



Contract Number

21-10 A-4

SAP Number

4400015796

Department of Public Health

Department Contract Representative LaTanya Mitchell
Telephone Number (909) 665-2647

Contractor Foothill AIDS Project
Contractor Representative La Monica Stowers
Telephone Number (951) 482-2066
Contract Term April 1, 2021 through March 31, 2026
Original Contract Amount \$2,569,195
Amendment Amount (\$ 246,100)
Total Contract Amount \$2,323,095
Cost Center 9300371000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 4

It is hereby agreed to amend Contract No. 21-10, effective May 21, 2024, as follows:

ATTACHMENTS It is hereby agreed to amend as follows:

Attachment A – Scope of Work 2024

Attachment H – Program Budget and Allocation Plan 2024

SECTION V. FISCAL PROVISIONS

Paragraph A is amended to read as follows:

- A. The maximum amount of payment under this Contract shall not exceed \$2,323,095 of which \$2,232,095 may be federally funded, and shall be subject to availability of funds to the County. If the funding source notifies the County that such funding is terminated or reduced, the County shall determine whether this Contract will be terminated or the County’s maximum obligation reduced. The County will notify the Contractor in writing of its determination and of any change in funding amounts. The consideration to be paid to Contractor, as provided herein, shall be in full

payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

Original Contract	\$1,542,645	April 1, 2021 through March 31, 2024
Amendment No. 1	(\$69,645) decrease	April 1, 2021 through March 31, 2024
Amendment No. 2	\$1,019,248	April 1, 2021 through March 31, 2026
Amendment No. 3	\$76,947	April 1, 2021 through March 31, 2026
Amendment No. 4	(\$246,100) decrease	April 1, 2021 through March 31, 2026

It is further broken down by Program Year as follows:

Program Year	Dollar Amount
April 1, 2021 through March 31, 2022	\$491,000
April 1, 2022 through March 31, 2023	\$491,000
April 1, 2023 through March 31, 2024	\$529,065
April 1, 2024 through March 31, 2025	\$406,015
April 1, 2025 through March 31, 2026	\$406,015
Total	\$2,323,095

This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

All other terms and conditions of Contract No. 21-10 remain in full force and effect.

IN WITNESS WHEREOF, the San Bernardino County and the Contractor have each caused this Contract to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

Foothill AIDS Project

(Print or type name of corporation, company, contractor, etc.)

►

Dawn Rowe, Chair, Board of Supervisors

By ► _____
(Authorized signature - sign in blue ink)

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Name La Monica Stowers
(Print or type name of person signing contract)

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

Title Executive Director
(Print or Type)

By _____
Deputy

Dated: _____

Address 678 S. Indian Hill Blvd, Suite 220
Claremont, CA 91711

FOR COUNTY USE ONLY

Approved as to Legal Form
►
Adam Ebright, County Counsel
Date _____

Reviewed for Contract Compliance
►
Date _____

Reviewed/Approved by Department
►
Joshua Dugas, Director
Date _____

SCOPE OF WORK – PART B HCP

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	Foothill AIDS Project
Grant Period:	April 1, 2024 – March 31, 2025
Service Category:	Medical Transportation Services
Service Goal:	To enhance clients’ access to health care or support services using multiple forms of transportation throughout San Bernardino County
Service Health Outcomes:	<ul style="list-style-type: none"> • Improve retention in care (at least 1 medical visit in each 6-month period) • Improve viral suppression rate

	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 24/25 TOTAL
Proposed Number of Clients	50	97	50		197
Proposed Number of Visits = Regardless of number of transactions or number of units	300	580	300		1180
Proposed Number of Units = Transactions or 15 min encounters <i>(See Attachment P)</i>	100	2250	1050		4350

Group Name and Description (must be HIV+ related)	Service Area of Service Delivery	Targeted Population	Open/Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
• Not Applicable								
•								
•								

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p>Element #1:</p> <ul style="list-style-type: none"> Activities: To provide <i>Bus passes</i> CM will determine client eligibility: HIV diagnosis, residency, income, purpose of trips and screening for other party payors. CM will document services ordered in client file. Staff will provide bus passes to clients and will enter the service provided on Transportation Log. Transportation allowance is not to exceed \$70.00 monthly. Medical Transportation services will be provided to access services according to standard. 	4,5,6	04/01/24-03/31/25	<p>Client file will evidence eligibility screening for Ryan White funds as well other party payors. Client file will document eligibility screening every six months and statement of need for bus pass. Client file will contain Consent for Services; ARIES consent updated every three years, HIPPA Notification and Partner Services. Transportation Log will evidence client signature acknowledging receipt of bus pass. Bus Pass assistance will be documented in ARIES.</p>
<p>Element #2:</p> <ul style="list-style-type: none"> Activities: To provide <i>Taxi service</i> CM will determine client eligibility: HIV diagnosis, residency, income, screening for other party payors, purpose, and date of trip. CM will document services ordered in client file. Staff will order a taxi service, notify client of time, and need to be ready on time. Staff will enter the service provided on Taxi Services Binder. Services will be provided to access services according to standard. Transportation allowance is not to exceed \$70.00 monthly. Staff will document trip point of origin, destination, and reason for trip. 	4,5,6	04/01/24-03/31/25	<p>Client file will evidence eligibility screening for Ryan White funds as well other party payors. Client file will document eligibility screening every six months and statement of need for urgent trip. Client file will contain Consent for Services; ARIES consent updated every three years, HIPPA Notification and Partner Services. Taxi Services Binder will evidence taxi request depicting point of origin and destination and statement of need for urgent trip. Services will be provided within San Bernardino County. Taxi assistance will be documented in ARIES.</p>
<p>Element #3:</p> <ul style="list-style-type: none"> Activities: To provide <i>Gas cards</i> CM will determine client eligibility: HIV diagnosis, residency, income, screening for other party payors, purpose, and date of trip. CM will document service provided in client file. Staff will log voucher disbursement in Gas Card Log. Services will be provided to access services according to standard. Transportation allowance is not to exceed 	4,5,6	04/01/24-03/31/25	<p>Client file will evidence eligibility screening for Ryan White funds as well other party payors. Client file will document eligibility screening every six months and statement of need for gas voucher. Client file will contain Consent for Services; ARIES consent updated every three years, HIPPA Notification and Partner Services. Transportation log will evidence client signature acknowledging receipt of gas vouchers.</p>

\$70.00 monthly. Staff will document trip point of origin, destination, and reason for trip.			Gas Voucher assistance will be documented in ARIES.
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SCOPE OF WORK – PART B HCP
USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	Foothill AIDS Project
Grant Period:	April 1, 2023 – March 31, 2025
Service Category:	Food Services
Service Goal:	The overall goal of food services is to supplement eligible HIV/AIDS consumer’s financial ability to maintain continuous access to adequate caloric intake and balanced nutrition sufficient to maintain optimal health in the face of compromised health status due to HIV infection in the TGA.
Service Health Outcomes:	<ul style="list-style-type: none"> • Improve retention on care (at least 1 medical visit in each 6-month period) • Improve viral load suppression rate

	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 24/25 TOTAL
Proposed Number of Clients	50	120	50		220
Proposed Number of Visits = Regardless of number of transactions or number of units	400	800	400		1600
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	1855	4450	1855		8160

Group Name and Description (must be HIV+ related)	Service Area of Service Delivery	Targeted Population	Open/Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
• Not Applicable								
•								
•								

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p>Element #1: Food Vouchers</p> <ul style="list-style-type: none"> Activities: To provide Food Vouchers Food assistance needs will be identified by staff during assessment/reassessment, which will be included in the individualized Care Plan (CP). Eligibility will be determined according to current financial eligibility guidelines. Clients will make an appointment to pick up vouchers – whenever possible. Food vouchers will be distributed monthly to clients not to exceed a maximum of \$80.00 monthly. Food vouchers will be kept in locked file cabinet in FAP’s Administration offices and logged out to program using FAP’s internal Food Voucher Request form. Food vouchers will be kept in locked file cabinet in FAP’s program sites and logged out to eligible clients using FAP’s internal Monthly Food Voucher Log. 	4,5,6	04/01/24-03/31/25	<p>Client file will evidence eligibility screening for Ryan White funds as well other party payers. Client files will document HIV status, proof of medical insurance, residence, and income according to standards. Client file will document evidence of certification and re-certification for service eligibility. Client file will contain Consent for Services; ARIES consent updated every three years, HIPAA Notification and Partner Services Acknowledgement form. Client file will evidence need for food assistance. Client file will contain proof of food assistance received as client signature on copy of food vouchers scan including voucher serial number. The client file will contain evidence of referral to other sources of food assistance, as applicable.</p>

SCOPE OF WORK – PART B HCP

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>			
Contractor:	Foothill AIDS Project			
Grant Period:	April 1, 2024 – March 31, 2025			
Service Category:	Case Management Services (Non-Medical)			
Service Goal:	Facilitate linkage and retention in care through the provision of guidance and assistance in accessing medical, social, community, legal, financial, and other needed services.			
Service Health Outcomes:	<ul style="list-style-type: none"> Improve retention in care (at least 1 medical visit in each 6-month period) Improve viral suppression rate 			
	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 24/25 TOTAL

Proposed Number of Clients	50	130	50		230
Proposed Number of Visits = Regardless of number of transactions or number of units	600	1600	600		2800
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	3265	7550	3295		14110

Group Name and Description (must be HIV+ related)	Service Area of Service Delivery	Targeted Population	Open/Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
• Not Applicable								
•								
•								

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Intake and Eligibility <ul style="list-style-type: none"> • Activities: Intake/Screening for eligibility is to be conducted within 10 days of referral for request. • Initial assessment conducted within 30 of first visit. <i>*Case Management is co-located at the San Bernardino Public Health clinics in Ontario, San Bernardino, and Victorville.</i> The case Manager will conduct eligibility certification to ensure the service is delivered according to standards. Eligibility will be conducted every six months. • Required consent forms will be completed. 	4,5,6	04/01/24-03/31/25	Client file will evidence intake activities including orientation to service, screening for eligibility as well as insurance/third party payor. Client files will document HIV status, proof of insurance, residence, and income according to standards. Client file will contain Consent for Services, ARIES consent updated every three years, HIPAA Notification and Partner Services Acknowledgement form and any other required forms. Client file will document evidence of certification and re-certification for eligibility every six months.

<p>Element #2: Assessment and Re-assessment of needs and acuity level</p> <ul style="list-style-type: none"> Activities: Initial and ongoing assessment of acuity level and of service needs. The Case Manager will complete the initial Acuity Level based on identified needs and assess new acuity level as needed. 	4,5,6	04/01/24-03/31/25	<p>Client file will evidence assessment and re-assessment of needs. Client file will evidence initial acuity level and on-going acuity level.</p>
<p>Element #3: Development of Individualized Comprehensive Care plan</p> <ul style="list-style-type: none"> Activities: Case manager will develop a comprehensive individualized Care Plan with client-centered goals and milestones. The Care Plan will be re-evaluated every six months or as changes occur. 	4,5,6	04/01/24-03/31/25	<p>Client file will document Care Plan and disposition of objectives. Care Plan will be signed by client and Case Manager</p>
<p>Element #4: On-going monitoring of efficacy of Care Plan</p> <ul style="list-style-type: none"> Activities: Case Manager will monitor efficacy of care plan via on-going monitoring via face-to-face contact, phone contact and any other forms of communication deemed appropriate. Case Manager will work with client to identify tasks, interventions, assistance needed to access services, and anticipated time for each task/services. 	4,5,6	04/01/24-03/31/25	<p>Client file will document monitoring of Care Plan via progress notes and update of service objectives. Progress notes will be entered in ARIES.</p>
<p>Element #5: Assistance in accessing services and follow-up</p> <ul style="list-style-type: none"> Activities: Case Manager will work with clients to determine barriers to access services and provide assistance in addressing identified barriers. Case Manager will provide education, advice assistance in obtaining medical, social, community, legal, financial (e.g. benefits counseling), and other services. 	4,5,6	04/01/24-03/31/25	<p>Client file will document in progress note contacts to provide education and advice on accessing medical, social, community, legal, benefits counseling, treatment adherence counseling and other services. Progress notes will be entered in ARIES. Client file will document entry of referrals provided and their outcomes in ARIES.</p>
<p>Element #6: Assistance with budgeting</p> <ul style="list-style-type: none"> CM will meet with client to complete Budgeting form and discuss budgeting issues as related to maintaining access to necessary services. 	4,5,6	04/01/24-03/31/25	<p>The client file will include Budgeting Form. Client file will document in progress note discussion regarding budgeting to maintain access to necessary services.</p>
<p>Element #7: Participation in case conference</p> <ul style="list-style-type: none"> Activities: Case Manager will participate in Case conferencing with Medical Case Management (MCM) and other disciplines on behalf of the client. 	4,5,6	04/01/24-03/31/25	<p>Client file will evidence case conference as documented in progress notes entered in ARIES.</p>

<ul style="list-style-type: none"> CM will present issues and discuss resolution to problem-solve identified issues. 			<p>As applicable, client file will reflect coordination of services with other medical providers and/or professionals.</p>
<p>Element #8: Case Closure/Graduation</p> <ul style="list-style-type: none"> Activities: Case Manager will carry on case closure/graduation according to standard whether it is agency initiated or self-disengagement or graduation. 	4,5,6	04/01/24-03/31/25	<p>Client file will evidence date, reason for closure, referrals provided as appropriate in progress note entered in ARIES.</p> <p>Case Manager will complete Client Status form which will be placed in client file.</p>

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Foothill AIDS Project							
Ryan White Part - B							
Line Item Budget							
Budget Period 4/1/2024 - 3/31/2025							
TRANSPORTATION						\$56,580.00	
	Salary	Program FTE	Program Cost	Direct Costs	Admin Costs	Program Total	
Personnel							
	TBH x 0.15 FTE	\$ 54,000	0.02	\$ 1,080.00	\$ 1,080.00	\$ 1,080.00	\$ 2,160.00
	Personnel Subtotal			\$ 1,080.00	\$ 1,080.00	\$ 1,080.00	\$ 2,160.00
Fringe							
		Percent	Program Cost	Direct Costs	Admin Costs	Program Total	
	FICA	7.5%	\$ 81.00	\$ 81.00	\$ 81.00	\$ 162.00	
	Staff Insurance (Health)	8.8%	\$ 94.50	\$ 94.50	\$ 94.50	\$ 189.00	
	Disability (SUI)	3.3%	\$ 35.64	\$ 35.64	\$ 35.64	\$ 71.28	
	Worker's Compensation	2.0%	\$ 21.06	\$ 21.06	\$ 21.06	\$ 42.12	
	Fringe Subtotal	21.5%	\$ 232.20	\$ 232.20	\$ 232.20	\$ 464.40	
	Total Personnel		\$ 1,312.20	\$ 1,312.20	\$ 1,312.20	\$ 2,624.40	
Other							
			Program Cost	Direct Costs	Admin Costs	Program Total	
	Rent*		\$ 711.80	\$ -	\$ 711.80	\$ 711.80	
	Transportation Assistance		\$ 53,243.80	\$ 53,243.80		\$ 53,243.80	
	Equipment Total		\$ 53,955.60	\$ 53,243.80	\$ 711.80	\$ 53,955.60	
	Direct		\$ 55,267.80	\$ 54,556.00		\$ 54,556.00	
	Admin = 14% of \$14459				\$ 2,024.00	\$ 2,024.00	
	\$		\$ 55,267.80	\$ 54,556.00	\$ 2,024.00	\$ 56,580.00	
	%		99%	96%	4%	100%	

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Foothill AIDS Project						
Ryan White Part - B						
Line Item Budget						
Budget Period 4/1/2024 - 3/31/2025						
FOOD						\$106,110.00
	Salary	Program FTE	Program Cost	Direct Costs	Admin Costs	Program Total
Personnel						
TBH x 0.15 FTE	\$ 54,000	0.02	\$ 1,080.00	\$ 1,080.00		\$ 1,080.00
TBH x 0.15 FTE	\$ 54,000	0.06	\$ 3,240.00		\$ 3,240.00	\$ 3,240.00
Personnel Subtotal			\$ 4,320.00	\$ 1,080.00	\$ 3,240.00	\$ 4,320.00
Fringe						
		Percent	Program Cost	Direct Costs	Admin Costs	Program Total
FICA		7.5%	\$ 324.00	\$ 81.00	\$ 243.00	\$ 324.00
Staff Insurance (Health)		8.8%	\$ 378.00	\$ 94.50	\$ 283.50	\$ 378.00
Disability (SUI)		3.3%	\$ 142.56	\$ 35.64	\$ 106.92	\$ 142.56
Worker's Compensation		2.0%	\$ 84.24	\$ 21.06	\$ 63.18	\$ 84.24
Fringe Subtotal		21.5%	\$ 928.80	\$ 232.20	\$ 696.60	\$ 928.80
Total Personnel			\$ 5,248.80	\$ 1,312.20	\$ 3,936.60	\$ 5,248.80
Other						
			Program Cost	Direct Costs	Admin Costs	Program Total
Rent*			\$ 2,134.60	\$ -	\$ 2,134.60	\$ 2,134.60
Telephone/Communication			\$ 579.80	\$ -	\$ 579.80	\$ 579.80
FOOD Assistance			\$ 98,146.80	\$ 98,146.80		\$ 98,146.80
Equipment Total			\$ 100,861.20	\$ 98,146.80	\$ 2,714.40	\$ 100,861.20
Direct			\$ 106,110.00	\$ 99,459.00		\$ 99,459.00
Admin = 14% of \$14459					\$ 6,651.00	\$ 6,651.00
\$			\$ 106,110.00	\$ 99,459.00	\$ 6,651.00	\$ 106,110.00
%			101%	94%	6%	100%

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Foothill AIDS Project						
Ryan White Part - B						
Line Item Budget						
Budget Period 4/1/2024 - 3/31/2025						
Non-Medical CM						\$243,325.00
	Salary	Program FTE	Program Cost	Direct Costs	Admin Costs	Program Total
Personnel						
TBH - Claremont	\$ 56,000	1.00	\$ 56,000.00	\$ 56,000.00	\$ -	\$ 56,000.00
V. Guzman - Hesperia	\$ 57,500	1.00	\$ 57,500.00	\$ 57,500.00	\$ -	\$ 57,500.00
Y. Ramirez - San Bern	\$ 57,000	1.00	\$ 57,000.00	\$ 57,000.00	\$ -	\$ 57,000.00
A. Cespedes	\$ 68,004	0.06	\$ 4,080.24	\$ -	\$ 4,080.24	\$ 4,080.24
Personnel Subtotal			\$ 174,580.24	\$ 170,500.00	\$ 4,080.24	\$ 174,580.24
Fringe		Percent	Program Cost	Direct Costs	Admin Costs	Program Total
FICA		7.5%	\$ 13,093.52	\$ 12,787.50	\$ 306.02	\$ 13,093.52
Staff Insurance (Health)		8.8%	\$ 15,363.06	\$ 15,004.00	\$ 359.06	\$ 15,363.06
Disability (SUI)		3.3%	\$ 5,761.15	\$ 5,626.50	\$ 134.65	\$ 5,761.15
Worker's Compensation		2.0%	\$ 3,491.60	\$ 3,410.00	\$ 81.60	\$ 3,491.60
Fringe Subtotal		21.6%	\$ 37,709.33	\$ 36,828.00	\$ 881.33	\$ 37,709.33
Total Personnel			\$ 212,289.57	\$ 207,328.00	\$ 4,961.57	\$ 212,289.57
Travel			Program Cost	Direct Costs	Admin Costs	Program Total
Local Travel (Mileage)			\$ 165.72	\$ 165.72		\$ 165.72
Travel Total			\$ 165.72	\$ 165.72	\$ -	\$ 165.72
Supplies			Program Cost	Direct Costs	Admin Costs	Program Total
Equipment < \$5,000			\$ 3,852.00	\$ 3,852.00		\$ 3,852.00
Office: Supplies / Furniture			\$ 1,658.00	\$ 1,658.00		\$ 1,658.00
Printing/Advertising Costs*			\$ 348.97	\$ 348.97		\$ 348.97
Training			\$ 450.00	\$ 450.00		\$ 450.00
Postage			\$ 90.31	\$ 90.31		\$ 90.31
Supplies Total			\$ 6,399.28	\$ 6,399.28	\$ -	\$ 6,399.28
Other			Program Cost	Direct Costs	Admin Costs	Program Total
Rent*			\$ 19,627.43	\$ 18,805.00	\$ 822.43	\$ 19,627.43
Telephone/Communication			\$ 1,508.00	\$ 1,508.00		\$ 1,508.00
Utlilties*			\$ 1,798.00	\$ 1,798.00		\$ 1,798.00
Repair & Maintenance			\$ 1,537.00	\$ 1,537.00		\$ 1,537.00
Equipment Total			\$ 24,470.43	\$ 23,648.00	\$ 822.43	\$ 24,470.43
Direct			\$ 243,325.00	\$ 237,541.00		\$ 237,541.00
Admin = 40% of total \$14,459					\$ 5,784.00	\$ 5,784.00
\$			\$ 243,325.00	\$ 237,541.00	\$ 5,784.00	\$ 243,325.00
%			101%	98%	2%	100%