



Contract Number

20-1182 A-1

SAP Number

4400015716

Department of Public Health

Department Contract Representative
Telephone Number

Lisa Ordaz, HS Contracts
(909) 388-0222

Contractor
Contractor Representative
Telephone Number
Contract Term
Original Contract Amount
Amendment Amount
Total Contract Amount
Cost Center

Foothill AIDS Project
La Monica Stowers
(909) 482-2066
March 1, 2021 through February 29, 2024
\$6,518,220
-(\$228,039)
\$6,290,181
9300371000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend Contract No. 20-1182, effective July 27, 2021, 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 \$6,290,181, of which \$6,290,181 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	\$6,518,220	March 1, 2021 through February 29, 2024
Amendment No. 1	(\$228,039) decrease	March 1, 2021 through February 29, 2024

It is further broken down by Program Year as follows:

Program Year	Dollar Amount
March 1, 2021 through February 28, 2022	\$2,096,727*
March 1, 2022 through February 28, 2023	\$2,096,727*
March 1, 2023 through February 29, 2024	\$2,096,727*
Total	\$6,290,181

*This amount includes a decrease of \$76,013 per year.

ATTACHMENTS

ATTACHMENT A – Remove and replace SCOPE OF WORK for Program Year 2021-22

ATTACHMENT H – Remove and replace PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2021-22

All other terms and conditions of Contract No. 20-1182 remains in full force and effect.

SAN BERNARDINO COUNTY

►

Curt Hagman, Chairman, Board of Supervisors

Dated: _____

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

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By _____
Deputy

Foothill AIDS Project

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

By ►

(Authorized signature - sign in blue ink)

Name Maritza Tona

(Print or type name of person signing contract)

Title Executive Director

(Print or Type)

Dated: _____

Address 233 West Harrison Avenue

Claremont, CA 91711

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Adam Ebright, County Counsel

Date _____

Reviewed for Contract Compliance

►
Becky Giroux, HS Contracts

Date _____

Reviewed/Approved by Department

►
Andrew Goldfrach, Interim Director

Date _____

SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	Foothill AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Early Intervention Services
Service Goal:	Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support treatment adherence and maintenance in medical care. Decreasing the time between acquisition of HIV and entry into care and decrease instances of out-of-care facility access to medications, decrease transmission, and improve health outcomes.
Service Health Outcomes:	<ul style="list-style-type: none"> • If RW-funded test: maintain 1.1% positivity rate or higher (targeted testing) • Link newly diagnosed HIV+ medical care in 30 days or less • Improve retention in care (at least 1 medical visit in each 6 month period) • Improve viral suppression rate

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 21/22 TOTAL
Proposed Number of Clients	50	10	0	10	100	10		180
Proposed Number of Visits = Regardless of number of transactions or number of units	350	70	0	70	700	70		1260
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	800	160	0	160	1600	160		2880
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: Outreach Encounters <ul style="list-style-type: none"> Activities: Early Intervention Services Case manager (EISCM) will conduct one-on-one, in-depth encounters with members of targeted populations at risk and provide referral to HIV Testing and Counseling (HCT), Pre-exposure prophylaxis navigation, Sexually Transmitted Infections testing among others. 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will evidence encounters in case notes entered in ARIES Anonymous Encounter module and on outreach logs.
Element #2: Community Collaboration <ul style="list-style-type: none"> Activities: EISCM will coordinate with local HIV Prevention Programs including surveillance activities of the Data to Care program from county public health departments. EISCM will participate in the End of HIV Epidemic (EHE) activities of Riverside and San Bernardino County. 	1,2,4,5,6	3/1/2021- 2/28/2022	FAP maintain collaboration with Riverside and San Bernardino DPH and other local prevention programs to coordinate outreach activities. Documentation of outreach activities and attendance to prevention meetings is kept in program binder.
Element #3: Screening, Intake, Assessment <ul style="list-style-type: none"> Activities: EISCM will conduct screening, intake and assess PLWH newly diagnosed or disengaged in care to identify and problem-solve barriers to care. 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will evidence in case note entered in ARIES identification of barriers to care and plan to problem-solve such barriers via intake and assessment.
Element #4: <ul style="list-style-type: none"> Activities: EISCM will develop with client a referral plan to testing, medical care, and support services. 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will evidence referrals to medical care and support services via the Referral Tracking Plan. Referrals to medical and support services along with their outcome will be documented in ARIES. Referrals to testing will be documented in outreach log and sign-in sheet.
Element #5: <ul style="list-style-type: none"> Activities: EISCM will conduct HIV Testing and Counseling. Individuals who test HIV 	1,2,4,5,6	3/1/2021- 2/28/2022	HIV Testing and counseling and referrals documentation will be maintained following approved HIV testing and counseling quality

positive will be referred to confirmatory HIV testing and care should confirmatory test result is positive.			assurance ATTACHMENT A
Element #6: <ul style="list-style-type: none"> Activities: EISCM will utilize Navigation model to connect newly diagnosed and reconnect those that have fallen out of care. Navigation is an evidence-based intervention from the Centers for Disease Control compendium. Navigation support relies on accompanying clients to medical and other support service appointments to ensure linkage. 	1,2,4,5,6	3/1/2021- 2/28/2022	FAP follow-up/no contact protocol includes mail, community, home visit, and phone contact. Client file will evidence attempts to contact, education and support provided to address barriers to care. Attempts and contact with client will be documented in ARIES.
Element #7: <ul style="list-style-type: none"> Activities: EIS CM will maintain formal linkages with traditional (prisons, homeless shelters, treatment centers, etc) and non-traditional (faith-based organizations, community centers, hospitals, etc.) entry points 	1,2,4,5,6	3/1/2021- 2/28/2022	Memoranda of Understanding (MOU) are kept at Administration. Staff maintain a List of Collaborators (traditional and non-traditional) which depicts the name of the agency collaborating, the target population, the type and frequency of outreach activity to be provided at the site.
Element #8: <ul style="list-style-type: none"> Activities: EISCM Provide education/information regarding availability of testing and HIV care services to HIV+ those affected by HIV, and caregivers. <i>Activities that are exclusively HIV prevention education are prohibited.</i> 	1,2,4,5,6	3/1/2021- 2/28/2022	Encounter file will evidence education of the HIV system of care in case note entered in ARIES ACE module. Sign-in sheets document location as well as attendees information for outreach activities.
Element #9: <ul style="list-style-type: none"> Activities: EISCM will utilize standardized, required documentation to record encounters, progress regarding linkage of referrals 	1,2,4,5,6	3/1/2021- 2/28/2022	Client will file evidence use of standardized, required documentation to include EIS Consent form, Enrollment form among others.
Element #10: Activities: EISCM will maintain update, quantifiable, required documentation to accommodate reporting and evaluation.	1,2,4,5,6	3/1/2021- 2/28/2022	Encounters are documented in ARIES. Referrals and their outcome are documented in ARIES. Outreach activities are documented in sign-in sheets and outreach logs and entered in the ARIES Anonymous Contact dashboard. Case Manager will track health outcomes (viral load and CD4 as well as access to medical care services data.

Element #11: Activities Eligibility worker will collaborate with Early Intervention Case Manager to conduct eligibility certification and re-certification every six months.	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will evidence ATTACHMENT A supporting eligibility for services according to the IEHPC.
Element #12: Case Closure/Graduation <ul style="list-style-type: none"> Activities: EISCM will carry on case closure and transfer to another level of care according to standard. 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will evidence date, reason for closure or transfer, referrals provided as appropriate in progress note entered in ARIES. Case Manager will complete Client Status form which will be placed in client file.

SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	Foothill AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Mental Health Services
Service Goal:	Minimize crisis situations and stabilize HIV clients' mental health status to maintain clients in the care system
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, improved or maintained CD4 cell count. • Decreased level of depression post 12 individual sessions • Decreased level of anxiety post 12 individual sessions.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 21/22 TOTAL
Proposed Number of Clients	40	20	0	10	100	50		220
Proposed Number of Visits = Regardless of number of transactions or number of units	360	180	0	90	900	450		1980
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	3500	1100	0	500	9900	4000		19000
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
Living Well with HIV Living Well with HIV/AIDS psychotherapy groups are facilitated by Mental Health clinicians. Focus of group sessions are psychological/emotional issues clients experience related to living with	1,2,4,5,6	Co-ed	Open	8	1.5 hr	1	On-going	Medical Visits Viral Loads Level of functioning

HIV/AIDS, relationships and other topics designated by group members.								ATTACHMENT A
Young and Thriving Young and Thriving group is for clients age 30 and under. Group focuses on topics and activities that educate as well as equip youth with social skills for cultivating health relationships on the age of social media •	5	Co-ed	Open	8	1.5 hr	1	On-going	Medical Visits Viral Loads Level of functioning
Rise and Grind This is group is a Co-ed, strength-based psycho-education group. The group is offered in 6 weeks segments with the topic/emphasis changing every new cycle.	5	Co-ed	Open	8	1.5 hr	1	On-going	Medical Visits Viral Loads Level of functioning
Extended Family Group This group provides support to clients and their family network to improve their mental wellbeing and relationship in respect to social and family dynamics.	1,2	Co-ed	Open	8	1.5 hr	1	On-going	Viral Loads Level of functioning
N.E.W Newly Empowered Women Group provides a safe environment for women to share concerns, convey support, and develop coping skills in	5	Women	Open	8	1.5hr	1	On-going	Viral Loads Level of functioning

respect to living with HIV								ATTACHMENT A
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Planned Service Delivery and Implementation Activities	Service Area	Timeline	Process Outcomes
Element #1: Initial Assessment and Re-assessment Activities: Initial individual mental health assessment(document mental health diagnosis) <ul style="list-style-type: none"> Client will meet with Mental Health Clinician (MHC) to complete initial assessment and reassessment. MHC will conduct eligibility for services along with screening for Third Party payor. 	1,2,3,4,5,6	3/1/2021- 2/28/2022	Client file will document initial mental health assessment and reassessment to include DSMV diagnosis, and other outcome tracking data per program standards and entered in ARIES. Client file will document statement of screening and eligibility.
Element #2: Development of Treatment Plan Activities: Client and MHC will meet to develop treatment plan	1,2,3,4,5,6	3/1/2021- 2/28/2022	Client file will include initial and updated treatment plan and entered in ARIES.
Element #3:Individual counseling session <ul style="list-style-type: none"> Activities: Client will meet with MHC for individual session 	1,2,3,4,5,6	3/1/2021- 2/28/2022	Client file will document session as case note and entered in ARIES.

<p>Element #4: Group counseling session</p> <ul style="list-style-type: none"> Activities: MHC will convene weekly support group to discuss issues relevant to HIV/AIDS. <p>For individual attending group sessions only, file will include assessment, DSMV diagnosis, and treatment plan and documentation of group participation.</p>	1,2,3,4,5,6	3/1/2021- 2/28/2022	<p>Group counseling documentation will be maintained via sign-in sheets depicting group topic and entered in ARIES. Case Note will document attendance to group session</p>
<p>Element #5: Case Conferencing</p> <ul style="list-style-type: none"> Activities: MHC will participate in case conference to discuss issues and needed referrals. MHC will discuss wrap-up around services regarding access to additional services including psychiatrists and other mental health professionals. 	1,2,3,4,5,6	3/1/2021- 2/28/2022	<p>Documentation of case conferencing is kept in program binder and entered in case in ARIES.</p>

ATTACHMENT A

SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	Foothill AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Medical Case Management Services
Service Goal:	The goal of providing medical case management services is to ensure that those who are unable to self-manage their care, struggling with challenging barriers to care, marginally in care, and/or experiencing poor CD4/Viral load test results receive intense care coordinating assistance to support participation in HIV medical care.
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

			SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Proposed Number of Clients			20	0	0	5	30	10	65
Proposed Number of Visits = Regardless of number of transactions or number of units			200	0	0	50	350	100	700
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)			1000	0	0	250	1750	500	3500
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	
HIV Education	1,2,4,5,6	Clients engaged with MCM	Open	1,2,4,5,6	3/1/2021- 2/28/2022	1 monthly	1.5 hr	Self-reported knowledge about HIV disease, treatment, and rating of importance of maintaining treatment adherence	

Planned Service Delivery and Implementation Activities	Service Area	Timeline	Process Outcomes
Element #1: Initial and On-going Assessment <ul style="list-style-type: none"> Activities: Medical Case Manager will conduct initial and on-going assessment of needs. <i>Medical Case Management will target clients who experience barriers in self-managing their HIV medical care; poor CD4 and viral load count; and do not have access to medical case management thru their medical homes, thus needing intense care coordination.</i> 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will evidence intake activities including screening for eligibility as well as insurance/third party payor. Eligibility certification will be conducted every six months. Client file will evidence initial and on-going assessment of needs.
Element #2: Development of Comprehensive Care Plan <ul style="list-style-type: none"> Activities: Medical Case Manager (MCM) will develop a comprehensive, individualized care plan with the client and re-evaluation of plan (every six months). MCM will rate areas of medical case management needs to measure acuity level. 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will document individualized comprehensive care plan and acuity level that are to be re-evaluated every six months.
Element #3: Care Plan Implementation and Monitoring <ul style="list-style-type: none"> Activities: MCM will monitor the efficacy of plan, periodic re-evaluation and adaptation of the plan as necessary (6 months). MCM will meet with client to assess progress and re-define objectives as needed. 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will document in ARIES case note contacts to monitor progress and re-evaluation of plan every six months.
Element #4: Educational Group <ul style="list-style-type: none"> Activities: MCM will facilitate group treatment adherence education, e.g. HIV health numeracy in respect to viral load. 	1,2,4,5,6	3/1/2021- 2/28/2022	Group sign-in sheets will be kept in Treatment Adherence Group binder at respective FAP location.
Element #5: Advocacy <ul style="list-style-type: none"> Activities: MCM will advocate and/or review of utilization of services, coordination and follow-up of medical treatments, communication between primary medical provider and HIV specialist among others 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will document specific advocacy, coordination and follow-up of services and medical treatments.
Element #6: Referrals <ul style="list-style-type: none"> Activities: MCM will provide or refer clients for advice, support, counseling on topics surrounding HIV disease, treatments, 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will reflect service provided to include advice and counseling regarding treatment adherence, nutrition, and support to effectively participate in the system of care.

medications, treatment adherence education, caregiver bereavement support, dietary/nutrition advice and education, and terms and information needed by client to effectively participate in his/her medical care.			As applicable, client file will reflect coordination of services with client's local managed-care plan. Performance Measures: 1) Care Plan 2) Gap in HIV medical visits
Element #7: Case Closure/Graduation <ul style="list-style-type: none"> Activities: MCM will carry on case closure/graduation according to standard whether it be agency initiated or self-disengagement or graduation 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will evidence date, reason for closure, referrals provided as appropriate in progress note entered in ARIES.

SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	Foothill AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Substance Abuse Services
Service Goal:	Minimize crisis situations and stabilize client's substance use to maintain their participation in the medical care system.
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 load suppression rate • A clinically significant reduction in level of substance use/abuse(12) individual or group sessions

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 21/22 TOTAL
Proposed Number of Clients	40	10	0	10	90	50		200
Proposed Number of Visits = Regardless of number of transactions or number of units	360	180	0	270	990	450		2250
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	2500	1280	0	1890	9950	4150		19770

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
Circle of Truth Nuevo Amenecer <ul style="list-style-type: none"> • The support group goal is to identify the irrational beliefs and to refute tem. The irrational belief would then be substituted with a 	1,2,4,5,6	English Co-ed Spanish-Speaking	Open Open	8 8	1.5 hr 1.5	1 2	On-going On-going	<ul style="list-style-type: none"> • Medical visits • Viral loads • Substance use/abuse self-report and/or equivalent tool

more rational or accurate beliefs, which should have an impact on the emotional response. Social and problem solving skills will also be used to enable clients to develop non-substance use habits in order to adhere to their HIV care. HIV prevention risk-reduction including condom use as related to substance use is also discussed.								ATTACHMENT A
Clean and Serene <ul style="list-style-type: none"> This support group focuses on Cognitive Behavioral content with an emphasis on practicing new coping skills in maintaining sobriety. 	6	Co-ed	Open	8	1.5 hr	1 Weekly	On-going	<ul style="list-style-type: none"> Medical visits Viral loads Substance use/abuse self-report and/or equivalent tool
Moving On <ul style="list-style-type: none"> This group targets those who have 	5	Co-ed	Open	8	1.5 hr	1 Weekly	On-gong	<ul style="list-style-type: none"> Medical visits Viral loads Substance use/abuse self-

lived with HIV for a number of years and who have a history of and/or current struggles with substance use.								report and ATTACHMENT A
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Planned Service Delivery and Implementation Activities	Service Area	Timeline	Process Outcomes
Element #1: Initial Assessment and Re-assessment <ul style="list-style-type: none"> Activities :Initial individual substance abuse assessment Client will meet with Substance Abuse Counselor (SAC) to complete initial assessment and reassessment. SAC will conduct eligibility for services along with screening for Third Party payor. 	1,2,4,5,6	3/1/2021-2/28/2022	Client file will document initial substance abuse assessment and reassessment along with and other outcome tracking data per program standards and entered in ARIES. Client file will document statement of screening and eligibility.
Element #2: Development of Treatment Plan <ul style="list-style-type: none"> Activities: Client and SAC will meet to develop treatment plan 	1,2,4,5,6	3/1/2021-2/28/2022	Client file will include initial and updated treatment plan and entered in ARIES. Treatment plan will be updated at least every 120 days.
Element #3: Individual Counseling Session <ul style="list-style-type: none"> Activities: Client will meet with SAC for individual session 	1,2,4,5,6	3/1/2021-2/28/2022	Client file will document session as case note and entered in ARIES.
Element #4: Group Counseling <ul style="list-style-type: none"> Activities: Group counseling session SAC will convene weekly support group to discuss issues relevant to HIV/AIDS. For individual attending group sessions only, file will include assessment, and treatment plan. 	1,2,4,5,6.	3/1/2021-2/28/2022	Group counseling documentation will be maintained via sign-in sheets and entered in ARIES. For individual attending group sessions only, file will include assessment, and treatment plan.
Element #4: Case Conferencing <ul style="list-style-type: none"> Activities: SAC will participate in case conferencing to coordinate services and address identified issues 	1,2,4,5,6.	3/1/2021-2/28/2022	Documentation of case conferencing will be kept in program binder.
Element #5: Referrals <ul style="list-style-type: none"> Activities: Referral to other mental health professionals SAC will meet with client to identify needed referrals. 	1,2,4,5,6	3/1/2021-2/28/2022	Client file will document referral(s) provided to include referral information and follow-up on the referral

SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

Contract Number:	
Contractor:	Foothill AIDS Project
Grant & Period:	Part A Contract March 1, 2021 – February 28, 2022
Service Category:	Medical Nutrition Therapy
Service Goal:	Facilitate maintenance of nutritional health to improve health outcome or maintain positive health outcomes.
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

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 20/21 TOTAL
Proposed Number of Clients	20	0	0	5	35	10		70
Proposed Number of Visits = Regardless of number of transactions or number of units	180	0	0	45	315	90		630
Proposed Number of Units = Transactions or 15 min encounters	1080	0	0	270	1890	540		3780

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
• Healthy Eating	1,2,4,5,6	PLWH engaged with MNT	Open	8	1.5 hr	1 monthly	On-going	Self-reported increased knowledge of foods for a healthy diet

Planned Service Delivery and Implementation Activities	Service Area	Timeline	Process Outcomes
\ Element #1: Intake and Assessment <ul style="list-style-type: none"> Activities: Registered Dietician (RD) will conduct Intake/assessment of nutritional needs. 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will evidence intake activities including screening for eligibility as well as insurance/third party payor. Eligibility certification and re-certification will be conducted every six months. Client file will document HIV status, proof of insurance, residence, and income according to IEHPC standards. Client file will document referral from medical provider. Client file will evidence assessment of nutritional needs signed and dated by Registered Dietician. Client file will contain Consent for Services, ARIES consent updated every three years, HIPAA Notification and Partner Services Acknowledgement form.
Element #2: Development of Nutritional Plan <ul style="list-style-type: none"> Activities: RD will develop a nutritional plan with the client within 30 days of the initial assessment and re-evaluation of plan (every six months). 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will document individualized nutritional plan signed and dated by Registered Dietitian. Client file will document re-evaluation of the nutritional plan signed and dated by the Registered Dietitian every six months.
Element #3: Follow-up and Monitoring	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will document follow-up

ATTACHMENT A

<ul style="list-style-type: none"> • Activities: RD will follow-up counseling with clients regarding medical nutritional recommendations, discuss barriers to implement recommendations and assess new nutritional needs as needed. • RD will provide nutritional supplements to clients without medical insurance or to those waiting for approval for nutritional supplements from their medical insurance. 			counseling and re-assessment as needed. Notes will document progress towards nutritional plan goals and barriers to implement recommendation and interventions to address these barriers as recommended. Progress note will document nutritional supplements given to client.
Element #4: Nutritional Group <ul style="list-style-type: none"> • Activities: Provide nutrition group education to increase knowledge of healthy food choices and enhance strategies to accomplish nutritional goals, food/drug interactions and medications side effects associated with long-term pharmacotherapy. 	1,2,4,5,6	3/1/2021- 2/28/2022	Group sign-in will be maintained in Nutrition Group binder at respective locations.
Element #5: Case Conferencing <ul style="list-style-type: none"> • Activities: Case conferencing with Medical Case Management (MCM) Staff and Primary Care Provider. RD will participate in case conference to discuss issues and problem-solve identified issues. 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will reflect staff participation at case conference with MCM and Primary Care Provider, issues discussed and resolutions identified.
Element #6: Case Closure/Graduation <ul style="list-style-type: none"> • Activities: RD will carry on case closure/graduation according to standard whether it be agency initiated or self-disengagement or graduation. 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will evidence date, reason for closure, referrals provided as appropriate in progress note entered in ARIES.

SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	Foothill AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Case Management Services (Non-Medical)
Service Goal:	Facilitate linkage and retention in care through the provision of guidance and assistance with service information and referrals.
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

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 21/22 TOTAL
Proposed Number of Clients	60	20	0	5	70	30		185
Proposed Number of Visits = Regardless of number of transactions or number of units	600	200	0	50	700	300		1850
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	4500	1500	0	375	5250	2250		13875
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								
•								
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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 conducted within 10 days of referral for request and complete required consent forms, Initial assessment conducted within 30 of first visit <i>*Case Management collaborates with County Public Health HIV clinics, Borrego Health, AIDS HealthCare Foundation, Jerry L Pettis Veterans Hospital, Loma Linda Social Action Clinic Health System and with medical managed-care plans among others.</i> Case Manager will collaborate with Eligibility Worker to ensure service is delivered according eligibility standards. Eligibility will be conducted every six months 	1,2,4,5,6	03/01/21-02/28/22	Client file will evidence intake activities including orientation to service, screening for eligibility as well as insurance/third party payor. Client file 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 service eligibility every six months.
Element #2: Assessment and Re-assessment of needs and acuity level <ul style="list-style-type: none"> Activities: Initial and ongoing assessment of acuity level and of service needs. Case Manager will complete initial Acuity Level based on identified needs and assess new acuity level as needed. 	1,2,4,5,6	03/01/21-02/28/22	Client file will evidence assessment and re-assessment of needs. Client file will evidence initial acuity level and on-going acuity level.
Element #3: Development of Individualized Comprehensive Care plan <ul style="list-style-type: none"> Activities: Case manager will develop a comprehensive individualized Care Plan with client-centered goals and milestones. Care Plan will be re-evaluated every six months or as changes occur. 	1,2,4,5,6	03/01/21-02/28/22	Client file will document Care Plan and disposition of objectives. Care Plan will be signed by client and Case Manager
Element #4: On-going monitoring of efficacy of Care Plan <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. 	1,2,4,5,6	03/01/21-02/28/22	Client file will document monitoring of Care Plan via progress notes and update of service objectives. Progress notes will be entered in ARIES.
Element #5: Assistance in accessing services and follow-up	1,2,4,5,6	03/01/21-	Client file will document in progress note contacts

<ul style="list-style-type: none"> • Activities: Case Manager will work with client 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 from a trauma-informed approach. • 		02/28/22	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.
Element #6: Assistance with budgeting <ul style="list-style-type: none"> • Activities: Case Manager will discuss budgeting with clients to maintain access to necessary services. • CM will meet with client to complete Budgeting form and discuss budgeting issues as related to maintaining access to necessary services. 	1,2,4,5,6	03/01/21-02/28/22	Client file will include Budgeting Form. Client file will document in progress note discussion regarding budgeting in order to maintain access to necessary services.
Element #7: Participation in case conference <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. • CM will present issues and discuss resolution to problem-solve identified issues. 	1,2,4,5,6	03/01/21-02/28/22	Client file will evidence case conference as documented in progress notes entered in ARIES. As applicable, client file will reflect coordination of services with other medical providers and/or professionals.
Element #8: Case Closure/Graduation <ul style="list-style-type: none"> • Activities: Case Manager will carry on case closure/graduation according to standard whether it be agency initiated or self-disengagement or graduation. 	4,5,6	03/01/21-02/28/22	Client file will evidence date, reason for closure, referrals provided as appropriate in progress note entered in ARIES. Case Manager will complete Client Status form which will be placed in client file.

SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	Foothill AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
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

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 21/22 TOTAL
Proposed Number of Clients	71	10	0	10	164	30		285
Proposed Number of Visits = Regardless of number of transactions or number of units	852	120	0	120	1860	360		3312
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	5111	720	0	720	11839	2160		20550
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: Food Vouchers <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 in collaboration with Eligibility Worker. Eligible Clients will make appointment for picking up vouchers – whenever possible. Food vouchers will be distributed on a monthly to clients not to exceed a maximum of \$60.00 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. 	1,2,4,5,6	03/01/21-02/28/22	<p>Client file will evidence eligibility screening for Ryan White funds as well other party payors. Client file will document HIV status, proof of medical insurance, residence, and income according to standards.</p> <p>Client file will document evidence of certification and re-certification for service eligibility.</p> <p>Client file will contain Consent for Services; ARIES consent updated every three years, HIPAA Notification and Partner Services Acknowledgement form.</p> <p>Client file will evidence need for food assistance.</p> <p>Client file will contain proof of food assistance received as client signature on copy of food vouchers.</p> <p>Client file will contain evidence of referral to other sources of food assistance, as applicable.</p>

SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	Foothill AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Housing Services
Service Goal:	To provide shelter, on an emergency or temporary basis, to eligible clients throughout the TGA at risk for homelessness or with unstable housing to ensure that they have access to and/or remain in medical care.
Service Health Outcomes:	<ul style="list-style-type: none"> • Improve retention in care (at least 1 medical visit in each -month period) • Improve viral suppression rate • Improve stable housing rate

Emergency Housing

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Proposed Number of Clients	1	1	0	5	12	5	24
Proposed Number of Visits (application) = Regardless of number of transactions or number of units	1	1	0	5	12	5	24
Proposed Number of Units (nights) = Transactions or 15 min encounters	12	12	0	34	144	60	262

Housing Case Management

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 21/22 TOTAL
Proposed Number of Clients	0	0	0	10	45	10		65
Proposed Number of Visits = Regardless of number of transactions or number of units	0	0	0	100	550	100		750
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	0	0	0	750	2475	750		3975
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								
•								
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Planned Service Delivery and Implementation Activities	Service Area	Timeline	Process Outcomes
Service Delivery Element #1: Emergency Housing <ul style="list-style-type: none"> Activities: Housing Case Manager (HCM) will provide Emergency housing assistance for a maximum of 90 nights (hotel/motel or rental assistance for up to 90 nights) per client to 24 eligible clients throughout the TGA based on current TGA standards. 	1,2,4,5,6	3/1/2021- 2/28/2022	<p>Client file will evidence housing intake and assessment activities, including comprehensive housing plan, eligibility screening, as well as insurance/third party payor. Client file will document HIV status, acknowledgement of Partner Services, and proof of insurance, income and residency according to IEHPC standards.</p> <p>Client file will contain Consent for Services, ARIES consent (updated every three years), HIPAA Notification and Partner Services Acknowledgement form. Client file will contain housing assistance vouchers and proof of payment, housing applications, leases, and any other required forms.</p> <p>Emergency housing assistance will be documented in progress note in ARIES.</p>
Service Delivery Element #2: Housing Case Management <ul style="list-style-type: none"> Activities: HCM will provide case management to 65 eligible clients assessed at high acuity level based on current TGA standards. HCM will conduct intake and assess for housing needs and budgeting. HCM will conduct visit to clients in emergency housing on a weekly basis and number of contact with client will be determined according to acuity level. 	4,5,6	3/1/2021- 2/28/2022	<p>Client file will evidence housing intake and assessment activities, including comprehensive housing plan, eligibility screening, as well as insurance/third party payor. Client file will document HIV status, Acknowledgement of Partner Services, proof of insurance, income and residency according to IEHPC standards.</p> <p>Client file will contain Consent for Services, ARIES consent (updated every three years), HIPAA Notification and Partner Services Acknowledgement form. Client</p>

			<p>vouchers and proof of payment, housing applications, leases, etc. Emergency housing assistance will be documented in ARIES. Client file will contain Housing Service Plan signed by client and HCM.</p> <p>Client file will contain budgeting form completed in conjunction with client and HCM.</p> <p>Contact with and on behalf of client will documented in progress note entered in ARIES.</p>
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SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	Foothill AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Medical Transportation Services
Service Goal:	To enhance clients' access to health care or support services using multiple forms of transportation throughout the TGA
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

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 21/22 TOTAL
Proposed Number of Clients	67	30	6	10	158	30		301
Proposed Number of Visits = Regardless of number of transactions or number of units	804	360	72	120	1896	360		3612
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	3216	1440	288	480	8651	1440		15515
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: <ul style="list-style-type: none"> Activities: To provide <i>Bus passes</i> CM in collaboration with Eligibility Worker 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 pass to client and will enter service provided on Transportation Log. Transportation allowance is not to exceed \$40.00 monthly. Medical Transportation services will be provided to access services according to standard. 	1,2,4,5,6	03/01/21-02/28/22	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.
Element #2: <ul style="list-style-type: none"> Activities: To provide <i>Taxi service</i> CM in collaboration with Eligibility Worker 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 taxi service, notify client of time and need to be ready on time. Staff will enter service provided on Taxi Services Binder. Services will be provided to access services according to standard. Transportation allowance is not to exceed \$40.00 monthly. Staff will document trip point of origin, destination and reason for trip. 	1,2,4,5,6	03/01/21-02/28/22	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.
Element #3: <ul style="list-style-type: none"> Activities: To provide <i>Gas cards</i> CM in collaboration with Eligibility Worker 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 \$40.00 monthly. Staff will document trip point of origin, destination and reason for trip. 	1,2,4,5,6	03/01/21-02/28/22	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. Gas Voucher assistance will be documented in ARIES.

<p>Element #3:</p> <p>Activities: CM in collaboration with Eligibility Worker will determine client eligibility: HIV diagnosis, residency, income, screening for other party payors, purpose and date of trip. CM and Mobility Manager will document service provided in client file.</p> <p>Mobility Manager and CM will document trip point of origin, destination, date, and reason for trip.</p>	6	03/01/21-02/28/22	<p>Client file will evidence eligibility for Ryan White funds as well other party payors. Client file will document eligibility screening every six months and statement of need for van trip. Client file will contain Consent for Services; ARIES consent updated every three years, HIPPA Notification and Partner Services.</p> <p>Excel Transportation log will evidence client signature acknowledging receipt of van trips which will be documented in ARIES.</p>
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SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	Foothill AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Psychosocial Support Services
Service Goal:	To provide psychosocial support services to person living with HIV/AIDS in the TGA in order to maintain them in the HIV system of care.
Service Health Outcomes:	<ul style="list-style-type: none"> • Improve retention in care (at least 1 medical in each 6-month period) • Improve viral suppression rate

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 21/22 TOTAL
Proposed Number of Clients	5	0	0	5	50	0		60
Proposed Number of Visits = Regardless of number of transactions or number of units	60	0	0	40	700	0		800
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	460	0	0	360	4773	0		5593
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
• Abriendo Caminos: Group provides a safe forum to learn about HIV self-management skill and healthy living while supporting each other	4.5	Spanish-Speaking	Open	8	1.5 hr	1	Open	Self-report of adherence to medical appointments, treatment regimen, knowledge about HIV disease and quality of life
• Healthy HIV self-management	4,5	Co-ed English	Open	8	1.5 hr	1	Open	Self-report of adherence to medical appointments, treatment regimen, knowledge

							about HIV status and quality of life	ATTACHMENT A
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Planned Service Delivery and Implementation Activities	Service Area	Timeline	Process Outcomes
Element #1: Assessment and Development of Psychosocial Support Plan Activities: Psychosocial Case Manager (CM) will meet with client to complete initial assessment and reassessment.	4,5	3/1/2021- 2/28/2022	Client file will evidence intake activities to include screening for eligibility as well as insurance/third party payor. Client file will document HIV status, proof of insurance, residence, and income according to IEHPC standards. Client file will evidence assessment of psychosocial needs and psychosocial support plan based on needs. 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.
Element #2: Individual Psychosocial session <ul style="list-style-type: none"> Activities: Individual support/counseling session Psychosocial CM will meet with client to provide individual session using Trauma-Informed care and psychosocial support approach 	4,5	3/1/2021- 2/28/2022	Client file will evidence in progress note individual support session received.
Element #3: Coordination/Case Conferencing <ul style="list-style-type: none"> Activities: Psychosocial Case Manager will case conference with Medical Case Manager, if applicable to discuss issues and problem-solve. Psychosocial CM will participate in case conference to coordinate services, discuss issues and resolution to identified issues 	4,5	3/1/2021- 2/28/2022	Client file will document linkage with Medical Case Management as applicable. Client file will document in progress note coordination with Medical Case Management to include issues discussed and resolutions identified.
Element #4: Activities: Group support/counseling session Psychosocial CM will convene weekly support group.	4,5	3/1/2021- 2/28/2022	Client file will reflect in progress note participation in support group. Group sign-in sheets will be maintained.
Element #5: Activities: Referral to Mental Health Professionals (MHP)	4,5	3/1/2021- 2/28/2022	Client file will evidence referral to MPH. Referrals along with outcome will be entered in ARIES.

Psychosocial CM will provide MHP referrals as needed.			ATTACHMENT A
Element #6: Activities: Eligibility worker will collaborate with Psychosocial CM to conduct eligibility certification and re-certification every six months.	4,5	3/1/2021- 2/28/2022	Client file will evidence documents supporting eligibility for services according to the IEHPC Standards.

SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	Foothill AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Emergency Financial Assistance
Service Goal:	To enable HIV service clients at risk of loss of utility services to remain connected, thus allowing them to maintain a stable living environment thereby improving quality of life and clinical health outcomes
Service Health Outcomes:	<ul style="list-style-type: none"> • Improve retentions on care (at least 1 medical visit in each 6-month period) • Improve viral load suppression rate

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 21/22 TOTAL
Proposed Number of Clients	0	0	0	2	11	2		15
Proposed Number of Visits = Regardless of number of transactions or number of units	0	0	0	2	11	2		15
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	0	0	0	2	11	2		15
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								
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•								

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Activities: Housing Case Manager (HCM) will collaborate with Eligibility Worker to conduct eligibility for Emergency Financial Assistance (EFA). HCM will conduct intake and screening for other payers. HCM will verify residence via	4,5,6	03/01/21-02/28/22	Client file will evidence intake activities including orientation to service, screening for eligibility as well as insurance/third party payer. Client file will document HIV status, proof of insurance, residence, and income according to standards.

<p>proof of residency and with landlord. HCM will review application for completeness prior to forwarding to Centralized Fund Manager (HCM) for a second review and approval. CFM will generate a voucher to be forwarded to FAP Program Assistant for payment processing. EFA payment will not exceed three (3) consecutive months of utility.</p> <p>HCM will follow-up with client at 30, 60, and 90 days post assistance to ascertain housing stability.</p> <p><i>Direct Payment to client is not permitted.</i></p> <p><i>Telephone assistance is not permitted</i></p> <p><u><i>IEHPC EFA Standards of 11-17-2017</i></u></p>		<p>Client file will contain Consent ATTACHMENT A ARIES consent updated every three years, HIPAA Notification and Partner Services Acknowledgement form and any other required forms.</p> <p>Client file will evidence utility assistance requested and landlord contact information.</p> <p>Client file will document evidence of certification and re-certification for service eligibility every six months.</p> <p>Application file will include copy of voucher and payment.</p> <p>Contact with client will be documented in progress notes entered in ARIES.</p>
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SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	Foothill AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Early Intervention Services - Minority AIDS Initiative
Service Goal:	Quickly link HIV infected <i>Latinx and African-Americans</i> to testing services, core medical services, and support services necessary to support treatment adherence and maintenance in medical care. Decreasing the time between acquisition of HIV and entry into care and decrease instances of out-of-care facility access to medications, decrease transmission, and improve health outcomes.
Service Health Outcomes:	<ul style="list-style-type: none"> • If RW-funded test: maintain 1.1% positivity rate or higher (targeted testing) • Link Latinx and African-American newly diagnosed HIV+ medical care in 30 days or less • Improve retention in care (at least 1 medical visit in each 6 month period) • Improve viral suppression rate

BLACK / AFRICAN AMERICAN	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 21/22 TOTAL
Number of Clients	80	10	0	20	100	15		225
Number of Visits = Regardless of number of transactions or number of units	270	30	0	60	380	40		780
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	1000	40	0	80	970	70		2160
HISPANIC / LATINO	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 21/22 TOTAL
Number of Clients	80	20	0	50	150	55		355
Number of Visits = Regardless of number of transactions or number of units	350	100	0	200	700	200		1550
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	1200	400	0	730	2490	700		5520
TOTAL MAI (sum of two tables above)	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 21/22 TOTAL

Number of Clients	160	30	0	70	250	70	ATTACHMENT A	580
Number of Visits = Regardless of number of transactions or number of units	620	130	0	260	1080	240		2330
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	2200	440	0	810	3460	770		7680

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: Outreach Encounters <ul style="list-style-type: none"> Activities: Early Intervention Services Case manager (EISCM) will conduct one-on-one, in-depth encounters with members of the Latinx and African-American communities and provide referral to HIV Testing and Counseling (HCT), Pre-exposure prophylaxis navigation, Sexually Transmitted Infections testing among others 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will evidence encounters in case notes entered in ARIES Anonymous Encounter module and on outreach logs
Element #2: Community Collaboration <ul style="list-style-type: none"> Activities: EISCM will Coordinate with local HIV Prevention Programs including surveillance activities of the Data to Care program from county public health departments. EISCM will participate in the End of HIV Epidemic (EHE) of Riverside and San Bernardino County. 	1,2,4,5,6	3/1/2021- 2/28/2022	FAP maintain collaboration with Riverside and San Bernardino DPH and other local prevention programs to coordinate outreach activities. Documentation of outreach activities and attendance to prevention meetings is kept in program binder.

Element #3: Screening, Intake, Assessment <ul style="list-style-type: none"> Activities: EISCM will conduct screening, intake and assess PLWH newly diagnosed or disengaged in care to identify and problem-solve barriers to care 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will evidence in ATTACHMENT A in ARIES identification of barriers to care and plan to problem-solve such barriers via intake and assessment.
Element #4: <ul style="list-style-type: none"> Activities: EISCM will develop with client a referral plan to testing, medical care, and support services. 	1,2,4,5,6	3/1/2021- 2/28/2022	Client file will evidence referrals to medical care and support services via the Referral Tracking Plan. Referrals to medical and support services along with their outcome will be documented in ARIES. Referrals to testing will be documented in outreach log and sign-in sheet.
Element #5: <ul style="list-style-type: none"> Activities: EISCM will conduct HIV Testing and Counseling. Individuals who test HIV positive will be referred to confirmatory HIV testing and care should confirmatory test result is positive. 	1,2,4,5,6	3/1/2021- 2/28/2022	HIV Testing and counseling and referrals documentation will be maintained following approved HIV testing and counseling quality assurance
Element #6: <ul style="list-style-type: none"> Activities: EISCM will utilize Navigation model to connect newly diagnosed and reconnect those that have fallen out of care. Navigation is an evidence-based intervention from the Centers for Disease Control compendium. Navigation support relies on accompanying clients to medical and other support service appointments to ensure linkage. 	1,2,4,5,6	3/1/2021- 2/28/2022	FAP follow-up/no contact protocol includes mail, community, home visit, and phone contact. Client file will evidence attempts to contact, education and support provided to address barriers to care. Attempts and contact with client will be documented in ARIES.
Element #7: <ul style="list-style-type: none"> Activities EIS CM will maintain formal linkages with traditional (prisons, homeless shelters, treatment centers, etc) and non-traditional (faith-based organizations, community centers, hospitals, etc.) entry points 	1,2,4,5,6	3/1/2021- 2/28/2022	Memoranda of Understanding (MOU) are kept at Administration. Staff maintain a List of Collaborators (traditional and non-traditional) which depicts the name of the agency collaborating, the target population, the type and frequency of outreach activity to be provided at the site.
Element #8: <ul style="list-style-type: none"> Activities: EISCM Provide education/information regarding availability of testing and HIV care services to HIV+ those affected by HIV, and caregivers. 	1,2,4,5,6	3/1/2021- 2/28/2022	Encounter file will evidence education of the HIV system of care in case note entered in ARIES ACE module. Sign-in sheets document location as well as attendees information for outreach activities.

	<i>Activities that are exclusively HIV prevention education are prohibited.</i>						ATTACHMENT A	
Element #9:		1,2,4,5,6		3/1/2021- 2/28/2022			Client will file evidence use of standardized, required documentation to include EIS Consent form, Enrollment form and Progress report form among others.	
<ul style="list-style-type: none"> Activities: EISCM will utilize standardized, required documentation to record encounters, progress regarding linkage of referrals 								
Element #10:		1,2,4,5,6		3/1/2021- 2/28/2022			Encounters are documented in ARIES. Referrals and their outcome are documented in ARIES. Outreach activities are documented in sign-in sheets and outreach logs and entered in the ARIES Anonymous Contact dashboard. Case Manager will track health outcomes (viral load and CD4 as well as access to medical care services data.	
Activities: EISCM will maintain update, quantifiable, required documentation to accommodate reporting and evaluation.								
Element #11:		1,2,4,5,6		3/1/2021- 2/28/2022			Client file will evidence documents supporting eligibility for services according to the IEHPC.	
Activities Eligibility worker will collaborate with Early Intervention Case Manager to conduct eligibility certification and re-certification every six months.								
Element #12: Case Closure/Graduation		1,2,4,5,6		3/1/2021- 2/28/2022			Client file will evidence date, reason for closure or transfer, referrals provided as appropriate in progress note entered in ARIES.	
<ul style="list-style-type: none"> Activities: EISCM will carry on case closure and transfer to another level of care according to standard. 							Case Manager will complete Client Status form which will be placed in client file.	

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

REVISED: 4.26.21

AGENCY NAME: Foothill AIDS ProjectSERVICE: Early Intervention Services

			A	B	C
Budget Category			Non RW Part A Funds	RW Part A Cost	Total Cost
Personnel					
EIS Case Manager	Per Year	Allocated			
Vacant x 1.00 FTE =	39,536	80%			
(0.80 FTE allocated to EIS, 0.20 FTE allocated to MAI) Counseling individuals with respect to HIV/AIDS; testing, referrals; ensuring individuals who are out of care/unaware of their HIV positive status are identified of their status, referred into care, and linked to care. Collaborate with Medical Case Manager, to ensure timely access to medical and supportive services. Salary split between other RW Service Categories not related to this service category.			\$0.00	\$31,628.80	\$31,628.80
EIS Case Manager	Per Year	Allocated			
R. Middleton x 1.00 FTE =	42,029	25%			
(0.25 FTE allocated to EIS, 0.75 FTE allocated to MAI) Counseling individuals with respect to HIV/AIDS; testing, referrals; ensuring individuals who are out of care/unaware of their HIV positive status are identified of their status, referred into care, and linked to care. Collaborate with Medical Case Manager, to ensure timely access to medical and supportive services. Salary split between other RW Service Categories not related to this service category.			\$0.00	\$10,507.25	\$10,507.25
EIS Case Manager	Per Year	Allocated			
M. Gomez x 1.00 FTE =	44,554	25%			
(0.25 FTE allocated to EIS, 0.75 FTE allocated to MAI) Counseling individuals with respect to HIV/AIDS; testing, referrals; ensuring individuals who are out of care/unaware of their HIV positive status are identified of their status, referred into care, and linked to care. Collaborate with Medical Case Manager, to ensure timely access to medical and supportive services. Salary split between other RW Service Categories not related to this service category.			\$0.00	\$11,138.50	\$11,138.50
Client Eligibility Worker	Per Year	Allocated			
D. Castillo x 1.00 FTE =	43,684	25%	\$0.00	\$10,921.00	\$10,920.00

Collect and verify required eligibility documentation for receipt of services, review program requirements and procedures including eligibility criteria; conduct home visit to collect documentation for the purpose of obtaining and verifying information; educating clients of eligibility requirements, advising clients of deadlines, timeframes, and necessary actions to be taken, working with clients who need assistance in gathering appropriate documentation, document eligibility requirements in database as required, regularly review and update case files and database to ensure appropriate documentation is in place and eligibility is met according to policies; conduct periodic review of data entry of services versus individual eligibility met. Salary split between <u>multiply</u> other RW Service Categories not related to this service category.				
Director of Programs	Per Year	Allocated		
M. Francois x 1.00 FTE =	84,906	20%		
Counseling individuals with respect to HIV/AIDS; testing, referrals; ensuring individuals who are out of care/unaware of their HIV positive status are identified of their status, referred into care, and linked to care. Collaborate with Medical Case Manager, to ensure timely access to medical and supportive services. Responsible for identifying community partners that provide services to populations that may have less access to care such as i.e. prisons, homeless shelters, etc. Facilitate services to clients with multiple barriers and complex issues. Salary is split between other RW Service Categories not related to this service category. Salary split between <u>multiply</u> other RW Service Categories not related to this service category.				
			\$0.00	\$16,981.20
Total Fringe Benefits at a rate of:	21%		\$0.00	\$17,047.11
TOTAL PERSONNEL			\$0.00	\$98,223.86
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)				
Office Supplies: Cost of office supplies necessary to the program such as classification folders, copy paper, files, etc. Based on prior year expenses and FTE allocation, estimated cost per year of:		\$2,800.00	\$0.00	\$2,800.00
Program Supplies: Cost of program supplies such as educational materials, workbooks for client utilizations during treatment sessions, reference materials and other related program specific supplies. Based on prior year expenses and FTE allocation, estimated cost per year of:		\$570.00	\$0.00	\$570.00

Medical Supplies: HIV Testing kits 1 cases 100 tests per case (approx. \$500/ea.). Lancets 5 bxs, 100 per box (approx. \$20 ea.) 1 control boxes, (\$25.00/ea.) =	\$2,625.00	\$0.00	\$2,625.00	\$2,625.00
Postage / Medical Waste Pick-Up: Cost of mailing registration packets to clients and other documents on behalf of clients enrolled in program. Bio waste pick up from testing supplies. Based on prior year direct expenditures and/or FTE, estimated cost:	\$500.00	\$0.00	\$500.00	\$500.00
Consultant: Service to oversee the implementation of counseling and testing activities which will be provided by Dr. Ricks at a rate of \$3,000 per month x 12 months for a total of \$36,000. Of this amount, approximately 25% is allocated to this program. Total budgeted amount equals:	\$9,000.00	\$0.00	\$9,000.00	\$9,000.00
Printing/Duplication: Cost of printing and duplication services associated with the contract such as printing of appointment cards for clients, program materials, and other handouts to be given out to clients. Based on prior year direct expenditures and/or FTE, estimated cost per year of:	\$250.00	\$0.00	\$250.00	\$250.00
Equipment Lease/Purchase/Maintenance: Cost of equipment lease for copy machines (inclusive of number of copies allowed per month) and postage meter. And if applicable, cost of purchasing desktops/laptops and/or printers for staff use on RW services. Based on prior year expenditures and FTE allocation, estimated cost:	\$2,600.00	\$0.00	\$2,600.00	\$2,600.00
Training: Ethical Awareness & Practice, counselors will gain strategies to perform clinical assessment to distinguish SUD from other MHD and inform the clinician's choice of treatment interventions for specialized populations to improve the efficacy of group therapy outcomes.	\$450.00	\$0.00	\$450.00	\$450.00
Postage: Mail appointment reminder cards, referrals and/or certification eligibility.	\$25.54	\$0.00	\$25.54	\$25.54
Staff Mileage: Mileage reimbursement for program staff when conducting home-visits, accompanying clients to public benefit offices, etc. At a rate of approximately total cost estimated cost per year:	\$471.90	\$0.00	\$471.90	\$471.90

Facility Rent: Cost of facility rent for office dedicated for RW services, based on prior year plus increased rates for current year, total cost estimated cost per year:	\$9,400.00	\$0.00	\$9,400.00	\$9,400.00
Telephone/Communications: Direct cost of telephone and communication expenses. This includes conducting client follow ups when clients miss appointments and conducting crisis intervention when needed; internet and text messaging system used to remind clients of appointments/groups, and other announcements. Based on prior year expenditures and FTE allocation, total cost estimated cost per year:	\$2,024.00	\$0.00	\$2,024.00	\$2,024.00
Total Other		\$0.00	\$30,716.44	\$30,716.44
SUBTOTAL (Total Personnel and Total Other)		\$0.00	\$128,940.30	\$128,940.30
Administration (limited to 10% of total service budget) Includes cost of administrative salaries for program administration such as Executive Director and Grants Manager. Cost of payroll services, professional and liability expenses, and other costs not allowed under direct program expenses (i.e. equipment maintenance, postage, conferences and trainings).		\$0.00	\$14,326.70	\$14,326.70
TOTAL BUDGET (Subtotal & Administration)		\$0.00	\$143,267.00	\$143,267.00

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: 2,880**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: \$49.75**
(This is your agency's RW cost for care per unit)

²**List Other Payers Associated with funding in Column A: HOPWA Programs**

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

REVISED: 4.26.21

AGENCY NAME: Foothill AIDS ProjectSERVICE: Mental Health

	A	B	C
Budget Category	Non RW Part A Funds	RW Part A Cost	Total Cost
Personnel			
Dir. of Mental Health/Substance Abuse: <div> <div>Per Year</div> <div>Allocated</div> </div>			
TBH x 1.00 FTE = \$78,624 <div>10%</div> <p>(10% allocated to SA, 10% allocated to MH & 80 allocated to Private) Licensed Marriage Family Therapist; Provides counseling services to address substance abuse problems in an outpatient setting. Services conducted in a group or individual setting. General responsibilities include coordinating and conducting psychiatric referrals, evaluations and assessments; creating treatment plans; and participating in case conferences. Salary is split between other RW Service Categories not related to this service category.</p>	\$62,899.20	\$7,862.40	\$70,761.60
Case Manager <div> <div>Per Year</div> <div>Allocated</div> </div>			
A. Juarez x 1.00 FTE = \$58,938 <div>100%</div> <p>(1.0 FTE for 9 months) Registered Marriage Family Therapist; Provides HIV specific psychological treatment and counseling services to individuals with a diagnosed mental illness with a primary goal of improving and sustaining clients' quality of life. Services are conducted in a group or individual setting, and provided by a licensed mental health professional. General responsibilities include coordinating and conducting individual therapy, group therapy, mental health intakes and assessments; creating treatment plans; referrals to psychiatrists; crisis intervention; and participating in case conferences..</p>	\$0.00	\$58,938.00	\$58,938.00
Mental Health Clinician <div> <div>Per Year</div> <div>Allocated</div> </div>			
Vacant x 1.00 FTE = \$21,900 <div>80%</div>	\$4,380.00	\$17,520.00	\$21,900.00

(1.0 FTE for 7 months: allocated .80% allocated to MH, 20% allocated to Private Programs) - Licensed Marriage Family Therapist; Provides HIV specific psychological treatment and counseling services to individuals with a diagnosed mental illness with a primary goal of improving and sustaining clients' quality of life. Services are conducted in a group or individual setting, and provided by a licensed mental health professional. General responsibilities include coordinating and conducting individual therapy, group therapy, mental health intakes and assessments; creating treatment plans; referrals to psychiatrists; crisis intervention; and participating in case conferences.					
Mental Health Clinician	Per Year	Allocated			
V. McCall x 1.00 FTE = \$61,200		95%			
(0.05 % allocated to Private Programs) Registered Marriage Family Therapist; Provides HIV specific psychological treatment and counseling services to individuals with a diagnosed mental illness with a primary goal of improving and sustaining clients' quality of life. Services are conducted in a group or individual setting, and provided by a licensed mental health professional. General responsibilities include coordinating and conducting individual therapy, group therapy, mental health intakes and assessments; creating treatment plans; referrals to psychiatrists; crisis intervention; and participating in case conferences..			\$3,060.00	\$58,140.00	\$61,200.00
Wrap-Around Mental Health Clinician	Per Year	Allocated			
A. Villalon x 1.00 FTE = \$43,000		100%			
(1.0 FTE allocated MH x 6 months) Provides assessment, support, and linkage for those clients who are in need of psychiatric or other adjunct mental health services. They will function as a member of a multi-disciplinary team to help engage and retain high acuity clients in care; those whose mental health issues impact significantly on their daily functioning and ability to access and remain in care. Salary is split between other RW Service Categories not related to this service category.			\$0.00	\$21,500.00	\$21,500.00
Mental Health Clinician	Per Year	Allocated			
M. Maynard x 1.00 FTE = \$26,500		100%			
Marriage Family Therapist Intern; Provides HIV specific psychological treatment and counseling services to individuals with a diagnosed mental illness with a primary goal of improving and sustaining clients' quality of life. Services are conducted in a group or individual setting, and provided by a licensed mental health professional. General responsibilities include coordinating and conducting individual therapy, group therapy, mental health intakes and assessments; creating treatment plans; referrals to psychiatrists; crisis intervention; and participating in case conferences.			\$0.00	\$26,500.00	\$26,500.00

Total Fringe Benefits at a rate of:	21%	\$14,771.23	\$39,996.68	\$54,767.91
TOTAL PERSONNEL		\$85,110.43	\$230,457.08	\$315,567.51
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)				
Office Supplies: Cost of office supplies necessary to the program such as classification folders, copy paper, files, etc. Based on prior year expenses and FTE allocation, estimated cost per year of:	\$500.00	\$0.00	\$500.00	\$500.00
Program Supplies: Cost of program supplies such as educational materials, workbooks for client utilizations during treatment sessions, reference materials and other related program specific supplies. Based on prior year expenses and FTE allocation, estimated cost per year of:	\$875.00	\$750.00	\$125.00	\$875.00
Printing/Duplication: Cost of printing and duplication services associated with the contract such as printing of appointment cards for clients, program materials, and other handouts to be given out to clients. Based on prior year direct expenditures and/or FTE, estimated cost per year of:	\$95.00	\$0.00	\$95.00	\$95.00
Group Expenses: Cost of group support therapy such as refreshments and snacks, incentives and other costs associated with facilitating group therapy.	\$23,465.00	\$23,465.00	\$0.00	\$23,465.00
Equipment Lease/Purchase/Maintenance: Cost of equipment lease for copy machines (inclusive of number of copies allowed per month) and postage meter. If applicable, cost of purchasing desktops/laptops and/or printers for staff use on RW services. No single item exceeds \$4,999. Based on prior year expenditures and FTE allocation, estimated cost:	\$2,605.00	\$0.00	\$2,605.00	\$2,605.00
Training: Ethical Awareness & Practice, counselors will gain strategies to perform clinical assessment to distinguish SUD from other MHD and inform the clinician's choice of treatment interventions for specialized populations to improve the efficacy of group therapy outcomes.	\$450.00	\$0.00	\$450.00	\$450.00
Postage: Mail appointment reminder cards, referrals and/or certification eligibility.	\$21.72	\$0.00	\$21.72	\$21.72

Staff Mileage: Mileage reimbursement for program staff when conducting home-visits, accompanying clients to public benefit offices, etc. At a rate of approximately total cost estimated cost per year:	\$800.00	\$0.00	\$800.00	\$800.00
Facility Rent: Cost of facility rent for office dedicated for RW services, based on prior year plus increased rates for current year, total cost estimated cost per year:	\$24,345.00	\$560.00	\$23,785.00	\$24,345.00
Telephone/Communications: Direct cost of telephone and communication expenses. This includes conducting client follow-ups when clients miss appointments and conducting crisis intervention when needed; internet and text messaging system used to remind clients of appointments/groups, and other announcements. Based on prior year expenditures and FTE allocation, total cost estimated cost per year:	\$2,631.00	\$0.00	\$2,631.00	\$2,631.00
Total Other		\$24,775.00	\$31,012.72	\$55,787.72
SUBTOTAL (Total Personnel and Total Other)		\$109,885.43	\$261,469.80	\$371,355.23
Administration (limited to 10% of total service budget) Includes cost of administrative salaries for program administration such as Executive Director and Grants Manager. Cost of payroll services, professional and liability expenses, and other costs not allowed under direct program expenses (i.e. equipment maintenance, postage, conferences and trainings).		\$2,267.00	\$29,052.20	\$31,319.20
TOTAL BUDGET (Subtotal & Administration)		\$112,152.43	\$290,522.00	\$402,674.43

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: 19,000**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: \$15.29**
(This is your agency's RW cost for care per unit)

²**List Other Payers Associated with funding in Column A:** Private Funders

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Foothill AIDS Project

SERVICE: Medical Case Management

	A	B	C
Budget Category	Non RW Part A Funds	RW Part A Cost	Total Cost
Personnel			
Medical Case Manager <div> <div>Per Year</div> <div>Allocated</div> </div>			
M. Francois x 1.00 FTE = \$84,906 18% Primary service goal is to assist clients in achieving an enhanced level of health and quality of life and maintain wellness and function that will enable them to better self-advocate and make informed healthcare decisions. Responsibilities include coordination of non-RW funded clinic clients' medical case management according to Ryan White standards, ensures collaboration with medical providers, client and client family members and other non-RW service providers for Medical Case Management staff's implementation and development of Individual Service Plans (ISP) that will meet client's needs and goals; identification available resources to achieve goals identified in ISP; and monitoring of health outcomes. Salary is split between <u>multiply</u> other RW Service Categories not related to this service category.	\$0.00	\$15,283.01	\$15,283.01
Medical Case Manager <div> <div>Per Year</div> <div>Allocated</div> </div>			
K. Dee x 1.00 FTE = \$68,845 100% Licensed Vocational Nurse; Primary service goal is to assist clients in achieving an enhanced level of health and quality of life and maintain wellness and function that will enable them to better self-advocate and make informed healthcare decisions. Responsibilities include coordination of non-RW funded clinic clients' medical care and supportive services, collaborate with medical providers, client and client family members and other non-RW service providers for implementation and development of Individual Service Plans (ISP) that will meet client's needs and goals; locate available resources to achieve goals identified in ISP; and to ensure appropriate access to care for clients in need.	\$0.00	\$68,845.00	\$68,845.00
Total Fringe Benefits at a rate of: <div>21.0%</div>	\$0.00	\$17,666.88	\$17,666.88
TOTAL PERSONNEL	\$0.00	\$101,794.89	\$101,794.89
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			

Office Supplies: Cost of office supplies necessary to the program such as classification folders, copy paper, files, etc. Based on prior year expenses and FTE allocation, estimated cost per year of:	\$328.11	\$0.00	\$328.11	\$328.11
Program Supplies: Cost of program supplies such as educational materials, workbooks for client utilizations during treatment sessions, reference materials and other related program specific supplies. Based on prior year expenses and FTE allocation, estimated cost per year of:	\$500.00	\$0.00	\$500.00	\$500.00
Printing/Duplication: Cost of printing and duplication services associated with the contract such as printing of appointment cards for clients, program materials, and other handouts to be given out to clients. Based on prior year direct expenditures and/or FTE, estimated cost per year of:	\$246.00	\$0.00	\$246.00	\$246.00
Equipment Lease/Purchase/Maintenance: Cost of equipment lease for copy machines (inclusive of number of copies allowed per month) and postage meter. If applicable, cost of purchasing desktops/laptops and/or printers for staff use on RW services. No single item exceeds \$4,999. Based on prior year expenditures and FTE allocation, estimated cost:	\$2,000.00	\$0.00	\$2,000.00	\$2,000.00
Training: Ethical Awareness & Practice, counselors will gain strategies to perform clinical assessment to distinguish SUD from other MHD and inform the clinician's choice of treatment interventions for specialized populations to improve the efficacy of group therapy outcomes.	\$250.00	\$0.00	\$250.00	\$250.00
Postage: Mail appointment reminder cards, referrals and/or certification eligibility.	\$25.20	\$0.00	\$25.20	\$25.20
Staff Mileage: Mileage reimbursement for program staff when conducting home-visits, accompanying clients to public benefit offices, etc. At a rate of approximately total cost estimated cost per year:	\$750.00	\$0.00	\$750.00	\$750.00
Facility Rent: Cost of facility rent for office dedicated for RW services, based on prior year plus increased rates for current year, total cost estimated cost per year:	\$8,800.00	\$0.00	\$8,800.00	\$8,800.00

Telephone/Communications: Direct cost of telephone and communication expenses. This includes conducting client follow-ups when clients miss appointments and conducting crisis intervention when needed; internet and text messaging system used to remind clients of appointments/groups, and other announcements. Based on prior year expenditures and FTE allocation, total cost estimated cost per year:	\$1,800.00	\$0.00	\$1,800.00	\$1,800.00
Total Other		\$0.00	\$14,699.31	\$14,699.31
SUBTOTAL (Total Personnel and Total Other)		\$0.00	\$116,494.20	\$116,494.20
Administration (limited to 10% of total service budget) Includes cost of administrative salaries for program administration such as Executive Director and Grants Manager. Cost of payroll services, professional and liability expenses, and other costs not allowed under direct program expenses (i.e. equipment maintenance, postage, conferences and trainings).		\$0.00	\$12,943.80	\$12,943.80
TOTAL BUDGET (Subtotal & Administration)		\$0.00	\$129,438.00	\$129,438.00

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: 3,500**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: \$36.98**
(This is your agency's RW cost for care per unit)

²**List Other Payers Associated with funding in Column A: 340B**

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

REVISED: 4.26.21

AGENCY NAME: Foothill AIDS ProjectSERVICE: Substance Abuse

	A	B	C
Budget Category	Non RW Part A Funds	RW Part A Cost	Total Cost
Personnel			
Dir. of Mental Health/Substance Abuse: Per Year Allocated TBH x 1.00 FTE = \$78,624 10% (10% allocated to SA, 10% allocated to MH & 80 allocated to Private) Licensed Marriage Family Therapist; Provides counseling services to address substance abuse problems in an outpatient setting. Services conducted in a group or individual setting. General responsibilities include coordinating and conducting psychiatric referrals, evaluations and assessments; creating treatment plans; and participating in case conferences. Salary is split between other RW Service Categories not related to this service category.	\$62,899.20	\$7,862.40	\$70,761.60
Substance Abuse Counselor: Per Year Allocated J. Chan x 1.00 FTE = \$53,590 100% Bilingual. CADAC 1 Certified, Primary goal is to maintain and increase participation in medical care, maximize the effectiveness of HIV-related medical care and treatment through cessation or reduction of substance abuse. Provide counseling to address substance abuse problems in an outpatient setting, conducting substance abuse screenings, crisis intervention services, group counseling and support groups, developing substance abuse plan w/ client, and maintaining involvement in aftercare plan to ensure goals and needs are met.	\$0.00	\$53,590.00	\$53,590.00
Substance Abuse Counselor: Per Year Allocated J. Richardson x 1.00 FTE = \$50,875 100% Bilingual CAADE Certified. Primary goal is to maintain and increase participation in medical care, maximize the effectiveness of HIV-related medical care and treatment through cessation or reduction of substance abuse. Provide counseling to address substance abuse problems in an outpatient setting, conducting substance abuse screenings, crisis intervention services, group counseling and support groups, developing substance abuse plan w/ client, and maintaining involvement in aftercare plan to ensure goals and needs are met.	\$0.00	\$50,875.00	\$50,875.00

Substance Abuse Counselor:	Per Year	Allocated			
S. Allen x 1.00 FTE = \$39,865		100%			
Certified, Primary goal is to maintain and increase participation in medical care, maximize the effectiveness of HIV-related medical care and treatment through cessation or reduction of substance abuse. Provide counseling to address substance abuse problems in an outpatient setting, conducting substance abuse screenings, crisis intervention services, group counseling and support groups, developing substance abuse plan w/ client, and maintaining involvement in aftercare plan to ensure goals and needs are met.			\$0.00	\$39,865.00	\$39,865.00
Substance Abuse Counselor:	Per Year	Allocated			
VACANT x 1.00 FTE = \$35,989		100%			
Certified, Primary goal is to maintain and increase participation in medical care, maximize the effectiveness of HIV-related medical care and treatment through cessation or reduction of substance abuse. Provide counseling to address substance abuse problems in an outpatient setting, conducting substance abuse screenings, crisis intervention services, group counseling and support groups, developing substance abuse plan w/ client, and maintaining involvement in aftercare plan to ensure goals and needs are met.			\$0.00	\$35,989.00	\$35,989.00
Total Fringe Benefits at a rate of:	21%		\$13,208.83	\$39,518.09	\$52,726.92
TOTAL PERSONNEL			\$76,108.03	\$227,699.49	\$303,807.52
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)					
Office Supplies: Cost of office supplies necessary to the program such as classification folders, copy paper, files, etc. Based on prior year expenses and FTE allocation, estimated cost per year of:	\$1,253.97		\$0.00	\$1,253.97	\$1,253.97
Program Supplies: Cost of program supplies such as educational materials, workbooks for client utilizations during treatment sessions, reference materials and other related program specific supplies. Based on prior year expenses and FTE allocation, estimated cost per year of:	\$500.00		\$0.00	\$500.00	\$500.00
Group Expenses: Cost of group support therapy such as refreshments and snacks, incentives and other costs associated with facilitating group therapy:	\$10,000.00		\$10,000.00	\$0.00	\$10,000.00

Printing/Duplication: Cost of printing and duplication services associated with the contract such as printing of appointment cards for clients, program materials, and other handouts to be given out to clients. Based on prior year direct expenditures and/or FTE, estimated cost per year of:	\$150.00	\$0.00	\$150.00	\$150.00
Equipment Lease/Purchase/Maintenance: Cost of equipment lease for copy machines (inclusive of number of copies allowed per month) and postage meter. If applicable, cost of purchasing desktops/laptops and/or printers for staff use on RW services. No single item exceeds \$4,999. Based on prior year expenditures and FTE allocation, estimated cost:	\$3,781.00	\$0.00	\$3,781.00	\$3,781.00
Training: Ethical Awareness & Practice, counselors will gain strategies to perform clinical assessment to distinguish SUD from other MHD and inform the clinician's choice of treatment interventions for specialized populations to improve the efficacy of group therapy outcomes.	\$425.00	\$0.00	\$425.00	\$425.00
Postage: Mail appointment reminder cards, referrals and/or certification eligibility.	\$25.89	\$0.00	\$25.89	\$25.89
Staff Mileage: Mileage reimbursement for program staff when conducting home-visits, accompanying clients to public benefit offices, etc. At a rate of approximately total cost estimated cost per year:	\$225.25	\$0.00	\$225.25	\$225.25
Facility Rent: Cost of facility rent for office dedicated for RW services, based on prior year plus increased rates for current year, total cost estimated cost per year:	\$25,200.00	\$0.00	\$25,200.00	\$25,200.00
Telephone/Communications: Direct cost of telephone and communication expenses. This includes conducting client follow-ups when clients miss appointments and conducting crisis intervention when needed; internet and text messaging system used to remind clients of appointments/groups, and other announcements. Based on prior year expenditures and FTE allocation, total cost estimated cost per year:	\$3,660.00	\$0.00	\$3,660.00	\$3,660.00
Total Other		\$10,000.00	\$35,221.11	\$45,221.11
SUBTOTAL (Total Personnel and Total Other)		\$86,108.03	\$262,920.60	\$349,028.63

Administration (limited to 10% of total service budget) Includes cost of administrative salaries for program administration such as Executive Director and Grants Manager. Cost of payroll services, professional and liability expenses, and other costs not allowed under direct program expenses (i.e. equipment maintenance, postage, conferences and trainings).	\$960.00	\$29,213.40	\$30,173.40
TOTAL BUDGET (Subtotal & Administration)	\$87,068.03	\$292,134.00	\$379,202.03

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: 19,770**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: \$14.78**
(This is your agency's RW cost for care per unit)

²**List Other Payers Associated with funding in Column A:**

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Foothill AIDS Project **SERVICE:** Medical Nutrition Therapy

	A	B	C
Budget Category	Non RW Part A Funds	RW Part A Cost	Total Cost
Personnel			
Medical Case Manager <div> <div>Per Year</div> <div>Allocated</div> </div>			
M. Francois x 1.00 FTE = \$84,906 Primary service goal is to direct medical nutrition therapy program ensuring nutritional services is delivered according Ryan White standards; provide oversight on access and linkages to food sources and health care; monitors client outcomes toward planned goal; participate in coordinating educational workshops; collects and analyzes data regarding client's health outcomes and access to food. Salary is split between multiply other RW Service Categories not related to this service category.	\$0.00	\$8,490.56	\$8,490.56
Registered Nutritionist <div> <div>Per Year</div> <div>Allocated</div> </div>			
L. Cruz x 1.00 FTE = \$ 73,428 (73% of salary allocated to RW Part A Nutrition & 27% Non RW Funding)Licensed Vocational Nurse; Primary service goal is to assist clients in achieving an enhanced level of health and quality of life and maintain wellness and function that will enable them to better self-advocate and make informed healthcare decisions. Responsibilities include coordination of non-RW funded clinic clients' medical care and supportive services, collaborate with medical providers, client and client family members and other non-RW service providers for implementation and development of Individual Service Plans (ISP) that will meet client's needs and goals; locate available resources to achieve goals identified in ISP; and to ensure appropriate access to care for clients in need.	\$19,825.56	\$53,602.44	\$73,428.00
Total Fringe Benefits at a rate of: 21%	\$4,163.37	\$13,039.53	\$17,202.90
TOTAL PERSONNEL	\$23,988.93	\$75,132.53	\$99,121.46
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
Office Supplies: Cost of office supplies necessary to the program such as classification folders, copy paper, files, etc. Based on prior year expenses and FTE allocation, estimated cost per year of: <div> <div>\$500.00</div> </div>	\$0.00	\$500.00	\$500.00

Program Supplies: Cost of program supplies such as educational materials, workbooks for client utilizations during treatment sessions, reference materials and other related program specific supplies i.e. BMI chart adult, MUAC, Tanita scales. New program and FTE allocation, estimated cost per year of:	\$5,000.00	\$0.00	\$5,000.00	\$5,000.00
Printing/Duplication: Cost of printing and duplication services associated with the contract such as printing of appointment cards for clients, program materials, and other handouts to be given out to clients. Based on prior year direct expenditures and/or FTE, estimated cost per year of:	\$460.00	\$0.00	\$460.00	\$460.00
Equipment Lease/Purchase/Maintenance: Cost of equipment lease for copy machines (inclusive of number of copies allowed per month) and postage meter. And if applicable, cost of purchasing desktops/laptops and/or printers for staff use on RW services. No single item exceeds \$4,999. Based on prior year expenditures and FTE allocation, estimated cost is:	\$1,700.00	\$0.00	\$1,700.00	\$1,700.00
Training: Academy of Nutrition and Dietetics Food and Nutrition conference for registered dietitian nutritionists, nutrition science researchers, policy makers, health-care providers and industry leaders attend the annual meeting on key issues affecting the health of all Americans.	\$250.00	\$0.00	\$250.00	\$250.00
Postage: Mail appointment reminder cards, referrals and/or certification eligibility.	\$24.56	\$0.00	\$24.56	\$24.56
Staff Mileage: Mileage reimbursement for program staff when conducting home-visits, accompanying clients to public benefit offices, etc. At a rate of approximately total cost estimated cost per year:	\$600.51	\$0.00	\$600.51	\$600.51
Facility Rent: Cost of facility rent for office dedicated for RW services, based on prior year plus increased rates for current year, total cost estimated cost per year:	\$6,000.00	\$0.00	\$6,000.00	\$6,000.00
Telephone/Communications: Direct cost of telephone and communication expenses. This includes conducting client follow ups when clients miss appointments and conducting crisis intervention when needed; internet and text messaging system used to remind clients of appointments/groups, and other announcements. Based on prior year expenditures and FTE allocation, total cost estimated cost per year:	\$1,542.00	\$0.00	\$1,542.00	\$1,542.00

Total Other	\$0.00	\$16,077.07	\$16,077.07
SUBTOTAL (Total Personnel and Total Other)	\$23,988.93	\$91,209.60	\$115,198.53
Administration (limited to 10% of total service budget) Includes cost of administrative salaries for program administration such as Executive Director and Grants Manager. Cost of payroll services, professional and liability expenses, and other costs not allowed under direct program expenses (i.e. equipment maintenance, postage, conferences and trainings).	\$0.00	\$10,134.40	\$10,134.40
TOTAL BUDGET (Subtotal & Administration)	\$23,988.93	\$101,344.00	\$125,332.93

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: 3,780**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: \$26.81**
(This is your agency's RW cost for care per unit)

²**List Other Payers Associated with funding in Column A:** 340B and APLA

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Foothill AIDS ProjectSERVICE: Non-Medical Case Management

	A	B	C
Budget Category	Non RW Part A Funds	RW Part A Cost	Total Cost
Personnel			
Case Manager <div> <div>Per Year</div> <div>Allocated</div> </div>			
A. Estrada x 1.00 FTE = \$50,939 <div>100%</div> <p>Riverside Certified bilingual case manager and Prevention for Positives Spanish case manager. Certified bilingual case manager and Prevention for Positives Spanish case manager. Coordinate an array of services which will improve clients' health outcomes and facilitate clients' self-sufficiency; determining eligibility for services; conducting intakes, comprehensive assessments and reassessments; developing individual service plans (ISPs); implementing ISPs and monitoring progress; advocacy and client education; providing crisis intervention; monitoring clients for medical compliance; maintaining contact with medical and social services. CM works closely with Riverside Neighborhood Clinic to help clients maintain connection to HIV medical care.</p>	\$0.00	\$50,939.00	\$50,939.00
Case Manager <div> <div>Per Year</div> <div>Allocated</div> </div>			
L. Velasquez x 1.00 FTE = \$43,600 <div>100%</div> <p>Hesperia. Bilingual. Coordinate an array of services which will improve clients' health outcomes and facilitate clients' self-sufficiency; determining eligibility for services; conducting intakes, comprehensive assessments and reassessments; developing individual service plans (ISPs); implementing ISPs and monitoring progress; advocacy and client education; providing crisis intervention; monitoring clients for medical compliance; maintaining contact with medical and social services. CM is co-located at Public Health Department in Hesperia one day per week.</p>	\$0.00	\$43,600.00	\$43,600.00
Case Manager <div> <div>Per Year</div> <div>Allocated</div> </div>			
S. Zamora x 1.00 FTE = \$44,150 <div>100%</div>	\$0.00	\$44,150.00	\$44,150.00

<p>San Bernardino. Coordinate an array of services which will improve clients' health outcomes and facilitate clients' self-sufficiency; determining eligibility for services; conducting intakes, comprehensive assessments and reassessments; developing individual service plans (ISPs); implementing ISPs and monitoring progress; advocacy and client education; providing crisis intervention; monitoring clients for medical compliance; maintaining contact with medical and social services. CM works closely with Perris Neighborhood Clinic to help clients maintain connection to HIV medical care.</p>					
Case Manager	Per Year	Allocated			
F. Gonzales x 1.00 FTE = \$44,700		100%			
<p>San Bernardino. Coordinate an array of services which will improve clients' health outcomes and facilitate clients' self-sufficiency; determining eligibility for services; conducting intakes, comprehensive assessments and reassessments; developing individual service plans (ISPs); implementing ISPs and monitoring progress; advocacy and client education; providing crisis intervention; monitoring clients for medical compliance; maintaining contact with medical and social services. CM works closely with Perris Neighborhood Clinic to help clients maintain connection to HIV medical care.</p>			\$0.00	\$44,700.00	\$44,700.00
Client Eligibility Worker	Per Year	Allocated			
D. Castillo x 1.00 FTE = \$43,684		10%			
<p>Collect and verify required eligibility documentation for receipt of services, review program requirements and procedures including eligibility criteria; conduct home visit to collect documentation for the purpose of obtaining and verifying information; educating clients of eligibility requirements, advising clients of deadlines, timeframes, and necessary actions to be taken, working with clients who need assistance in gathering appropriate documentation, document eligibility requirements in database as required, regularly review and update case files and database to ensure appropriate documentation is in place and eligibility is met according to policies; conduct periodic review of data entry of services versus individual eligibility met. Salary is split between other RW Service Categories not related to this service category.</p>			\$0.00	\$4,368.37	\$4,368.37
Director of Programs	Per Year	Allocated			
M. Francois x 1.00 FTE = \$84,906		5%	\$0.00	\$4,245.28	\$4,245.28

Counseling individuals with respect to HIV/AIDS; testing, referrals; ensuring individuals who are out of care/unaware of their HIV positive status are identified of their status, referred into care, and linked to care. Collaborate with Medical Case Manager, to ensure timely access to medical and supportive services. Responsible for identifying community partners that provide services to populations that may have less access to care such as i.e. prisons, homeless shelters, etc. Facilitate services to clients with multiple barriers and complex issues. Salary is split between other RW Service Categories not related to this service category.				
Total Fringe Benefits at a rate of:	21.0%	\$0.00	\$40,320.56	\$40,320.56
TOTAL PERSONNEL		\$0.00	\$232,323.21	\$232,323.21
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)				
Office Supplies: Cost of office supplies necessary to the program such as classification folders, copy paper, files, etc. Based on prior year expenses and FTE allocation, estimated cost per year of:	\$600.00	\$0.00	\$600.00	\$600.00
Printing/Duplication: Cost of printing and duplication services associated with the contract such as printing of appointment cards for clients, program materials, and other handouts to be given out to clients. Based on prior year direct expenditures and/or FTE, estimated cost per year of:	\$135.50	\$0.00	\$135.50	\$135.50
Equipment Lease/Purchase/Maintenance: Cost of equipment lease for copy machines (inclusive of number of copies allowed per month) and postage meter. And if applicable, cost of purchasing desktops/laptops and/or printers for staff use on RW services. No single item exceeds \$4,999. Based on prior year expenditures and FTE allocation, estimated cost is:	\$2,036.00	\$0.00	\$2,036.00	\$2,036.00
Training: Integrated Case Management in the New Millennium: Development and Documentation of Client Contact, Individual Service Plans, and Client Follow-up. Skill development in understanding professional roles to include ethical issues and boundaries, acuity level reduction. Based on prior year expenditures and FTE allocation, estimated	\$450.00	\$0.00	\$450.00	\$450.00
Postage: Mail appointment reminder cards, referrals and/or certification eligibility.	\$25.69	\$0.00	\$25.69	\$25.69

Staff Mileage: Mileage reimbursement for program staff when conducting home-visits, accompanying clients to public benefit offices, etc. At a rate of approximately total cost estimated cost per year:	\$175.00	\$0.00	\$175.00	\$175.00
Facility Rent: Cost of facility rent for office dedicated for RW services, based on prior year plus increased rates for current year, total cost estimated cost per year:	\$27,979.00	\$0.00	\$27,979.00	\$27,979.00
Telephone/Communications: Direct cost of telephone and communication expenses. This includes conducting client follow ups when clients miss appointments and conducting crisis intervention when needed; internet and text messaging system used to remind clients of appointments/groups, and other announcements. Based on prior year expenditures and FTE allocation, total cost estimated cost per year:	\$2,150.00	\$0.00	\$2,150.00	\$2,150.00
Total Other		\$0.00	\$33,551.19	\$33,551.19
SUBTOTAL (Total Personnel and Total Other)		\$0.00	\$265,874.40	\$265,874.40
Administration (limited to 10% of total service budget) Includes cost of administrative salaries for program administration such as Executive Director and Grants Manager. Cost of payroll services, professional and liability expenses, and other costs not allowed under direct program expenses (i.e. equipment maintenance, postage, conferences and trainings).		\$0.00	\$29,541.60	\$29,541.60
TOTAL BUDGET (Subtotal & Administration)		\$0.00	\$295,416.00	\$295,416.00

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: 13,875**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: \$21.29**
(This is your agency's RW cost for care per unit)

²List Other Payers Associated with funding in Column A:

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

REVISED: 4.26.21

AGENCY NAME: **Foothill AIDS Project**SERVICE: **FOOD**

	A	B	C
Budget Category	Non RW Part A Funds	RW Part A Cost	Total Cost
Personnel			
Client Eligibility Worker <div> <div>Per Year</div> <div>Allocated</div> </div>			
D. Castillo x 1.00 FTE = \$43,684 <div> <div>10%</div> </div> <p>Collect and verify required eligibility documentation for receipt of services, review program requirements and procedures including eligibility criteria; conduct home visit to collect documentation for the purpose of obtaining and verifying information; educating clients of eligibility requirements, advising clients of deadlines, timeframes, and necessary actions to be taken, working with clients who need assistance in gathering appropriate documentation, document eligibility requirements in database as required, regularly review and update case files and database to ensure appropriate documentation is in place and eligibility is met according to policies; conduct periodic review of data entry of services versus individual eligibility met. Salary split between other RW Service Categories not related to this service category.</p>	\$0.00	\$4,368.37	\$4,368.37
Program Support <div> <div>Per Year</div> <div>Allocated</div> </div>			
J. Romero x 1.00 FTE = \$45,020 <div> <div>10%</div> </div> <p>.10 FTE allocated to TRANSPRO & .80 FTE allocated Private Programs) process client food cards for distribution to ensure eligibility according to different funding sources, disburse payments and communicate with Case Managers on behalf of eligibility. Salary split between other RW Part A Service Categories and Private Grants.</p>	\$36,016.00	\$4,502.00	\$40,518.00
Total Fringe Benefits at a rate of: <div> <div>21%</div> </div>	\$7,563.36	\$1,862.77	\$9,426.13
TOTAL PERSONNEL	\$43,579.36	\$10,733.14	\$54,312.50
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			

Food Assistance: Monthly provision of 21,917 cards @ \$10, in Staters Bros. food cards with a minimum 304 unduplicated clients residing in Service Areas 1, 2, 4, 5, & 6 to supplement their financial ability to maintain continuous access to adequate caloric intake and balance nutrition sufficient to maintain optimal health in the face of compromised health status due to HIV infection.	\$48,000.00	\$219,170.06	\$267,170.06
Total Other	\$48,000.00	\$219,170.06	\$267,170.06
SUBTOTAL (Total Personnel and Total Other)	\$91,579.36	\$229,903.20	\$321,482.56
Administration (limited to 10% of total service budget) Includes cost of administrative salaries for program administration such as Executive Director and Grants Manager. Cost of payroll services, professional and liability expenses, and other costs not allowed under direct program expenses (i.e. equipment maintenance, postage, conferences and trainings).	\$9,600.00	\$25,544.80	\$35,144.80
TOTAL BUDGET (Subtotal & Administration)	\$101,179.36	\$255,448.00	\$356,627.36

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:** 20,550
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided:** \$12,43
(This is your agency's RW cost for care per unit)

²**List Other Payers Associated with funding in Column A:** HOPWA Programs, Private Funds and Donations

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

REVISED: 4.26.21

AGENCY NAME: Foothill AIDS ProjectSERVICE: Housing

			A	B	C
Budget Category			Non RW Part A Funds	RW Part A Cost	Total Cost
Personnel					
Housing Case Manager Riverside	Per Year	Allocated			
J. Millan x 1.00 FTE =	47,000	0%			
Bilingual Responsible for conducting client intakes, assessment of housing needs, and income assessment and verification; developing a housing plan to meet identified needs; monitoring client progress. Assists clients with applications for housing related services, including emergency housing, short-term, utilities, and mortgage housing assistance, and permanent housing placement and other supportive services to remove barriers for stable housing. Refers clients to medical services, assists clients to obtain public benefits, and work training programs and employment. Ensures applications are complete and in compliance with grants requirement. Assists clients with applications and paperwork for other government assistance programs. Advocates for clients with hotel/motel managers, and property owners throughout Riverside to promote effective relationships and housing stability. Conducts monthly, quarterly follow ups with clients including home visits as needed.			\$47,000.00	\$0.00	\$47,000.00
Housing Case Manager San Bernardino	Per Year	Allocated			
K. Biling x 1.00 FTE =	49,000	0%	\$49,000.00	\$0.00	\$49,000.00

<p>Responsible for conducting client intakes, assessment of housing needs, and income assessment and verification; developing a housing plan to meet identified needs; monitoring client progress. Assists clients with applications for housing related services, including emergency housing, short-term, utilities, and mortgage housing assistance, and permanent housing placement and other supportive services to remove barriers for stable housing. Refers clients to medical services, assists clients to obtain public benefits, and work training programs and employment. Ensures applications are complete and in compliance with grants requirement.</p> <p>Assists clients with applications and paperwork for other government assistance programs. Advocates for clients with hotel/motel managers, and property owners throughout San Bernardino and High Desert to promote effective relationships and housing stability. Conducts monthly, quarterly follow ups with clients including home visits as needed</p>					
Housing Case Manager San Bernardino	Per Year	Allocated			
C. Garibaldi x 1.00 FTE =	45,084	100%			
<p>Bilingual Responsible for conducting client intakes, assessment of housing needs, and income assessment and verification; developing a housing plan to meet identified needs; monitoring client progress. Assists clients with applications for housing related services, including emergency housing, short-term, utilities, and mortgage housing assistance, and permanent housing placement and other supportive services to remove barriers for stable housing. Refers clients to medical services, assists clients to obtain public benefits, and work training programs and employment. Ensures applications are complete and in compliance with grants requirement.</p> <p>Assists clients with applications and paperwork for other government assistance programs. Advocates for clients with hotel/motel managers, and property owners throughout Riverside to promote effective relationships and housing stability. Conducts monthly, quarterly follow ups with clients including home visits as needed.</p>			\$0.00	\$45,084.00	\$45,084.00
Housing Liaison	Per Year	Allocated	\$48,000.00	\$0.00	\$48,000.00
Vacant x 1.00 FTE =	48,000	0%			

<p>Bilingual Responsible Job duties include resource development and advocacy, including developing and maintaining relationships with other community collaborators as related to contracts and housing providers; tenant based program activities including tracking and monitoring tenant based clients, coordinate quarterly tenant based meetings, act as a liaison between agency clients and housing authority; housing information systems including referrals to housing resources and other services such as compliance with tenant obligations, budgeting classes, leases and rental agreements, interpersonal skills to interact successfully with property managers and neighbors, which are designed to achieve housing stability; and provide technical assistance, communication and education provisions for FAP hotel/motel partners, property management staff, owners and other housing entities.</p>					
<p>Housing Case Manager San Bernardino</p> <p>L. Pinedo x 1.00 FTE =</p> <p>Bilingual. Responsible for conducting client intakes, assessment of housing needs, and income assessment and verification; developing a housing plan to meet identified needs; monitoring client progress. Assists clients with applications for housing related services, including emergency housing, short-term, utilities, and mortgage housing assistance, and permanent housing placement and other supportive services to remove barriers for stable housing. Refers clients to medical services, assists clients to obtain public benefits, and work training programs and employment. Ensures applications are complete and in compliance with grants requirement. Assists clients with applications and paperwork for other government assistance programs. Advocates for clients with hotel/motel managers, and property owners throughout San Bernardino and High Desert to promote effective relationships and housing stability. Conducts monthly, quarterly follow ups with clients including home visits as needed</p>	<p>Per Year</p> <p>53,000</p>	<p>Allocated</p> <p>0%</p>			
			\$53,000.00	\$0.00	\$53,000.00
<p>Centralized Fund Manager</p> <p>Y. Gonzalez x 1.00 FTE =</p>	<p>Per Year</p> <p>48,000</p>	<p>Allocated</p> <p>0%</p>	\$48,000.00	\$0.00	\$48,000.00

Responsible for the coordination and provision of HOPWA funded services for clients living in San Bernardino and Riverside counties; conducts program review of housing services internally and at subcontracted agencies, ensure program activities comply with funding contracts and delivery of services guidelines, act as a liaison with government agencies, the community and the public related to funding and delivery of services, initiates resource identification services to develop housing assistance; provide direction and supervision of the program's day to day activities; and assist in long and short term planning and the achievements of programs goals and objectives.					
Housing Coordinator	Per Year	Allocated			
L. Evans x 1.00 FTE =	55,000	0%			
Responsible for the coordination and provision of HOPWA funded services for clients living in San Bernardino and Riverside counties; conducts program review of housing services internally and at subcontracted agencies, ensure program activities comply with funding contracts and delivery of services guidelines, act as a liaison with government agencies, the community and the public related to funding and delivery of services, initiates resource identification services to develop housing assistance; provide direction and supervision of the program's day to day activities; and assist in long and short term planning and the achievements of programs goals and objectives.			\$55,000.00	\$0.00	\$55,000.00
Total Fringe Benefits at a rate of:	21%		\$63,000.00	\$9,467.64	\$72,467.64
TOTAL PERSONNEL			\$363,000.00	\$54,551.64	\$417,551.64
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)					
Emergency Housing Assistance: Emergency payments to assist approximately 55 clients with up to 90 nights of emergency housing (i.e. motel and rental assistance) total of:	\$27,682.00		\$0.00	\$27,682.00	\$27,682.00
Tenant Based Housing Assistance: Tenant based housing vouchers to 50 eligible clients in collaboration with SB County Housing Authority.	–		\$450,000.00	\$0.00	\$450,000.00

Short Term Rent, Mortgage and Utilities Assistance: Financial assistance to eligible clients in SB/RIV Counties		\$120,000.00	\$0.00	\$120,000.00
Permanent Housing Placement: Assist eligible clients in SB/RIV Counties with security deposits/move-in costs.	\$70,000.00	\$70,000.00	\$0.00	\$70,000.00
Office Supplies: Cost of office supplies necessary to the program such as classification folders, copy paper, files, etc. Based on prior year expenses and FTE allocation, estimated cost per year of:	\$3,491.00	\$3,000.00	\$491.00	\$3,491.00
Printing/Duplication: Cost of printing and duplication services associated with the contract such as printing of appointment cards for clients, program materials, and other handouts to be given out to clients. Based on prior year direct expenditures and/or FTE, estimated cost per year of:	\$125.00	\$0.00	\$125.00	\$125.00
Equipment Lease/Purchase/Maintenance: Cost of equipment lease for copy machines (inclusive of number of copies allowed per month) and postage meter. If applicable, cost of purchasing desktops/laptops and/or printers for staff use on RW services. No single item exceeds \$4,999. Based on prior year expenditures and FTE allocation, estimated cost is:	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00
Training: Ethical Awareness & Practice, counselors will gain strategies to perform clinical assessment to distinguish SUD from other MHD and inform the clinician's choice of treatment interventions for specialized populations to improve the efficacy of group therapy outcomes.	\$125.00	\$0.00	\$125.00	\$125.00
Postage: Mail appointment reminder cards, referrals and/or certification eligibility. Housing vouchers payments	\$49.50	\$0.00	\$49.50	\$49.50
Staff Mileage: Mileage reimbursement for program staff when conducting home-visits, accompanying clients to public benefit offices, etc. At a rate of approximately total cost estimated cost per year:	\$962.76	\$0.00	\$962.76	\$962.76
Facility Rent: Cost of facility rent for office dedicated for RW services, based on prior year plus increased rates for current year, total cost estimated cost per year:	\$9,600.00	\$2,600.00	\$7,000.00	\$9,600.00

Telephone/Communications: Direct cost of telephone and communication expenses. This includes conducting client follow-ups when clients miss appointments and conducting crisis intervention when needed; internet and text messaging system used to remind clients of appointments/groups, and other announcements. Based on prior year expenditures and FTE allocation, total cost estimated cost per year:	\$1,200.00	\$0.00	\$1,200.00	\$1,200.00
Total Other		\$645,600.00	\$38,635.26	\$684,235.26
SUBTOTAL (Total Personnel and Total Other)		\$1,008,600.00	\$93,186.90	\$1,101,786.90
Administration (limited to 10% of total service budget) Includes cost of administrative salaries for program administration such as Executive Director and Grants Manager. Cost of payroll services, professional and liability expenses, and other costs not allowed under direct program expenses (i.e. equipment maintenance, postage, conferences and trainings).		\$65,254.00	\$10,354.10	\$75,608.10
TOTAL BUDGET (Subtotal & Administration)		\$1,073,854.00	\$103,541.00	\$1,177,395.00

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

- **Total Number of RW Case Management Units to be Provided for this Service Category: 3,975**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: \$26.05**
(This is your agency's RW cost for care per unit)
- **Total Number of RW Nights Units to be Provided for this Service Category: 262**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: \$105.66**
(This is your agency's RW cost for care per unit)

²**List Other Payers Associated with funding in Column A:** HOPWA Programs

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

REVISED: 4.26.21

AGENCY NAME: Foothill AIDS ProjectSERVICE: Medical Transportation

	A	B	C
Budget Category	Non RW Part A Funds	RW Part A Cost	Total Cost
Personnel			
Transportation Assistance by Van-Connect include cost of driver, mobility coordinator, and van expenses	\$38,025.00	\$0.00	\$38,025.00
Client Eligibility Worker <div> <div>Per Year</div> <div>Allocated</div> </div>			
D. Castillo x 1.00 FTE = \$43,684 10% Collect and verify required eligibility documentation for receipt of services, review program requirements and procedures including eligibility criteria; conduct home visit to collect documentation for the purpose of obtaining and verifying information; educating clients of eligibility requirements, advising clients of deadlines, timeframes, and necessary actions to be taken, working with clients who need assistance in gathering appropriate documentation, document eligibility requirements in database as required, regularly review and update case files and database to ensure appropriate documentation is in place and eligibility is met according to policies; conduct periodic review of data entry of services versus individual eligibility met. Salary split between other RW Service Categories not related to this service category.	\$0.00	\$4,368.37	\$4,368.37
Program Support <div> <div>Per Year</div> <div>Allocated</div> </div>			
J. Romero x 1.00 FTE = \$45,020 10% .10 FTE allocated to FOOD & .80 FTE allocated Private Programs) process client food cards for distribution to ensure eligibility according to different funding sources, disburse payments and communicate with Case Managers on behalf of eligibility. Salary split between other RW Part A Service Categories and Private Grants.	\$36,016.00	\$4,502.00	\$40,518.00
Total Fringe Benefits at a rate of: 21%	\$15,548.61	\$1,862.77	\$17,411.38
TOTAL PERSONNEL	\$89,589.61	\$10,733.14	\$100,322.75
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			

Transportation Assistance: Transportation Assistance: Annual provision of bus passes, gas cards, LYFT and taxi vouchers to approximately 301 of unduplicated clients used to provide emergency medical transportation to enhance clients' access to healthcare and/or supportive services. Client disbursement may varies based on number of medical appointments not to exceed \$40 per month.	\$29,745.00	\$158,584.00	\$188,329.00
Mileage: Cost of providing van transportation to eligible clients residing in the High Desert, specifically Lucerne Valley and Barstow, estimated at an average of:	\$4,392.00	\$2,542.36	\$6,934.36
Total Other	\$34,137.00	\$161,126.36	\$195,263.36
SUBTOTAL (Total Personnel and Total Other)	\$123,726.61	\$171,859.50	\$295,586.11
Administration (limited to 10% of total service budget) Includes cost of administrative salaries for program administration such as Executive Director and Grants Manager. Cost of payroll services, professional and liability expenses, and other costs not allowed under direct program expenses (i.e. equipment maintenance, postage, conferences and trainings).	\$11,004.00	\$19,095.50	\$30,099.50
TOTAL BUDGET (Subtotal & Administration)	\$134,730.61	\$190,955.00	\$325,685.61

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: 15,515**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: \$12.31**
(This is your agency's RW cost for care per unit)

²**List Other Payers Associated with funding in Column A:** VVTA and Private Programs

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: **Foothill AIDS Project**SERVICE: **Psychosocial**

	A	B	C
Budget Category	Non RW Part A Funds	RW Part A Cost	Total Cost
Personnel			
Psychosocial Case Manager <div> <div>Per Year</div> <div>Allocated</div> </div>			
Y. Gonzalez x 1.00 FTE = \$52,510 <div>100%</div> <p>Bilingual. General responsibilities include providing support and counseling activities; conducting HIV support groups, client assessments, and one-on-one sessions; coordinating care plans with medical case manager; participating in case conference sessions; providing referrals to mental health professionals.</p>	\$0.00	\$52,509.60	\$52,509.60
Director of Programs <div> <div>Per Year</div> <div>Allocated</div> </div>			
M. Francois x 1.00 FTE = \$84,906 <div>5%</div> <p>Counseling individuals with respect to HIV/AIDS; testing, referrals; ensuring individuals who are out of care/unaware of their HIV positive status are identified of their status, referred into care, and linked to care. Collaborate with Medical Case Manager, to ensure timely access to medical and supportive services. Responsible for identifying community partners that provide services to populations that may have less access to care such as i.e. prisons, homeless shelters, etc. Facilitate services to clients with multiple barriers and complex issues. Salary is split between other RW Service Categories not related to this service category.</p>	\$0.00	\$4,245.28	\$4,245.28
Total Fringe Benefits at a rate of: <div>21.0%</div>	\$0.00	\$11,918.52	\$11,918.52
TOTAL PERSONNEL	\$0.00	\$68,673.40	\$68,673.40
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
Office Supplies: Cost of office supplies necessary to the program such as classification folders, copy paper, files, etc. Based on prior year expenses and FTE allocation, estimated cost per year of: <div>\$502.00</div>	\$0.00	\$502.00	\$502.00

Program Supplies: Cost of printing and duplication services associated with the contract such as printing of appointment cards for clients, program materials, and other handouts to be given out to clients. Based on prior year direct expenditures and / or FTE, estimated cost per year of:	\$625.00	\$0.00	\$625.00	\$625.00
Printing/Duplication: Cost of printing and duplication services associated with the contract such as printing of appointment cards for clients, program materials, and other handouts to be given out to clients. Based on prior year direct expenditures and/or FTE, estimated cost per year of:	\$225.00	\$0.00	\$225.00	\$225.00
Equipment Lease/Purchase/Maintenance: Cost of equipment lease for copy machines (inclusive of number of copies allowed per month) and postage meter. And if applicable, cost of purchasing desktops/laptops and/or printers for staff use on RW services. No single item exceeds \$4,999. Based on prior year expenditures and FTE allocation, estimated cost of:	\$2,039.00	\$0.00	\$2,039.00	\$2,039.00
Training: Integrated Case Management in the New Millennium: Development and Documentation of Client Contact, Individual Service Plans, and Client Follow-up. Skill development in understanding professional roles to include ethical issues and boundaries, acuity level reduction. Based on prior year expenditures and FTE allocation, estimated	\$450.00	\$0.00	\$450.00	\$450.00
Postage: Mail appointment reminder cards, referrals and/or certification eligibility.	\$25.40	\$0.00	\$25.40	\$25.40
Staff Mileage: Mileage reimbursement for program staff when conducting home-visits, accompanying clients to public benefit offices, etc. At a rate of approximately total cost estimated cost per year:	\$150.00	\$0.00	\$150.00	\$150.00
Facility Rent: Cost of facility rent for office dedicated for RW services, based on prior year plus increased rates for current year, total cost estimated cost per year:	\$7,500.00	\$0.00	\$7,500.00	\$7,500.00
Telephone/Communications: Direct cost of telephone and communication expenses. This includes conducting client follow ups when clients miss appointments and conducting crisis intervention when needed; internet and text messaging system used to remind clients of appointments/groups, and other announcements. Based on prior year expenditures and FTE allocation, total cost estimated cost per year:	\$2,000.00	\$0.00	\$2,000.00	\$2,000.00

Total Other	\$0.00	\$13,516.40	\$13,516.40
SUBTOTAL (Total Personnel and Total Other)	\$0.00	\$82,189.80	\$82,189.80
Administration (limited to 10% of total service budget) Includes cost of administrative salaries for program administration such as Executive Director and Grants Manager. Cost of payroll services, professional and liability expenses, and other costs not allowed under direct program expenses (i.e. equipment maintenance, postage, conferences and trainings).	\$0.00	\$9,132.20	\$9,132.20
TOTAL BUDGET (Subtotal & Administration)	\$0.00	\$91,322.00	\$91,322.00

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: 5,593**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: \$16.33**
(This is your agency's RW cost for care per unit)

²List Other Payers Associated with funding in Column A:

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Foothill AIDS ProjectSERVICE: Emergency Financial Assistance

	A	B	C
Budget Category	Non-RW Cost (Other Payers) ²	RW Part A Cost	Total Cost
Personnel			
Emergency Financial Assistance Per Year 100%			
15			
Emergency payments to assist clients in both clients with utilities for one time or short term payments no more than 3 months (water, electric and gas)	\$0.00	\$13,918.50	\$13,918.50
TOTAL OTHER	\$0.00	\$13,918.50	\$13,918.50
Administration: (limited to 10% of total service budget) Includes cost of administrative salaries for program administration such as Executive Director and Grants Manager. Cost of payroll services, professional and liability expenses, and other costs not allowed under direct program expenses (i.e. equipment maintenance, postage, conferences and trainings).	\$0.00	\$1,546.50	\$1,546.50
TOTAL BUDGET (Other & Administration)	\$0.00	\$15,465.00	\$15,465.00

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:** 15
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided:** \$1,031
(This is your agency's RW cost for care per unit)

²**List Other Payers Associated with funding in Column A:**

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Foothill AIDS Project

SERVICE: MAI Services

	A	B	C
Budget Category	Non RW Part A Funds	RW Part A Cost	Total Cost
Personnel			
EIS Case Manager Per Year Allocated Vacant x 1.00 FTE = \$39,536 20% (0.20 FTE allocated to EIS, 0.80 FTE allocated to MAI) Counseling individuals with respect to HIV/AIDS; testing, referrals; ensuring individuals who are out of care/unaware of their HIV positive status are identified of their status, referred into care, and linked to care. Collaborate with Medical Case Manager, to ensure timely access to medical and supportive services. Salary is split between other RW Service Categories not related to this service category.	\$0.00	\$7,907.20	\$7,907.20
EIS Case Manager Per Year Allocated R. Middleton x 1.00 FTE = \$42,029 75% (0.25 FTE allocated to EIS, 0.75 FTE allocated to MAI) Counseling individuals with respect to HIV/AIDS; testing, referrals; ensuring individuals who are out of care/unaware of their HIV positive status are identified of their status, referred into care, and linked to care. Collaborate with Medical Case Manager, to ensure timely access to medical and supportive services. Salary is split between other RW Service Categories not related to this service category.	\$0.00	\$31,521.75	\$31,521.75
EIS Case Manager Per Year Allocated M. Gomez x 1.00 FTE = \$44,554 75% (0.25 to allocated to EIS) Counseling individuals with respect to HIV/AIDS; testing, referrals; ensuring individuals who are out of care/unaware of their HIV positive status are identified of their status, referred into care, and linked to care. Collaborate with Medical Case Manager, to ensure timely access to medical and supportive services. Salary is split between other RW Service Categories not related to this service category.	\$0.00	\$33,415.50	\$33,415.50

Client Eligibility Worker	Per Year	Allocated			
D. Castillo x 1.00 FTE = \$43,684 25% Collect and verify required eligibility documentation for receipt of services, review program requirements and procedures including eligibility criteria; conduct home visit to collect documentation for the purpose of obtaining and verifying information; educating clients of eligibility requirements, advising clients of deadlines, timeframes, and necessary actions to be taken, working with clients who need assistance in gathering appropriate documentation, document eligibility requirements in database as required, regularly review and update case files and database to ensure appropriate documentation is in place and eligibility is met according to policies; conduct periodic review of data entry of services versus individual eligibility met. Salary is split between <u>multiply</u> other RW Service Categories not related to this service category.			\$0.00	\$10,920.94	\$10,920.94
Director of Programs M. Francois x 1.00 FTE = \$84,906 10% Counseling individuals with respect to HIV/AIDS; testing, referrals; ensuring individuals who are out of care/unaware of their HIV positive status are identified of their status, referred into care, and linked to care. Collaborate with Medical Case Manager, to ensure timely access to medical and supportive services. Responsible for identifying community partners that provide services to populations that may have less access to care such as i.e. prisons, homeless shelters, etc. Facilitate services to clients with multiple barriers and complex issues. Salary is split between <u>multiply</u> other RW Service Categories not related to this service category.			\$0.00	\$8,490.56	\$8,490.56
Total Fringe Benefits at a rate of:	21%		\$0.00	\$19,373.75	\$19,373.75
TOTAL PERSONNEL			\$0.00	\$111,629.70	\$111,629.70
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)					

Office Supplies: Cost of office supplies necessary to the program such as classification folders, copy paper, files, etc. Based on prior year expenses and FTE allocation, estimated cost per year of:	\$800.00	\$0.00	\$800.00	\$800.00
Program Supplies: Cost of program supplies such as educational materials, workbooks for client utilizations during treatment sessions, reference materials and other related program specific supplies. Based on prior year expenses and FTE allocation, estimated cost per year of:	\$217.00	\$0.00	\$217.00	\$217.00
Medical Supplies: HIV Testing kits 2 cases 100 tests per case (approx. \$1,000/ea.). One cases 50 tests per case (approx. \$500/ea.). Alcohol prep pads, 1 bxs (approx. \$10 ea.) Lancets 9 bxs, 100 per box (approx. \$10 ea.) 1 control boxes, (\$25.00/ea.) =	\$2,625.00	\$0.00	\$2,625.00	\$2,625.00
Postage / Medical Waste Pick-Up: Cost of mailing registration packets to clients and other documents on behalf of clients enrolled in program. Bio waste pick up from testing supplies. Based on prior year direct expenditures and/or FTE, estimated cost:	\$835.00	\$0.00	\$835.00	\$835.00
Consultant: Consultant: Service to oversee the implementation of counseling and testing activities which will be provided by Dr. Moony at a rate of \$3,000 per month x 12 months for a total of \$36,000. 25% EIS. Total budgeted amount for MAI:	\$27,000.00	\$0.00	\$27,000.00	\$27,000.00
Printing/Duplication: Cost of printing and duplication services associated with the contract such as printing of appointment cards for clients, program materials, and other handouts to be given out to clients. Based on prior year direct expenditures and/or FTE, estimated cost per year of:	\$250.00	\$0.00	\$250.00	\$250.00

Equipment Lease/Purchase/Maintenance: Cost of equipment lease for copy machines (inclusive of number of copies allowed per month) and postage meter. And if applicable, cost of purchasing desktops/laptops and/or printers for staff use on RW services. No single item exceeds \$4,999. Based on prior year expenditures and FTE allocation, estimated cost is:	\$2,500.00	\$0.00	\$2,500.00	\$2,500.00
Training: Ethical Awareness & Practice, counselors will gain strategies to perform clinical assessment to distinguish SUD from other MHD and inform the clinician's choice of treatment interventions for specialized populations to improve the efficacy of group therapy outcomes.	\$225.00	\$0.00	\$225.00	\$225.00
Postage: Mail appointment reminder cards, referrals and/or certification eligibility.	\$24.80	\$0.00	\$24.80	\$24.80
Staff Mileage: Mileage reimbursement for program staff when conducting home-visits, accompanying clients to public benefit offices, etc. At a rate of approximately total cost estimated cost per year:	\$395.00	\$0.00	\$395.00	\$395.00
Facility Rent: Cost of facility rent for office dedicated for RW services, based on prior year plus increased rates for current year, total cost estimated cost per year:	\$19,800.00	\$0.00	\$19,800.00	\$19,800.00
Telephone/Communications: Direct cost of telephone and communication expenses. This includes conducting client follow-ups when clients miss appointments and conducting crisis intervention when needed; internet and text messaging system used to remind clients of appointments/groups, and other announcements. Based on prior year expenditures and FTE allocation, total cost estimated cost per year:	\$2,750.00	\$0.00	\$2,750.00	\$2,750.00
Total Other		\$0.00	\$57,421.80	\$57,421.80
SUBTOTAL (Total Personnel and Total Other)		\$0.00	\$169,051.50	\$169,051.50
Administration (limited to 10% of total service budget) Includes cost of administrative salaries for program administration such as Executive Director and Grants Manager. Cost of payroll services, professional and liability expenses, and other costs not allowed under direct program expenses (i.e. equipment maintenance, postage, conferences and trainings).		\$0.00	\$18,783.50	\$18,783.50
TOTAL BUDGET (Subtotal & Administration)		\$0.00	\$187,835.00	\$187,835.00

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

- Total Number of Ryan White Units to be Provided for this Service Category: 7,680
- Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: \$24.46
(This is your agency's RW cost for care per unit)

²List Other Payers Associated with funding in Column A: HOPWA Program