

**SUMMARY OF COMMUNITY-BASED ORGANIZATION AGREEMENTS AND OTHER DIRECT TREATMENT PROVIDERS
REQUEST TO THE HEALTH COMMISSION**

This Agreement is for the provision of direct treatment/services that serves as an extension of DPH's service delivery system.

Vendor:	<u>Public Health Foundation</u>	Division/Section:	<u>PC: Maternal, Child, and Health (MCAH)</u>	
	<u>Enterprises (PHFE), Inc. dba Heluna Health (HH)</u>	Deputy Director:	<u>Albert Yu</u>	
Address:	<u>13300 Crossroads Parkway North</u>	DPH Administrator:	<u>Aline Armstrong</u>	
	<u>Suite 450, City of Industry, CA 91746</u>	Program Administrator:	<u>Aline Armstrong</u>	Phone: <u>415-420-0980</u>
Contact:	<u>Peter Dale, Chief Program Officer</u>	Phone: <u>562-222-7794</u>	Contract Analyst:	<u>Kristine Ly</u> Phone: <u>415-608-1421</u>

Request for approval of a New Professional Services Contract with Public Health Foundation enterprises, Inc. dba Heluna Health to perform Guaranteed Income ('GI') Program to provide unconditional, individual, regular cash payments intended to support the basic needs of the recipients. The total proposed agreement amount is \$1,500,000 for a term of 07/01/2024 through 06/30/2026 (2 years).

Mark only one for each question below:

- Vendor Type:** For Profit Non-Profit Government Entity
- Is the Vendor a CMD Certified LBE?** Yes No
- Purchasing Authority:** RFP **BOS Sole Source Resolution Pending Approval**
- Does DPH have other existing agreements with this Vendor?** Yes No
If yes, approximately how many years has DPH been doing business with this Vendor? Provide explanation, as needed. 22 years

AGREEMENT INFORMATION

Proposed Transaction

07/01/2024 to 06/30/2026

FUNDING SOURCES:

General Fund

Initial Year	All Ongoing Years <i>exclude initial year</i>	Total
\$750,000	\$750,000	\$1,500,000
<u>\$750,000</u>	<u>\$750,000</u>	<u>\$1,500,000</u>

TOTAL DPH REVENUES:

12% Contingency Amount

<u>\$750,000</u>	<u>\$750,000</u>	<u>\$1,500,000</u>

TOTAL AGREEMENT AMOUNT WITH CONTINGENCY:

ONE-TIME COSTS:

ANNUAL AMOUNT WITHOUT CONTINGENCY*:

**Ongoing years excludes one-time costs.*

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PROPOSED UNITS OF SERVICES

Mode(s) of Service & Unit of Service (UOS)/ Number of Contacts (NOC) Definition	Number of Clients <input type="checkbox"/> Duplicated <input checked="" type="checkbox"/> Unduplicated	Number of Units/ NOC	Unit Cost
2 Year goal of enrolling 70 individuals from the pregnancy priority population. Priority population may be enrolled for 2 years but will only receive 12 payments only. ~Average enrollment for each year is 35 for 12 months, at \$1,186 per month for 12 payments = ~\$514,981	70 for a period of 2 years ~Average enrollment for each year is 35	70 got a period of 2 years ~Average enrollment for each year is 35	~\$514,981 per year
Office Space \$1,000 x 12months = \$12,000	n/a	n/a	\$12,000
Personnel \$11,394.67 x 12 months = \$136,736	n/a	n/a	\$136,736
Indirect at 13% for 12 months = \$86,283	n/a	n/a	\$86,283

PRIMARY TARGET POPULATIONS

Agreement's Primary Target Groups	Pregnant individuals in the 1 st or 2 nd trimester with at least one risk factor above a 1.5 odds ratio for pre-term birth. These individuals will be low-income whose individual incomes fall below a pre-defined threshold that will be defined by the contractor and approved by the City. The methodology that will be used to define the threshold will include the use of the Insights Center's Family Needs Calculator.
Agreement's Primary Target Neighborhood or Area	All residents of the City and County of San Francisco.

Purpose of Agreement:

The GI program will provide unconditional, individual, regular cash payments intended to support the basic needs of the recipient. These services will be provided to Pregnant individuals in the first or second trimester with at least one risk factor above a 1.5 odds ratio for pre-term birth as identified as preexisting diabetes, preexisting hypertension, sickle cell anemia, and previous preterm birth in the following article: Baer, R. J., Mclemore, M. R., Adler, N., Oltman, S. P., Chambers, B. D., Kuppermann, M., ... & Jelliffe- Pawlowski, L. L. (2018). Pre-pregnancy or first- trimester risk scoring to identify women at high risk of preterm birth. European Journal of Obstetrics & Gynecology and Reproductive Biology, 231, 235-240. These individuals must be low-income in order to be considered eligible recipients. As part of the services received, there will be sufficient benefits counseling prior to enrollment and if needed, optional benefits counseling throughout the program period as well as informational materials provided to ensure that the recipient is aware of any impact that the receipt of a GI payment may have on

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their eligibility for other public benefit programs. PHFE dba HH will pursue all exemptions or waivers to ensure that GI payments made through this program are not considered income or resources for the recipient per the California Welfare and Institutions Code ("WIC") 18997 (c)(1), which states that GI payments made under the GI Program will automatically be exempted from the income and resources rules under California Work Opportunity and Responsibility to Kids program (CalWORKs). They are also encouraged to partner with other organizations to understand how GI interacts with other programs, including but not limited to Medi-Cal, CalFresh, CalWORKs, and childcare subsidies. The administration of GI payments will be done through a subcontracted 3-party vendor called AidKit who will administer all the applications and the distribution of the guaranteed income. For those applicants who are eligible and apply, selection will be made through a lottery system. AidKit will use a disbursement platform that will offer low-burden eligibility screening/verification, including self-attestation and multiple methods for recipients to access funds in multiple languages, including ADA compliance. GI services will be implemented to provide maximum income that promotes self-sufficiency and wellness outcomes through reducing barriers to access and low-burden methods for eligibility verification, research participation, and payment.

PHFE dba HH will receive at 13% administrative fee for their services. Of the \$750,000 for the work of GI for each term, PHFE dba HH will receive \$86,283 and the remaining amount of \$663,717 will be for direct services.

PHFE dba HH is a licensed California non-profit that has served the non-profit, education and research communities for over 40 years. They are a critical partner in DPH and they are familiar with working with marginalized populations in San Francisco. The implementation team and subcontractors who will support this program are funded via PHFE dba HH and they have ample expertise in supporting the proposed program, including support of the staff who will be the main implementing drivers of the program.

These services will require a Board of Supervisors (BOS) Resolution. GI services are part of a grant application where the Department waived funding award, but agreed to provide GI payments to a vulnerable community in San Francisco. Funding is General Fund.

Monitoring Report/Program Review & Follow-up:

This agreement will require monthly monitoring which will be conducted by DPH Maternal Child and Adolescent Health and will include reports on the progress in meeting timelines, milestones, and program goals as outlined in the scope of work.

Health Equity and Inclusion Compliance:

The Vendor will provide the necessary information to comply with the Department's Office of Health Equity (OHE) requirements and will work collaboratively to remove systemic and operational barriers that impede providing appropriate levels of services to meet the needs of disadvantaged BIPOC stakeholders and communities.

Listing of Executive Director and Board of Directors:

Executive Director:	Blayne Cutler, MD, PhD	
Board of Directors:	Santosh Vetticaden, MD, PhD, MBA	Terhilda Garrido, MPH
	Carladenise Edwards, PhD	Celina Gorre, MPH, MA
	Robert R. Jenks, MBA	Tamara Joseph, JD

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Nicole J. Macarchuk, JD

Nwando Anyaoku, MD, MPH, MBA

Jennifer Covich Bordenick, MHRD

Jean C. O'Connor, JD, MPH, DrPH, FACHE

Sarah Rich, MBA

Alessandro Lazzarini

Hope Tarirai Mago, MBA

Bonnie Midura, MPH

Virginia Pryor, MSW

Vivian Vasallo, MA, MSc
