

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY

**Contract Number**

20-1066 A-2

SAP Number

4400015582

Department of Public Health

Department Contract Representative
Telephone Number

Lisa Ordaz, HS Contracts
 (909) 388-0222

Contractor

Borrego Community Health
 Foundation

Contractor Representative

Stephanie Smith

Telephone Number

(619) 398-2405 ext. 4811

Contract Term

10/28/2020 through 02/28/2023

Original Contract Amount

\$1,894,593

Amendment Amount

(\$1,114,555)

Total Contract Amount

\$ 780,038

Cost Center

9300371000

IT IS HEREBY AGREED AS FOLLOWS:**AMENDMENT NO. 2**

It is hereby agreed to amend Contract No. 20-1066, effective November 15, 2022, as follows:

SECTION V. FISCAL PROVISIONS**Paragraph A is amended to read as follows:**

- A. The maximum amount of payment under this Contract shall not exceed \$780,038, of which \$780,038 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 \$527,935

October 28, 2020 through February 28, 2022

Amendment No. 1 \$160,826 increase

March 1, 2021 through February 28, 2022

Amendment No. 1 \$1,205,83

March 1, 2022 through February 28, 2025

Amendment No. 2 (\$1,114,555) decrease March 1, 2022 through February 28, 2025

It is further broken down by Program Year as follows:

| Program Year | Dollar Amount |
|--|---------------|
| October 28, 2020 through February 28, 2021 | \$286,817 |
| March 1, 2021 through February 28, 2022 | \$401,944 |
| March 1, 2022 through February 28, 2023 | \$91,277* |
| March 1, 2023 through February 29, 2024 | \$0** |
| March 1, 2024 through February 28, 2025 | \$0** |
| Total | \$780,038 |

*This amount includes a decrease of \$310,667. ** No funding for remaining two years.

SECTION VI. RIGHT TO MONITOR AND AUDIT

Amend Paragraph I to read as follows:

- I. County is required to identify the Contractor Unique Entity Identification (UEI) number, as known in the federal System for Award Management (SAM), and Federal Award Identification Number (FAIN) in all County contracts that include federal funds or pass through of federal funds. This information is required in order for the County to remain in compliance with Title 2 CFR Section 200.331, and remain eligible to receive federal funding. The Contractor shall provide the Contractor name as registered in SAM, as well as the UEI number to be included in this Contract. Related FAIN will be included in this Contract by the County.

| | |
|--------------------------------------|-------------------------------------|
| Contractor Name as registered in SAM | Borrego Community Health Foundation |
| UEI | HE2HNUB6GTN3 |
| FAIN | UT833958 |

SECTION VIII. TERM

Amend Section VIII to read as follows:

This Contract is effective as of October 28, 2020, and is hereby changed from its amended expiration date of February 28, 2025, to expire on February 28, 2023, but may be terminated earlier in accordance with provisions of Section IX of the Contract.

ATTACHMENTS

ATTACHMENT A1 – Remove and Replace SCOPE OF WORK – ENDING THE HIV EPIDEMIC for Program Year 2022-23

ATTACHMENT H1 – Remove and Replace PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2022-23

ATTACHMENT H2 – Delete PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2023-24

ATTACHMENT H3 – Delete PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2024-25

All other terms and conditions of Contract No. 20-1066 remains in full force and effect.

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.

SAN BERNARDINO COUNTY

► 
Curt Hagman, Chairman, Board of Supervisors

Dated: NOV 15 2022
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

By 
Lynn Moneil
Clerk of the Board of Supervisors
San Bernardino County

By 
Deputy



Borrego Community Health Foundation

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

By ►


5086C19F78744AB...

(Authorized signature - sign in blue ink)

Name Rose MacIsaac

(Print or type name of person signing contract)

Title Chief Executive Officer

(Print or Type)

Dated: November 2, 2022

Address PO Box 2369

Borrego Springs, CA 92004

FOR COUNTY USE ONLY

Approved as to Legal Form

► 
8FC5599C83614F1

Adam Ebright, County Counsel

November 3, 2022

Date

Reviewed for Contract Compliance

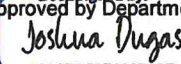
► 
8F400D70F85648B...

Patty Steven, HS Contracts

November 3, 2022

Date

Reviewed/Approved by Department

► 
30C7CC0F4C9F4CF

Joshua Dugas, Director

November 3, 2022

Date

SCOPE OF WORK YR3– Ending the HIV Epidemic: A Plan for America

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

| | |
|---------------------------------|---|
| Contract Number: | Borrego Community Health Foundation |
| Contractor: | |
| Grant Period: | March 1, 2022 – February 28, 2023 |
| Service Category: | Early Intervention Services |
| Service Goal: | To conduct risk reduction education and counseling to individuals with respect to HIV/AIDS, quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support treatment adherence and maintenance in medical care. |
| Service Health Outcomes: | <ol style="list-style-type: none"> 1) Improve the number of individuals who are unaware of HIV status in targeted populations LGBTQ+ and 50+ HIV individuals. 2) Improve the number of HIV-positive individuals that require re-linkage to medical care. 3) Provision of HIV risk reduction and health literacy education. 4) Improve linkage to care and referrals at key points of entry to meet immediate needs. 5) Improve medical treatment adherence to those unaware and those that have an unmet need. |

| | SA1 West Riv | SA2 Mid Riv | SA3 East Riv | SA4 San B West | SA5 San B East | SA6 San B Desert | FY22/23 TOTAL | |
|--|---------------------|------------------------|-----------------|--|------------------------------|-------------------------|-------------------|------------------|
| Proposed Number of Clients | | 15 | 25 | | | 10 | 50 | |
| Proposed Number of Visits = An estimated (6) visits per client. | | 90 (6) | 150 (6) | | | 60 (6) | 300 | |
| Proposed Number of Units = An estimated (3) UOS per visit. | | 270 (3) | 450 (3) | | | 180 (3) | 900 | |
| Group Name and Description (must be HIV+ related) | Service Delivery | Targeted Population | Open/ Closed | Expected Avg Attend. per Session | Session Length (hours) | Sessions per Week | Group Duration | Outcome Measures |
| N/A | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES: | | SERVICE AREA | TIMELINE | PROCESS OUTCOMES |
|--|--|--------------|-------------------|--|
| Element #1: San Jacinto/Hemet Region Activities: Early Intervention Services (EIS) include identification of individuals at points of entry and the provisions of access to services and provide of 1). HIV testing and targeted counseling; 2). Referral Services; 3). Linkage to Care Navigation; 4). Risk Reduction and Health Literacy Health Education to enable clients to navigate the HIV system of care. | | SA2 | 03/01/22-02/28/23 | Fifteen (15) unaware and HIV+ clients will receive Early Intervention Services (EIS) in the region. 1). To conduct effective outreach and risk reduction education to persons disproportionately affected by HIV and provide linkage to testing and medical services. 2). To connect and reconnect HIV+ individuals into medical care services and refer to additional services necessary to maintain and improve health outcomes. 3). To provide continued coordinated care management services to adhere to medical treatment. |
| Element #3: Coachella Valley Region Activities: Early Intervention Services (EIS) include identification of individuals at points of entry and the provisions of access to services and provide of 1). HIV testing and targeted counseling; 2). Referral Services; 3). Linkage to Care Navigation; 4). Risk Reduction and Health Literacy Health Education to enable clients to navigate the HIV system of care. | | SA3 | 03/01/22-02/28/23 | Twenty-five (25) unaware and HIV+ clients will receive Early Intervention Services (EIS) in the region. 1). To conduct effective outreach and risk reduction education to persons disproportionately affected by HIV and provide linkage to testing and medical services. 2). To connect and reconnect HIV+ individuals into medical care services and refer to additional services necessary to maintain and improve health outcomes. 3). To provide continued coordinated care management services to adhere to medical treatment. |
| Element #3: San Bernardino Desert Region Activities: Early Intervention Services (EIS) include identification of individuals at points of entry and the provisions of access to services and provide of 1). HIV testing and targeted counseling; 2). Referral Services; 3). Linkage to Care Navigation; 4). Risk Reduction and Health Literacy Health Education to enable clients to navigate the HIV system of care. | | SA6 | 03/01/22-02/28/23 | Ten (10) unaware and HIV+ clients will receive Early Intervention Services (EIS) in the region. 1). To conduct effective outreach and risk reduction education to persons disproportionately affected by HIV and provide linkage to testing and medical services. 2). To connect and reconnect HIV+ individuals into medical care services and refer to additional services necessary to maintain and improve health outcomes. 3). To provide continued coordinated care management services to adhere to medical treatment. |

SCOPE OF WORK YR3—Ending the HIV Epidemic: A Plan for America

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

CARRYOVER FUNDS 22/23

| | |
|---------------------------------|---|
| Contract Number: | Borrego Community Health Foundation |
| Contractor: | |
| Grant Period: | March 1, 2022 – February 28, 2023 |
| Service Category: | Early Intervention Services (Carryover) |
| Service Goal: | To perform rapid HIV testing to priority populations including Transgender, Adults over 50, homeless, MSM of color and Injection Drug Users in SA 2,3 and 6. |
| Service Health Outcomes: | 1) Improve the number of individuals who are unaware of HIV status through testing efforts. 2) Improve linkage to care and referrals at key points of entry such as HIV medical services within 30 days or less. 3) Improve medical treatment adherence to those unaware and those that have an unmet need. |

| FY 22/23 TOTAL | | | | | | | | |
|--|------------------|---------------------|-----------------|---|---------------------------|------------------------|-------------------|------------------|
| | SA1 West Riv | SA2 Mid Riv | SA3 East Riv | SA4 San B West | SA5 San B East | SA6 San B Desert | | |
| Proposed Number of Clients | | 70 | 65 | | | 15 | 150 | |
| Proposed Number of Visits | | 70 | 65 | | | 15 | 150 | |
| Proposed Number of Units <i>2 UOS per visit</i> | | 140 | 130 | | | 30 | 300 | |
| Group Name and Description (must be HIV+ related) | Service Delivery | Targeted Population | Open/ Closed | Expected Avg. Attend. per Session | Session Length (hours) | Sessions per Week | Group Duration | Outcome Measures |
| N/A | NA | NA | NA | NA | NA | NA | NA | |

| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES: | | SERVICE AREA | TIMELINE | PROCESS OUTCOMES |
|---|--|-------------------|-------------------|---|
| Element #1: HIV Diagnosis Activities: <ol style="list-style-type: none"> 1. Conduct HIV testing in the community to stated priority populations 2. Engage Early Intervention Services (EIS) personnel with high-risk priority populations in SA 2, SA 3, and SA 6 at venues that include community events, colleges/universities, homeless shelters, and substance/recover homes, and service providers that target the priority populations such as aging and transgender groups. | | SA2 SA3 SA6 | 11/01/22-02/28/23 | <ul style="list-style-type: none"> • Administer 150 HIV tests • Perform tests in identified regions that include: SA 2 = 70 tests SA 3 = 65 tests SA 6 = 15 tests |
| Element #2: Linkage to Care Activities: <ol style="list-style-type: none"> 1. Early Intervention Services (EIS) include identification of individuals at points of entry due to outreach efforts, which include testing, and community engagement. 2. To connect and reconnect HIV+ individuals into medical care services. 3. To refer to additional services such as medical care or supportive services necessary to maintain and improve health outcomes. | | SA2 SA3 SA6 | 11/01/22-02/28/23 | <ul style="list-style-type: none"> • Link newly diagnosed positive individuals to HIV medical care and additional services at a rate current standard positivity rate of at least 1% within a 30-day period or less. • Reengage those HIV positive individuals that have fallen out of care. SA 2 = 10 SA 3 = 15 SA 6 = 5 |
| Element #3: Adherence Activities: <ol style="list-style-type: none"> 1. To provide continued coordinated care management services to adhere to medical treatment | | SA2 SA3 SA6 | 11/01/22-02/28/23 | <ul style="list-style-type: none"> • Case Manage the newly diagnosed positive individuals to ensure that they are engaged in care and have at least 1 medical visit with 90 days of diagnosis and a visit at a minimum of every 6 months. • Case Manage the fallen out of care individuals to ensure that they are engaged in care and have at least 1 medical visit within 90 days of EIS engagement and a visit at a minimum of every 6 months. |

ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2022 – February 28, 2023

AGENCY NAME: Borrego Community Health Foundation

SERVICE: Early Intervention Services (EIS)

| | A | B | C |
|--|--|---|-------------------------------|
| Budget Category | Non-EHE Cost (Other Payers)² | EHE: A Plan for America Cost | Total Cost¹ |
| Personnel | | | |
| Classification: K. Skeete, EIS Specialist (\$57,445 x 1.0 FTE) – To provide HIV early intervention outreach, HIV testing and counseling, risk reduction education, referral services, and coordinating linkage/retention in care services to PLWHA. | \$0 | \$57,445 | \$57,445 |
| TOTAL | \$0 | \$57,445 | \$57,445 |
| Fringe Benefits 0.21 of Total Personnel Costs | \$0 | \$12,063 | \$12,063 |
| TOTAL PERSONNEL | \$0 | \$69,508 | \$69,508 |
| Other | | | |
| Training – Includes participation in TGA and other program specific trainings virtual or in person. | \$0 | \$1,284 | \$1,284 |
| Mileage - Mileage @ 60 miles per week x 52 weeks @ 0.625 keeping with the Federally approved rate. | \$0 | \$1,950 | \$1,950 |
| TOTAL OTHER | \$0 | \$3,234 | \$3,234 |
| SUBTOTAL (Total Personnel and Total Other) | \$0 | \$72,742 | \$72,742 |
| Administration (10%) of total budget amount. | \$0 | \$7,274 | \$7,274 |
| TOTAL BUDGET (Subtotal & Administration) | \$0 | \$80,016 | \$80,016 |

¹Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)

- Total Number of Ryan White Units to be Provided for this Service Category: 900
- Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: \$88.91
(This is your agency's RW cost for care per unit)

²List Other Payers Associated with funding in Column A: Program revenue that includes Medi-Cal, Medi-Care, Commercial Insurance, Self-Pay, and other public programs.

ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2022 – February 28, 2023

AGENCY NAME: Borrego Community Health Foundation **SERVICE:** Clinical Quality Management

| | A | B | C |
|---|--|---|-------------------------------|
| Budget Category | Non- EHE: Cost (Other Payers)² | EHE: A Plan for America Cost | Total Cost¹ |
| Personnel | | | |
| CQM Liaison – S. Smith (Temporary) - An annual salary \$112,988.77 @ 0.043907 FTE Position to develop a quality program for HIV services that align with the TGA EHE quality activities and include analyzing and reporting data. To work to improve HIV care and treatment services for people with HIV by developing activities that address and enhance quality of care, increase access to services. The total budgeted amount is \$4,961. | \$108,027.77 | \$4,961 | \$112,988.77 |
| TOTAL | \$108,027.77 | \$4,961 | \$112,988.77 |
| Fringe Benefits | \$ 0.00 | \$0.00 | \$0.00 |
| TOTAL PERSONNEL | \$108,027.77 | \$4,961 | \$112,988.77 |
| SUBTOTAL (Total Personnel and Total Other) | | | |
| Administration (10%) of total budget amount. | \$0.00 | \$0.00 | \$0.00 |
| TOTAL BUDGET (Subtotal & Administration) | \$108,027.77 | \$4,961 | \$112,988.77 |

¹ Total Cost = Ending the HIV Epidemic: A Plan for America (Other Payers) + Ending the HIV Epidemic: A Plan for America (A+B)

- Total Number of Ending the HIV Epidemic: A Plan for America to be provided for this Service Category N/A
- Total Ending the HIV Epidemic: A Plan for America (Column B) Divided by Total Ending the HIV Epidemic: A Plan for America Units to be provided: N/A

(This is your agency's Ending the HIV Epidemic: A Plan for America cost for care per unit)

² List Other Payers Associated with funding in Column A: Medi-Cal, HRSA 330 Grant, Commercial insurance, Medicare

Carryover Funds

**ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA BUDGET AND
ALLOCATION PLAN Fiscal Year March 1, 2022 – February 28, 2023**

AGENCY NAME: Borrego Community Health Foundation

SERVICE: Early Intervention Services (EIS)

| Budget Category | A Non- Ending the HIV Epidemic: A Plan for America Cost (Other Payers) ² | B EHE: A Plan for America Cost – Carry Over | C Total Cost ¹ |
|---|--|--|------------------------------|
| Personnel | | | |
| | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 |
| TOTAL PERSONNEL | \$0.00 | \$0.00 | \$0.00 |
| Other | | | |
| Medical Supplies – Medical Supplies to be utilized for an Early Intervention Specialist 1.0 FTE personnel for the following 4 months or remaining grant period 22/23. An estimated cost of medical supplies that include medical bag, sharps containers, Band-Aids, PPE (gloves, masks), gauze, alcohol wipes, lancets, and sterile drapes for supporting rapid HIV testing in the community for those populations with unknown status. This resulting in rapid linkage to care and begin treatment to reach undetectable HIV status. Cost not to exceed an estimated ~ \$2,500. | \$0.00 | \$2,500 | \$2,500 |
| Testing Kits – Estimated cost for preliminary testing kits (INSTI-HIV-1/HIV-2 kits 100 @ ~ \$13.00 each and Oraquick In-home HIV testing kits 50 @ \$40 each, and Control Test Kits 3 @ \$77) to be utilized by Early Intervention Specialist to perform targeted community HIV testing to help the unaware learn of their HIV status for the following 4 months. Cost of tests and control kits at an estimated cost not to exceed and estimated ~ \$3,600. | \$0.00 | \$3,600 | \$3,600 |
| Office Supplies – Office Supplies include items such as paper, pens, pencils, paper tablets to be used by Early Intervention Specialist for the following 4 months at an estimated cost of \$33.33 per month, cost not to exceed an estimated ~ \$200. | \$0.00 | \$200 | \$200 |
| TOTAL OTHER | \$0.00 | \$6,300 | \$6,300 |
| SUBTOTAL (Total Personnel and Total Other) | \$0.00 | \$6,300 | \$6,300 |
| Administration (10%) of total budget amount. | \$0.00 | \$0.00 | \$0.00 |
| TOTAL BUDGET (Subtotal & Administration) | \$0.00 | \$6,300 | \$6,300 |

¹ Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)

- Total Number of Ryan White Units to be Provided for this Service Category: 300
- Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: \$21.00
(This is your agency's RW cost for care per unit)

²List Other Payers Associated with funding in Column A: Use of carryover funds support EIS testing efforts under the existing EHE EIS service category.