable federal and state laws.

3.2.1 Investigation of Breach and Security Incidents: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

- i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
- iii. a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. a description of the probable and proximate causes of the breach or security incident; and
- v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

3.2.2 Written Report: Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3.2.3 Notification to Individuals: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
- ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

3.2.4 Sample Notification to Individuals: If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
- ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

3.3 **Media Communications**

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

**Attachment 1 to Appendix K
System Specific Requirements**

I. For Access to SFDPH Epic through Care Link the following terms shall apply:

A. SFDPH Care Link Requirements:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website galaxy.epic.com. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Compliance with Epic Terms and Conditions.

- a) Agency will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the SFDPH Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing SFDPH Care Link:

3. Epic-Provided Terms and Conditions

- a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
- b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Application For Access and Compliance with Epic Terms and Conditions.

- a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: <https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:

A. SFDPH myAvatar via WebConnect and VDI:

1. Connectivity.

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

- a. Agency must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: <https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.

Attachment 2 to Appendix K

**Protected Information Destruction Order
Purge Certification - Contract ID # 1000002676**

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated May 1st, 2017 (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

Electronic Data: Per the Secretary’s guidance, the City will accept destruction of electronic Protected Information in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Data Sanitization (“NIST”).

Hard-Copy Data: Per the Secretary’s guidance, the City will accept destruction of Protected Information contained in paper records by shredding, burning, pulping, or pulverizing the records so that the Protected Information is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

Contractor hereby certifies that Contractor has destroyed all Protected Information as directed by the City in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

So Certified

Lance Toma

Title: Chief Executive Officer

Date: