Table Of Contents

Applicant: San Francisco Department of Public Health, award NU62PS924536
Application Number: NU62PS2020004439
Project Title: San Francisco Dept of Public Health High Impact Prevention
Status: Submitted

Please verify if all attachments in the application package appear as expected.

Online Forms

Additional Information to be Submitted

1. SF-424 Application for Federal Assistance Version 2
2. SF-424A Budget Information - Non-Construction
    - (Upload #1): Convert FA to DA
    - (Upload #2): SF424A
    - (Upload #0): Abstract
    - (Upload #0): Budget Justification
    - (Upload #0): Indirect Cost Memo
    - (Upload #0): Project Narrative
    - (Upload #0): EPMP
3. SF-424B Assurances - Non-Construction
4. SF-LLL Disclosure of Lobbying Activities
5. Project Abstract Summary
    - (Upload #0): Convert FA to DA
    - (Upload #0): SF424A
    - (Upload #3): Abstract
    - (Upload #0): Budget Justification

- (Upload #0): Indirect Cost Memo
- (Upload #0): Project Narrative
- (Upload #0): EPMP

6. Change Grantee Information
7. Change Project Director
8. Key Personnel
9. Project Period Revision
10. Miscellaneous
    - (Upload #0): Convert FA to DA
    - (Upload #0): SF424A
    - (Upload #0): Abstract
    - (Upload #4): Budget Justification
    - (Upload #5): Indirect Cost Memo
    - (Upload #6): Project Narrative
    - (Upload #7): EPMP

Note: Upload document(s) printed in order after online forms.

Disclosures

It appears that all attachments in the application have been processed correctly. Please review the application to ensure that the attached files display correctly as uploaded.

OMB Number: 4040-0004

Expiration Date: 12/31/2022

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
09/14/2020	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
	NU62PS924536

State Use Only:

6. Date Received by State:	09/14/2020	7. State Application Identifier:	

8. APPLICANT INFORMATION:

* a. Legal Name:	San Francisco Department of Public Health, award NU62PS924536

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
1946000417A8	103717336

d. Address:

* Street1:	101 Grove St
Street2:	
* City:	San Francisco
County:	
* State:	California
Province:	
* Country:	UNITED STATES
* Zip / Postal Code:	94102-4505

e. Organizational Unit:

Department Name:	Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:		* First Name:	Tracey
Middle Name:			
* Last Name:	Packer		
Suffix:			

Title:	Director of Community Health Equity & Promoti

Organizational Affiliation:

* Telephone Number:	415-437-6223	Fax Number:	415-431-7154

* Email:	tracey.packer@sfdph.org

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

CDC-National Center for HIV/AIDS, Viral Hepa

11. Catalog of Federal Domestic Assistance Number:

93.940

CFDA Title:

HIV Prevention Activities_Health Department Based

*** 12. Funding Opportunity Number:**

Not Applicable

* Title:

Not Applicable

13. Competition Identification Number:

Not Applicable

Title:

Not Applicable

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

San Francisco Dept of Public Health High Impact Prevention

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 12 * b. Program/Project: 12

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 01/01/2021 * b. End Date: 12/31/2021

18. Estimated Funding ($):

* a. Federal	7006980
* b. Applicant	0
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	7006980

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on

☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Tomas

Middle Name:

* Last Name: Aragon

Suffix:

* Title: Director of Population Health Division

* Telephone Number: 415-554-2898 Fax Number: 415-554-2710

* Email: Tomas.aragon@sfdph.org

* Signature of Authorized Representative: Mr. Sajid Shaikh * Date Signed: 09/14/2020

Application for Federal Assistance SF-424 Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

OMB Approval No. 4040-0006
Expiration Date: 02/28/2022

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. Totals						

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total
	(1)	(2)	(3)	(4)	(5)
a. Personnel					
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges *(sum of 6a-6h)*					
j. Indirect Charges					
k. TOTALS *(sum of 6i and 6j)*					
7. Program Income					

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SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8				
9.				
10.				
11.				
12. TOTAL *(sum of lines 8-11)*				

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal					
14. Non-Federal					
15. TOTAL *(sum of lines 13 and 14)*					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.				
17.				
18.				
19.				
20. TOTAL *(sum of lines 16-19)*				

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

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OMB Approval No.: 4040-0007
Expiration Date: 02/28/2022

ASSURANCES - NON-CONSTRUCTION PROGRAMS

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681- 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U. S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93- 205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

*** SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL**	*** TITLE**
Tomas Aragon	Director of PHD
*** APPLICATION ORGANIZATION**	*** DATE SUBMITTED**
San Francisco Department of Public Health, award NU62PS924536	09/14/2020

Standard Form 424B (Rev. 7-97) Back

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	**2. Status of Federal Action:**	**3. Report Type:**
b a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	b a. bid/offer/application b. initial award c. post-award	a a. initial filing b. material change

4. Name and Address of Reporting Entity:	**5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:**
☒ **Prime** ☐ **Subawardee** Tier _____ , *if known:* City & County of SF - DPH 25 Van Ness Ave Fl San Francisco, CA 94102-6033 **Congressional District,** *if known:* 12	
6. Federal Department/Agency: Dept of Transportation	**7. Federal Program Name/Description:** National Center for HIV/AIDS, Viral Hepa CFDA Number, *if applicable:* 93.940
8. Federal Action Number, *if known:*	**9. Award Amount,** *if known:* **$**
10. a. Name and Address of Lobbying Registrant *(if individual, last name, first name, MI):* n/a, n/a	**b. Individuals Performing Services** *(including address if different from No. 10a) (if individual, last name, first name, MI):* n/a, n/a
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.	Signature: Mr. Sajid Shaikh Print Name: Aragon, Tomas Title: _____ Telephone No: _____ Date: 09/14/2020

OMB Number: 4040-0019
Expiration Date: 02/28/2022

Project Abstract Summary

Program Announcement (CFDA)

*** Program Announcement (Funding Opportunity Number)**
Not Applicable

*** Closing Date**

*** Applicant Name**
San Francisco Department of Public Health, award NU62PS924536

*** Length of Proposed Project**
12

Application Control No.

Federal Share Requested (for each year)

* Federal Share 1st Year	* Federal Share 2nd Year	* Federal Share 3rd Year
$ 7,006,980.00	$ 0.00	$ 0.00
*** Federal Share 4th Year**	*** Federal Share 5th Year**	
$ 0.00	$ 0.00	

Non-Federal Share Requested (for each year)

* Non-Federal Share 1st Year	* Non-Federal Share 2nd Year	* Non-Federal Share 3rd Year
$ 0.00	$ 0.00	$ 0.00
*** Non-Federal Share 4th Year**	*** Non-Federal Share 5th Year**	
$ 0.00	$ 0.00	

*** Project Title**
San Francisco Dept of Public Health High Impact Prevention

OMB Number: 4040-0019
Expiration Date: 02/28/2022

Project Abstract Summary

*** Project Summary**

*** Estimated number of people to be served as a result of the award of this grant.**

0

Change Grantee Info

Grantee Name: San Francisco Department of Public Health, award NU62PS924536

Country: UNITED STATES

Address: 101 Grove St

City: San Francisco

State: CA

Zip: 94102-4505

Change Principal Investigator/Project Director

Applicant:	San Francisco Department of Public Health, award NU62PS924536
Grant Number:	NU62PS924536
Application Number:	NU62PS2020004439
Action:	Change PI/PID
Project Title:	San Francisco Dept of Public Health High Impact Prevention

Current PI/PD:

Name:

Address:

Phone:

Fax:

Email:

Requested New PI/PD:

Name:	Aragon, Tomss
Address:	101 Grove St Rm 308 San Francisco, CA 94102-4505
Phone:	415-787-2583
Fax:	
Email:	tomas.aragon@sfdph.org

Key Personnel

Name	Position Title	Annual Salary	No.Months Budget	% Time	Fed Amount	Non-Fed Amount	Total Amount Requested
Tomas Aragon	Director of PHD	323,965.00	12.00		0.00	0.00	0.00

Upload #1

Applicant:	San Francisco Department of Public Health, award NU62PS924536
Application Number:	NU62PS2020004439
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	Convert FA to DA

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. PS18-1802 Surveillar	93.940	$	$	$ 1,397.00	$	$ 1,397.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		$ 0.00	$ 0.00	$ 1,397.00	$ 0.00	$ 1,397.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total
	(1) Surveillance	(2)	(3)	(4)	(5)
a. Personnel	$	$	$	$	$ 0.00
b. Fringe Benefits					0.00
c. Travel					0.00
d. Equipment					0.00
e. Supplies					0.00
f. Contractual					0.00
g. Construction					0.00
h. Other	1,397.00				1,397.00
i. Total Direct Charges *(sum of 6a-6h)*	1,397.00	0.00	0.00	0.00	1,397.00
j. Indirect Charges					0.00
k. TOTALS *(sum of 6i and 6j)*	$ 1,397.00	$ 0.00	$ 0.00	$ 0.00	$ 1,397.00
7. Program Income	$	$	$	$	$ 0.00

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Upload #2

Applicant:	San Francisco Department of Public Health, award NU62PS924536
Application Number:	NU62PS2020004439
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	SF424A

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. PS18-1802 Preventic	93.940	$	$	$ 4,199,083.00	$	$ 4,199,083.00
2. PS18-1802 Surveillar	93.940			807,897.00		807,897.00
3. PS18-1802 Compone	93.940			2,000,000.00		2,000,000.00
4.						0.00
5. Totals		$ 0.00	$ 0.00	$ 7,006,980.00	$ 0.00	$ 7,006,980.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total
	(1) Prevention	(2) Surveillance	(3) Component B	(4) Component B	(5)
a. Personnel	$ 1,086,910.00	$ 366,470.00	$ 744,267.00	$	$ 2,197,647.00
b. Fringe Benefits	456,502.00	154,530.00	289,651.00		900,683.00
c. Travel	15,924.00	8,760.00	8,670.00		33,354.00
d. Equipment					0.00
e. Supplies	11,013.00	3,562.00	4,979.00		19,554.00
f. Contractual	2,309,007.00	156,279.00	717,625.00		3,182,911.00
g. Construction					0.00
h. Other	48,000.00	26,679.00	48,741.00		123,420.00
i. Total Direct Charges *(sum of 6a-6h)*	3,927,356.00	716,280.00	1,813,933.00	0.00	6,457,569.00
j. Indirect Charges	271,727.00	91,617.00	186,067.00		549,411.00
k. TOTALS *(sum of 6i and 6j)*	$ 4,199,083.00	$ 807,897.00	$ 2,000,000.00	$ 0.00	$ 7,006,980.00
7. Program Income	$	$	$	$	$ 0.00

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Prescribed by OMB Circular A-102

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Upload #3

Applicant:	San Francisco Department of Public Health, award NU62PS924536
Application Number:	NU62PS2020004439
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	Abstract

Abstract
In 2013 SF launched the "Getting to Zero SF" initiative with the goals of zero new HIV infections, zero HIV-related deaths, and zero HIV-related stigma and discrimination. SF has made substantial progress toward these goals and has improved each step along the HIV care continuum; however, surveillance data show that significant disparities in linkage, retention, and viral suppression among people living with HIV remain. African-Americans and Latinos, trans and cis-gender women, people who inject drugs, and people experiencing homelessness are less likely to be virally suppressed. In terms of new diagnoses, people of color make up an increasingly higher percentage of new diagnoses. SFDPH's Component A proposal expands on the Department of Public Health's (SFDPH's) commitment to fully integrate surveillance and prevention programs. It supports strategies that have contributed to the dramatically decreasing HIV incidence in recent years, and implements shifts needed to align with the current epidemiology, including a much stronger equity focus. SFDPH's Component B proposal describes *Project OPT-IN* ("Opt-in" to Outreach, Prevention and Treatment) – an innovative, broadly collaborative project serving those whose lives are deeply affected by the social determinants of health, such as people experiencing homelessness. We must do a better job with these groups if we hope to "get to zero," for all SF populations.

Clients Served: 24,000

Upload #4

Applicant:	San Francisco Department of Public Health, award NU62PS924536
Application Number:	NU62PS2020004439
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	Budget Justification

San Francisco Department of Public Health, SF Division
HIV Prevention Section, Community Health Equity and Promotion
PS18-1802 Integrated HIV Surveillance and Prevention Programs for Health Depts.
Component A HIV Prevention Budget
01/01/2021-12/31/2021

A.	Salaries	$1,086,910
B.	Mandatory Fringe	$456,502
C.	Consultant Costs	$0
D.	Equipment	$0
E.	Materials and Supplies	$11,013
F.	Travel	$15,924
G.	Other Expenses	$48,000
H.	Contractual	$2,309,007
	Total Direct Costs	**$3,927,356**
I.	Indirect Costs (25% of Total Salaries)	$271,727
	TOTAL BUDGET	**$4,199,083**

A. SALARIES **$1,086,910**

Position Title and Name	Annual	Time	Months	Amount Requested
Director, Population Health Division, and Principal Investigator (PI) T. Aragon, MD, DrPH	NA		12	In-Kind
Deputy Director, Population Health Division C. Siador, MPH	NA		12	In-Kind
Director, Disease Prevention and Control S. Philip, MD, MPH	NA		12	In-Kind
Manager II T. Packer	$148,538	50%	12 months	$74,269
Health Program Coordinator III J. Melichar	$118,716	50%	12 months	$59,358
Senior Health Educator Vacant	$97,214	100%	12 months	$97,214
Health Program Coordinator III J. McCright	$124,952	95%	12 months	$118,704
Health Educator N. Underwood	$115,288	45%	12 months	$51,880
Health Program Coordinator II T. Knoble	$106,054	100%	12 months	$106,054
Health Program Coordinator I Vacant	$78,962	50%	12 months	$39,481
Health Program Coordinator I Vacant	$78,962	100%	10 months	$65,802
Health Worker II Vacant	$59,098	50%	10 months	$24,624
Health Worker II Moses Vega- Jail Health Services	$68,390	50%	12 months	$34,195
Management Assistant B. Chan Lew	$94,146	50%	12 months	$47,073
Health Program Coordinator II Travis Touhey	$87,256	75%	12 months	$65,442
Health Educator H. Hjord	$109,798	90%	12 months	$98,818
Disease Control Investigator/Health Worker III Gloria D. Calero	$85,774	75%	12 months	$64,331
Epidemiologist II J. Chin	$120,458	45%	12 months	$54,206

Health Program Coordinator III E. Loughran	$118,716	50%	12 months	$59,358
Health Educator M. Paquette	$109,798	10%	12 months	$10,980
Principal Admin Analyst II I Carmona	$151,216	10%	12 months	$15,122

Job Description: Director, Population Health Division and PS 18-1802 Principal Investigator (T. Aragon) This position is in-kind. Dr. Aragón is the San Francisco Health Officer and the Director of the Population Health Division (PHD) of SFDPH. Dr. Tomas Aragón provides overall leadership of the project. Dr. Aragón is responsible for overall planning, implementation, monitoring, and reporting of the program. Dr. Aragon also provides oversight for the Continuous Quality Improvement (CQI) and evaluation activities.

Job Description: Deputy Director, Population Health Division (C. Siador) Ms. Siador is the Business Official for this cooperative agreement. This position is in-kind. She has overall budget/grant oversight authority, and works closely with Finance, Budget and Contracts departments to oversee that grant deliverables are met by established deadlines. As one of the project sponsors, she will provide guidance and input as needed.

Job Description: Director, Disease Control and Prevention Branch and Project Co-Director (S. Philip) – This position is in-kind. Dr. Philip is a Project Co-Director for both Component A and Component B, the OPT-IN Demonstration Project, and is responsible for overseeing the disease control and prevention arm of both components. Dr. Philip works closely with other co-directors and project leads to monitor all short-term outcomes and maintain smooth implementation of all project strategies. This position shares the lead role in the CQI activities and is responsible for tracking and reporting all activities to CDC annually.

Job Description: Manager II – (T. Packer)
This position is the Director of the Community Health Equity and Promotion Branch (CHEP) which houses San Francisco's community-based HIV programs that are funded to end new HIV infections and ensure that HIV-infected persons are linked to care and treatment, in collaboration with the branch's STD and HCV prevention programs. In collaboration with Susan Scheer, Susan Philip, and the CHEP staff, and under the direction of Dr. Tomas Aragon, Principal Investigator, the Director is responsible for ensuring the SFDPH outcomes for Component A (and Component B if funded) are achieved. The Director ensures collaboration across the HIV prevention and care network in San Francisco and supports programs to work collaboratively to ensure effective, sustainable, high impact, cost-efficient programs that decrease HIV incidence and improve health equity. The Director oversees multiple HIV, STD, and HCV prevention interventions throughout SF funded with CDC funds, City General Funds, and a California State funds. The Director oversees the work of CHEP to inform policies, laws, and other structural factors that influence HIV prevention and treatment, emphasizing the need to address an individual's overall health as part of HIV prevention efforts. The Director also oversees a team of staff members that serve as the primary contact for community-based providers. The

Director works closely with the HIV Community Planning Council (HCPC) and sits on the steering committee for the Getting to Zero Initiative, is a member of UCHAPS and NASTAD, and works closely with the California State Office of AIDS.

Job Description: Health Program Coordinator III – (J. Melichar)
This position acts as the Community-Based HIV Prevention Services Coordinator. Oversees all community-based program liaison activities for the CHEP branch. He manages staff that work directly with community-based organizations and other providers to support the implementation and evaluation of programs to meet the goals and objectives of the HIV prevention strategy. The position manages staff that provide technical assistance and training to contractors to build capacity and ensure deliverables are met in HIV testing, prevention with negatives and positives, condom distribution, and policy initiatives. Oversees budget management for community-based organizations. Primary liaison to the Contract Development and Technical Assistance Section, the Business Office of Contract Compliance, the Contracts Unit and all fiscal offices. Acts as primary liaison to the data management branch, ARCHES. EvalWeb, and CDC liaison.

Job Description: Senior Health Educator – (Vice D. Geckeler)
This position acts as the Quality Improvement and Evaluation Coordinator for CHEP and oversees HIV, HCV, and STD program integration within San Francisco's system of HIV prevention. Using the results based accountability approach, this position works with SFDPH staff and partners, including community-based organizations, to determine expected outcomes and specific program performance measures. This approach will be used for both Component A and Component B if funded. The Senior Health Educator uses Results Scorecard for the Getting to Zero Initiative. RSC tracks the performance of program and measures the impact of funding and achievement of outcomes. This position oversees the SFDPH team that works with CBOs and monitors outcomes.

Job Description: Health Program Coordinator III – (J. McCright)
This position serves as one of the Deputy Directors of the CHEP branch and oversees HIV and STD prevention staff and integration of HIV, STD, and HCV prevention activities in community-based testing for gay men and other MSM. The Deputy Director supervises staff that perform HIV testing and outreach in the community as well as staff that implement environmental prevention in sex clubs, massage parlors, and other commercial sites where sex among men may occur.

Job Description: Health Educator – (N. Underwood)
This position serves on the quality improvement team for CHEP and is responsible for developing and monitoring performance measures for HIV prevention programs funded through CHEP. The position ensures that the goals and objectives of HIV-related grants within SFDPH grants are being met. In addition, this position is a liaison to the HCPC. This position will ensure that the new testing strategy is implemented through providing training to HIV test counselors and technical assistance to HIV test providers.

Job Description: Health Program Coordinator II – (T. Knoble)
The Program Coordinator II provides individual training, technical assistance, and quality assurance oversight to HIV testing sites and other prevention programs, meeting with them regularly as well as providing group California State Certification training. He develops implements and evaluates the training for HIV test counselor certification. Works with the State Office of AIDS to ensure testing training meets State standards. Ensures that most recent testing technologies are implemented with approval from the State and CDC.

Job Description: Health Program Coordinator I – (Vacant vice Chadderon)
This position acts as government co-chair to the HCPC and supports development and implementation of HIV testing strategies in community-based settings and substance use treatment sites. Trains HIV test counselors to ensure the SF HIV strategy is implemented. The position provides direction to substance use organizations on implementation of HIV testing programs and participates in the drug user health initiative an internal planning body to SFDPH.

Job Description: Health Program Coordinator I – (Vacant vice T. Ick)
This position supports development and implementation of HIV testing strategies in community-based settings. Trains HIV test counselors to ensure the SF HIV strategy is implemented. Provides technical assistance on CLIA procedures. The position provides direction to substance use organizations on implementation of HIV testing programs.

Job Description: Health Worker II (Vacant vice Travis Tuohey)
The position is a community liaison who ensures that works with community members and bodies to meet the goals and objectives of HIV-related grants within SFDPH. This position oversees community engagement programs with focus populations, especially communities with HIV health disparities.

Job Description: Health Worker II (Moses Vega- Jail Health Services)
The position is a community liaison who ensures that works with community members and bodies to meet the goals and objectives of HIV-related grants within SFDPH. This position oversees community engagement programs with focus populations, especially communities with HIV health disparities

Job Description: Management Assistant – (B. Chan Lew)
This position supports the HCPC and staff through the development and implementation of communication systems for coordination of HCPC activities. This position manages the condom distribution program that ensures condoms are accessible throughout the City and County through venues accessible to high prevalence populations. Condoms are provided to venues such as commercial venues, community-based organizations, and convenience stores.

Job Description: Health Program Coordinator II – (T. Touhey)
This position is responsible for implementation of community-based HIV, STD, and HCV testing in community settings such as gyms, clubs, and other venues where gay men and other MSM gather. He oversees training, operations, and evaluation of the program. He provides support

to initiatives for high prevalence populations, especially those programs reaching African American gay men and other MSM.

Job Description: Health Educator – (H. Hjord)
This position is responsible for integrating behavioral health interventions into HIV prevention and care programs throughout the system of care. Works closely with community- based HIV prevention programs, clinical prevention, and policy areas to integrate with behavioral health. She oversees the intersection of alcohol programs and HIV prevention programs and oversees the SFDPH strategic plan for addressing alcohol. If SF is funded for Component B, this position will project manage the entire Project
OPT. She will convene the leadership, the staff, and all partners working on the project to monitor performance measures and achieve outcomes.

Job Description: Disease Control Investigator – (G. Calero)
This position conducts interviews and field investigations of patients with communicable and other disease diagnoses and individuals named as contacts with such patients; evaluates information concerning individual patients and contacts; makes routine follow-ups in order to progress investigations to successful conclusions; keeps detailed records and files pertaining to contacts and investigations; and performs related duties as required.

Job Description: Epidemiologist II – (J. Chin)
The Epidemiologist ensures that HIV testing and Risk Reduction Activities data are collected and submitted by internal and external programs, cleaned, stored and prepared for reports on a timely basis. The Epidemiologist manages Evaluation Web data and reports and is responsible for providing technical assistance for community-based staff collecting and entering testing data. The position interfaces with CDC and contractors to submit data and trouble shoots data problems.

Job Description: Health Program Coordinator III/ Coordinator of Community Programs for Drug Users (E. Loughran) The Coordinator works with the Project Co-Directors and leadership team to manage the *OPT-IN* project components related to community service delivery, and supervises the PSOT Coordinator. Represents the project for the department with community partners and stakeholders and other city departments. The HPCIII will work within the health department and across other city departments to develop plans and implement drug user health. The role includes community engagement and response to the health of drug users and people experiencing homelessness.

Job Description: Health Educator – (Michael Paquette)
This position works as part of the planning team to ensure the HIV Community Planning Council (HCPC) meets the grant requirements and local planning needs. He also coordinates data and qualitative reporting to meet grantor requirements and provides administrative and coordinating support for HIV/HCV testing counseling training efforts.

Job Description: Principal Administrative Analyst II (I. Carmona)

This position oversees the system for grant management for the division and will be responsible for quality management of contract documents. This position will also coordinate the contract development process, study, recommend, and implement system changes and provide technical assistance process. This position will train new program managers and program liaisons on issues related to contract work.

B. FRINGE BENFITS @ 42% **$456,502**

C. CONSULTANT COSTS **$0**

D. EQUIPMENT **$0**

E. MATERIALS AND SUPPLIES **$11,013**

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Office Supplies	Paper pens, handouts	12 mos	Approx. $76.80/month X 11.95 FTE	$11,013

Office Supplies: This line item includes general office supplies required for daily work for programmatic staff, as well as supplies for meetings conducted by the program. These include, but are not limited to paper, pens and handouts.

F. TRAVEL **$15,924**

Item		Rate	Cost
Local Travel	Muni Passes and Tokens	2 passes x $66/pass x 12 months and 5 bags of tokens x $20/bag x 12 months	$2,784
Out-of-State Travel	Airfare	Round Trip @ $700 x 6 staffs x 1 trip	$4,200
	Lodging	$222.5 per night x 4 nights x 6 staffs	$5,340
	Transportation	$100/staff x 6 staffs x 1 trip	$600
	Registration	$500/staff x 6 staffs x 1 trip	$3000

Local Travel: Muni passes are used for staff travel to meetings within San Francisco with contractors, HPPC members, and community members. Tokens are provided to clients as necessary for transportation to appointments when linking to care.

Out-of-State Travel: Travel budgeted for one CDC meeting for six staff members or UCHAP meeting.

G. OTHER **$48,000**

Item	Rate	Cost
Office Rent	$1.93/sq ft x 207.3 sq. ft. x 10 months x 11.95 FTE	$48,000

Office Rent: Office rent covers expenses of office space rentals and maintenance for the HPS staff to perform their duties.

H. CONTRACTUAL **$2,309,007**

Contractor	Total Cost
Heluna Health	$830,759
San Francisco Department of Public Health Disease Prevention and Control (SFDPH STD)	$955,748
San Francisco Department of Public Health Lab	$448,000
Glide	$37,500
San Francisco Public Health Foundation	$25,000
Shanti Planning Council	$12,000

1. Name of Contractor: Heluna Health
Method of Selection: Request for Qualifications (RFQ) RFQ36-2017
Period of Performance: 01/01/2021 - 12/31/2021
Scope of work

i) Service category: Fiscal Intermediary
   (1) Award amount: $830,759
   (2) Subcontractor: None
   (3) Services provided: Fiscal intermediary services to the SFDPH HPS.

PHFE pays for four staff members and travel that support the goals and objectives of Category A. The staff supports community-based prevention efforts through operations training and technical assistance, in addition to coordination of data systems, expanding and adapting partnerships and collaborations.

Method of Accountability: Annual program and fiscal and compliance monitoring

Itemized budget and justification:

A. Salaries $205,604

Position Title and Name	Annual	Time	Months	Amount Requested
Front Desk Associate Handy	$53,127	40%	12 months	$21,251
Program Assistant Michaela Zaragoza-Soto	$48,810	50%	12 months	$24,405
Program Administrator	$61,350	90%	12 months	$55,215

TBD				
Finance Ops Arfana Sogal	$131,713	40%	12 months	$52,685
Community Health Education Specialist TBD	$69,397	75%	12 months	$52,048

Job Description: Front Desk Associate – (T. Loftin)
The Front Desk Associate provides oversight of the reception area, answering a multi-line telephone and directing calls, guests, staff, messenger services and deliveries from various vendors and community-based organizations and other community representatives.

Job Description: Program Assistant (M. Zaragoza-Soto)
The position will schedule internal meetings, organize training and other logistics, submit travel requests and reimbursements, and assist program staff for both programmatic activities as needed.

Job Description: Finance and Operations Manager – (A. Sogal)
The Finance and Operations Manager is responsible for the fiscal management, policy development, and financial reporting of projects related to the SFDPH HPS CHEP. She develops budgets, monitors grants, and establishes contracts, sub-contracts, and cooperative agreements in addition to managing FTEs, benefits, budget estimates, and monthly reports to assist with the execution of activities. These reports are also used to make staffing, space and other logistically based decisions to ensure capacity, and to meet section needs. The Finance and Operations Manager collaborates with PHFE and SFDPH (Accounts Payable, Payroll, Human Resources, and Fiscal) on a regular basis to facilitate project activities.

Job Description: and Program Administrator – (TBD) – The Administrator provides ongoing support for the project, including coordination of meetings and on-going conference calls between all parties involved. She also assists with preparing project presentation and editing reporting documents. She works with the Finance and Operations Manager in managing project expenses.

Job Description: Community Health Education Specialist – (TBD) – Under the supervision of the Community-based Sexual Health Program Coordinator, the Community Health Field Specialist is responsible for increasing STD/HIV screening among gay and bisexual men by conducting street and venue-based outreach, workshops for community-based programs, STD screening in non-traditional clinic settings, development of culturally appropriate materials, and providing sexual health information and referrals at events and health fairs.

B. Fringe Benefits @ 35.64% total salaries $73,277

C. Consultant Costs $0

D. Equipment $0

E. Materials and Supplies $426,975

Item	Unit Cost	Amount Requested
Program Supplies	$1731.25/month x12 months	$20,775
Lab Supplies	$2,600/month x 12 months	$31,200
HCV Test	$18/test x 8,099 test $35/control x 835 controls	$175,000
HIV Tests	$10/test x 19,520 tests $30/control x 160 controls	$200,000

Program Supplies: Funds will be used to purchase program supplies including but not limited to condoms, non-monetary incentives and promotional incentives for outreach and supplies needed for implementation of forums and focus groups. Disposable phones and minutes are purchased to address safety issues for outreach workers. In addition, this line may include supplies required to for council and community meetings, costs include materials and light refreshments. Refreshments are provided as incentives and support to community members living with HIV. Providing refreshments assists those who take medication to stay for the duration of the meeting.

Lab supplies: Additional supplies to perform HIV testing including but not limited to swabs, gauze, bandages.

HCV test kits: Funds for the purchase of approximately7680 test kits and 628 controls.

HIV test kits: Funds for the purchase of approximately 19,520 test kits and 160 controls.

F. Travel $15,632

Item		Rate	Cost
Out-of-State Travel	Airfare	Round Trip @ $706 x 4 staff x 2 trips	$5,648
	Lodging	$173 per night x 2 nights x 4 staff x 2 trips	$2,768
	Per diem	$70 per day x 2 days x 4 staff x 2 trips	$1,120
	Transportation	$131/staff x 4 staff x 4 trips	$2,096
	Registration	$500/staff x 4 staff x 2 trip	$4,000

.

Out-of-State Travel: Travel budgeted for 2 CDC meeting for four staff members.

G. Other Expenses $15,000

Item	Rate	Cost
Training	$1000/staff development x 3 staff = $3,000	$3,000
Shipping	$1000/month x 12 months	$12,000

Training: Funds necessary to provide continuing medical education units, skills development and professional development courses and conference registration as well as phlebotomy training.

Shipping: Funds for shipping test specimens to public health lab from community agencies.

H. Contractual $0

Total Direct Costs	$736,488
Total Indirect Costs (@ 12.8% of Modified Total Direct Costs)	$94,271
Total Costs	$830,759

2. **N**ame of Contractor: SFDPH, Disease Prevention and Control Branch, STD Prevention and Control Services
Method of Selection: Health Department Provided Service/Municipal STD Clinic
Period of performance: 01/01/2021 - 12/31/2021
Scope of work:

i) Service category: Partner Services and Linkages for Community-Based Settings
   (1) Award amount: $955,748
   (2) Subcontractors: None
   (3) Services provided: Partner Services and Linkage.

STD Prevention and Control staff for embedded partner services and linkages staff in the two primary HIV testing sites, San Francisco AIDS Foundation and UCSF Alliance Health Project, also funded on this application. Staff works on-site within the HIV testing program to provide immediate partner services and linkage to care for HIV positive clients.

Method of Accountability: Annual program and fiscal and compliance monitoring

Itemized budget and justification:

A. Salaries $591,645

Position Title and Name	**Annual**	**Time**	**Months**	**Amount Requested**
Health Worker III – V. Love	$65,702	100%	12 months	$65,702
Health Worker II - M. Reid	$59,726	100%	12 months	$59,726
Health Worker II - TBD	$56,758	100%	9 months	$42,569
Health Worker III – O'Neil	$63,017	100%	12 months	$63,017

Health Worker II – O'Hara	$56,758	100%	12 months	$56,758
Social Worker – A. Scheer	$86,762	5%	12 months	$4,338
Epidemiologist II – T. Nguyen	$105,742	30%	12 months	$31,723
Epidemiologist I – H. Brosnan	$68,146	44%	12 months	$29,984
IT Operations Support – Wang –L. Feng	$63,024	25%	12 months	$15,756
Physician Specialist – Darpun Sachdev	$187,000	75%	12 months	$140,250
Health Program Coordinator II – Erin Antunez	$81,822	100%	12 months	$81,822
Total				$591,645

Job Description: Health Worker III – V. Love
This position provides case management, partner services and linkages activities for new HIV cases, early syphilis cases that are co-infected with HIV and their partners from medical settings; provides HIV/STD prevention, risk reduction, risk assessment and disclosure counseling; makes and verifies completion of referrals; performs rapid HIV test and/or phlebotomy and performs field investigation and other follow up for HIV positive clients who do not return for their test results or who are infected with an STD and need treatment.

Job Description: Health Worker II – M. Reid
This position will provide case management, partner services and linkages activities for new HIV cases, early syphilis cases that are co-infected with HIV and their partners from medical settings, provide HIV/STD prevention, risk reduction, risk assessment and disclosure counseling; make and verify completion of referrals; perform rapid HIV tests and/or phlebotomy and perform field investigation and other follow up for HIV positive clients who do not return for their test results or who are infected with an STD and need treatment.

Job Description: Health Worker II – (TBD)
The Health Worker II is Linkage to Care/Partner Services Specialist. This position ensures that new HIV cases and early syphilis cases that are co-infected with HIV form medical settings receive partner services and linkage to care; provide case management and third party partner services for sex partners of HIV infected individuals; provides HIV/STD prevention counseling, risk reduction, risk assessment and disclosure counseling; make and verify completion for referrals; perform rapid HIV tests and/or phlebotomy and perform field investigation and other follow up for HIV positive clients who do not return for their test results or who are infected with an STD and need treatment.

Job Description: Health Worker III – M. O'Neil
This position works as part of the community planning team to ensure the HPPC meets the grant requirements and local planning needs. He will provide HIV and STD prevention outreach at community events and provides technical assistance and training for HIV prevention providers. This position will also work in the San Francisco City Clinic, the municipal STD clinic, to provide HIV/STD testing to clients seeking care.

Job Description: Health Worker III – O'Hara
This position will provide case management, partner services and linkages activities for new HIV cases, early syphilis cases that are co-infected with HIV and their partners from medical settings, provide HIV/STD prevention, risk reduction, risk assessment and disclosure counseling; make and verify completion of referrals; perform rapid HIV tests and/or phlebotomy and perform field investigation and other follow up for HIV positive clients who do not return for their test results or who are infected with an STD and need treatment.

Job Description: Social Worker – A. Scheer
This position provides enhanced counseling and referrals for high risk negative clients and crisis intervention and referrals for active engagement and re-engagement in CARE for HIV positive clients identified through the third party partner notification program, counsels newly diagnosed HIV patients about the importance of partner services and assists with this activity as needed.

Job Description: Epidemiologist II – T. Nguyen
This position oversees all related surveillance activities; performs QA of data reported through the various surveillance streams; creates, implements, and oversees policy and protocol development for HIV activities; supervises data entry and other surveillance staff; identifies and problem solves parries to improving HIV surveillance; acts as back-up support for the integrated data-infrastructure of the program and liaises with partners on HIV/STD surveillance and program evaluation issues.

Job Description: Epidemiologist I – H. Brosnan
This position performs routine data QA and verification, cleaning, report generation and analysis; generates data set architectures and work with partners to ensure accurate and timely transfer of required data; assists in developing evaluations of epidemiologic data as they relate to HIV services offered and assist in analysis, presentation, and dissemination of results; and liaises with partners across programs to assist in policy development, planning and implementation.

Job Description: IT Operations Support – L. Feng
This position enters all required data into specified computerized databases, performs QA on the data and ensures that errors are identified and corrected, generates standardized statistical reports, updates data files and performs routine computer programming.

Job Description: Physician Specialist – D. Sachdev, MD
The Physician Specialist will oversee all aspects of the Expanded Testing Initiative, in addition to development and implementation of other HIV prevention initiatives in clinical settings such as navigation/retention interventions. The Physician Specialist will work with medical providers to support partner services and the SFDPH treatment guidelines. The Physician Specialist will focus on collaboration and coordination to integrate efforts into a seamless continuum of care. This position will report to the Director, Disease Prevention and Control and will supervise and

provide back-up clinical support to the Navigation and Expanded Testing field staff. In addition to the responsibilities outlined above, the Physician Specialist will lead the Team efforts to analyze data, assess gaps in reporting capacity, identify barriers to reporting on reimbursement reporting and work with stakeholders to develop and implement systems to better monitor billing processes to ensure that third-party payors are the payors of first resort. This position requires acknowledge of laboratory data systems, current billing protocols and ICD-10 codes and ability to negotiate with multiple SFDPH departments and University of California San Francisco Medical Center entities.

Job Description: Health Program Coordinator I – (Erin Antunez)
The SFDPH LINCS (Linkage, Integration, Navigation, and Comprehensive Services) Navigation Coordinator works under the supervision of the Director of Clinical Prevention and leads or assists in the development of the systems, policies and procedures, quality assurance (QA) measures, and training manuals needed for LINCS operations. This staff person directly oversees the HIV care navigator and is responsible for collecting data used to track client service utilization and monitor program outcomes. The coordinator also helps build and maintain the internal capacity to monitor and evaluate the outcomes of the LINCS Program.

B. Fringe Benefit @45.025%	$266,387
C. Consultant Costs	$0
D. Equipment	$0
E. Materials and Supplies	$97,716

Item	Type	Number Needed	Unit Cost	Amount Requested
Test Supplies	Test kits	8001	$12/test x 8001 tests	$96,012
STD Supplies	n/a		$142/month x 12 months	$1,704

Test Supplies: Funds are requested to purchase safer sex packets and STD test kits to use during outreach events where staff performs rectal, pharyngeal, and urine gonorrhea (GC) and Chlamydia (CT) testing and syphilis testing.

STD Supplies: Funds are requested to purchase supplies including condoms/lube and/or STD testing supplies for use with persons being tested for HIV at community screening events.

F. Travel	$0
G. Other Expenses	$0
H. Contractual	$0
Total Direct Costs SFDPH STD	$955,748
I. Indirect Costs SFDPH STD	$0
Total Costs SFDPH STD	$955,748

3. Name of Contractor: SFDPH Public Health Lab
Method of Selection: Health Department Provided Service/Public Health Lab
Period of performance: 01/01/2021 - 12/31/2021
Scope of work

(1) Service category: HIV Testing: Laboratory Services
  (1) Award amount: $448,000
  (2) Subcontractors: none
  (3) Services provided: Specimen Processing for HIV tests for Community-Based HIV Testing Partners

Method of Accountability: Annual program and fiscal and compliance monitoring
Itemized budget and justification:

A. Salaries: $194,400

Position Title and Name	Annual	Time	Months	Amount Requested
Senior Microbiologist - McQuaid	$114,110	100%	12 months	$114,110
Microbiologist - Tam	$90,800	25%	12 months	$22,700
Laboratory Technician II - Lew	$57,590	100%	12 months	$57,590

Job Description: Senior Microbiologist – McQuaid
The Sr. Microbiologist is responsible for overall supervision of the HIV testing section. The responsibilities include training of technical personnel, review of quality control records, and review of all results prior to reporting, preparing protocols, monitoring performance of the tests and assignment of responsibilities. Moreover, the Senior Microbiologist assembles, organizes and provides all data regarding HIV testing for the HPS at SFDPH.

Job Description: Microbiologist – O. Tam
The Microbiologist conducts HIV antibody test, including screening and confirmation tests. The responsibilities include performing screening (EIA and CMMIA) and supplemental testing IFA and WB) on blood-based and oral fluid specimens, validating and reporting test results and performing quality control procedures. The Microbiologist also performs RNA testing on pooled specimens and tests individual specimens for RNA when required.

Job Description: Laboratory Technician II – A. Lew
The Laboratory Technician processes and prepares specimens for HIV-1 antibody testing for the HIV Testing program. The Lab Technician also prepares the pooled specimens

tested or HIV RNA. The principal duties include logging-in and labeling specimens, validating specimens requisition/report forms, separation of serum by centrifugation of pipetting oral fluids and preparation of worksheets and reagents. This position also daily monitors laboratory equipment such as refrigerators and centrifuges for quality assurance purposes.

B. Fringe Benefits @ 46% $89,424
C. Consultant Expenses $0
D. Equipment: $0
E. Materials and Supplies: $139,176

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Test Kits (HIV and RNA)	HIV Tests	7032	$7.10/ test x 7,032 HIV tests	$49,928
	RNA Tests	1810	$46.00 x 1,810 RNA tests	$83,260
Specimen Database Maintenance	n/a		$499/month x 12 months	$5,988
Total				$139,176

Test Kits – funds for the purchasing of HIV EIA, CMMIA, IFA test kits.
Monthly contract maintenance for MLAB, the laboratory's Information Management System (LIS) and other preventive maintenance service for instruments in the Public Health Laboratory.

Specimen Database Maintenance – Funds will be used to cover regular maintenance of specimen database.

F. Travel $0
G. Other Expenses $25,000

Item	Description	Cost
Rental of Equipment	$1,666.67/month x 12 months	$20,000
Message/Courier Services	Approx. $416.67/month x 12 months	$5,000
Total		$25,000

Rental Equipment – Rental costs for MLAB, the laboratory information management system (LIS) and other preventive maintenance service for instruments in the Public Health laboratory.

Shipping/Delivery – Funds for message services for daily delivery of blood specimens to the Public Health Laboratory.

H. Contractual $0
Direct Costs $448,000
I. Indirect Costs $0
Total Costs $448,000

4. Name of Contractor: Board of Trustees of the Glide Foundation
Method of Selection: Request for Proposals (RFP) RFP30-2015

Period of performance: 01/01/2021 - 12/31/2021
Scope of work

(i) Service category: HIV Testing: Laboratory Services

1. Award amount: $37,500
2. Subcontractors: none
3. Services provided: Staff will engage in harm reduction and linkage to care/outreach in the community, street based, SRO Hotels, Methadone Programs, city shelters, and treatment programs, will be part of our recruitment outreach.

Method of Accountability: Annual program and fiscal and compliance monitoring

Itemized budget and justification:

A. Salaries $18,278

Position Title and Name	Annual	Time	Months	Amount Requested
Health Systems Navigator- TBD	$50,004	50%	6 months	$12,501
HIV Program Manager - TBD	$74,232	5%	6 months	$1,856
Clinical Director - TBD	$90,000	5%	6 months	$2,250
Phlebotomist – Chow	$51,417	6.5%	6 months	$1,671

Job Description: Health Systems Navigator- TBD
Support clients in active linkages to care, advocates for clients, conducts street outreach, helps clients to make scheduled appointments, places reminder calls, performs home visits, accompanies clients to appointments and performs HIV/Hep C testing and performs confirmatory blood draws.

Job Description: HIV Program Manager - TBD
Manages all aspects of HIV/Hep C & Harm Programs, complies data and attends all relevant meeting with DPH and other contract staff, and supervises all staff.

Job Description: Clinical Director - TBD
Provides staff with clinical supervision, both individual and group, supports the team.

Job Description: Phlebotomist – Chow
Conducts Street Outreach, provides HIV/HCV Testing, supports all aspects of programs; Phlebotomy.

B. Fringe Benefits @ 25% $4,570
C. Consultant Expenses $0
D. Equipment: $0

E. Materials and Supplies: $1,151

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Supplies	Office supplies.		$22.17/month x 12 months	$266
Duplication/Printing	Educational Materials.		$21.67/month x 12 months	$260
Technology	applications, peripherals, maintenance.			625
Total				$1,151

F. Travel $750

Item		Rate	Cost
Staff Travel/Client Escorts	car share. 6 months	125/month x 6 months	$750
Total			$750

G. Other Expenses $7,860

Item	Description	Cost
Incentives	Health Visits. $10/visit x 103 clients x 2 visits per person	$2,060
Incentives	Testing. $10/test x 400 participants	$4,000
Rent & Utilities	Clinic space at 330 Ellis Street. 50/month x 6 months	$300
Training and Development	Phlebotomy Certification/Conference.	$1,500
Total		$7,860

H. Contractual $0
Direct Costs $32,609
I. Indirect Costs (15%) $4,891
Total Costs $37,500

5. **Name of Contractor:** San Francisco Public Health Foundation

Method of Selection: Request for Proposals (RFP) RFP36-2017
Period of performance: 01/01/2021 - 12/31/2021
Scope of work

Service category: Award

(1) Amount: $25,000
(2) Subcontractors: none
(3) Services provided: The End Hep C Initiative supports implementation of the microelimination work in which End Hep C SF concentrates elimination activities on people living with HIV and HCV. These funds will support the End Hep C SF Coordinator who coordinates activities related to general infrastructure support of the initiative including, scheduling meetings, taking and posting meeting notes, sending reminders, ordering supplies for community events, managing social media in support of events.

Method of Accountability: Annual program and fiscal and compliance monitoring

Itemized budget and justification:

A. Salaries $17,500

Position Title and Name	Annual	Time	Months	Amount Requested
End Hep C Coordinator	$50,000	35%	12 months	$17,500

Job Description: End Hep C Coorindator, this position will coordinates activities related to general infrastructure support of the initiative including, scheduling meetings, taking and posting meeting notes, sending reminders, ordering supplies for community events, managing social media in support of events.

B. Fringe Benefits @ 30%	$5,227
C. Consultant Expenses	$0
D. Equipment:	$0
E. Materials and Supplies:	$0
F. Travel	$0
G. Other Expenses	$0
H. Contractual	$0
Direct Costs	$22,727
I.Indirect Cost 10%	$2,273
Total Costs	$25,000

6. **Name of Contractor:** Shanti Planning Council

Method of Selection: Request for Proposals (RFP) RFP36-2018

Period of performance: 01/01/2021 - 12/31/2021

Scope of work

Service category: HIV Planning Council Meeting Support

(1) Award amount: $12,000
(2) Subcontractors: none
(3) Services provided: To provide administrative, training and development support to the HIV Community Planning Council in fulfilling its mission in policy development, community and service planning functions, and the prioritization of resource allocation as mandated by HRSA and Ryan White HIV/AIDS Treatment Modernization Act of 2006, and the CDC requirements as set forth in the Guidance for HIV Prevention Community Planning. Additionally, to provide relevant and necessary information to the public (namely San Francisco residents) regarding Planning Council activities.

Method of Accountability: Annual program and fiscal and compliance monitoring

Itemized budget and justification:

A. Salaries	$0
B. Fringe Benefits @ 46%	$0
C. Consultant Expenses	$0
D. Equipment:	$0
E. Materials and Supplies:	$555

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Office Supplies	Paper pens, handouts	12 mos	Approx. $46.25/mos	$555

Office Supplies: This line item includes general office supplies required for daily work for staff, as well as supplies for meetings conducted by the program. These include, but are not limited to paper, pens and handouts.

F. Travel $300

2. Item	Type	Rate	Cost
Taxi fare	Local Transportation	20 trips X $15/trip = $300	$300

Local Travel: Staff travel to meetings with HPPC members, community members and other key stakeholders.

G. Other Expenses $11,145

Item	Description	Rate/Formula	Cost
Needs Assessment.	Incentive vouchers for needs assessment participants.	$25 x 100 participants	$20,000
Council Meetings. Council Members Travel Expense.	Food and supplies for 12 meeting	$699.58 x 12 mtgs	$5,000
Council Members Travel Expense.	Marin, San Mateo, and San Francisco travel to meetings.	$125 per yr x 2 members	$25,000
TOTAL Other			$11,145

H. Contractual $0
Direct Costs $12,000
I. Indirect Costs $0
Total Costs $12,000

TOTAL DIRECT COSTS: **$3,927,356**
INDIRECT COSTS (25% of total salaries) $271,727
TOTAL BUDGET: **$4,199,083**

San Francisco Department of Public Health, SF Division
Applied Research, Community Health Epidemiology, and Surveillance Branch
PS18-1802 Integrated HIV Surveillance and Prevention Programs for Health Depts.
Component A HIV Surveillance Budget
01/01/2021-12/31/2021

A.	Personnel	$366,470
B.	Mandatory Fringe	$154,530
C.	Consultant Costs	$0
D.	Equipment	$0
E.	Materials and Supplies	$3,562
F.	Travel	$8,760
G.	Other Expenses	$26,679
H.	Contractual	$156,279
	TOTAL DIRECT COSTS	**$716,280**
I.	Indirect Costs (25% of total salaries)	$91,617
	TOTAL BUDGET	**$807,897 (reduce FA to DA for 1 SAS License, $1,397)**

A. SALARIES **$366,470**

Position Title and Name	Annual	FTE	Months	Amount Requested
Director, Population Health Division, and Principal Investigator (PI) T. Aragon, MD, DrPH	NA		12	In-Kind
Deputy Director, Population Health Division C. Siador, MPH	NA		12	In-Kind
Director, Disease Prevention and Control S. Philip, MD, MPH	NA		12	In-Kind
Director, Applied Research, Community Health Epidemiology, & Surveillance (ARCHES) W. Enanoria, MPH, PhD	N/A		12	In-Kind
Director, HIV Epidemiology ARCHES/Manager I Vacant	$138,346	60%	11	$76,090
Director of HIV Case Surveillance/Manager I L. Hsu	$138,346	100%	12	$138,346
Epidemiologist II S. Pipkin (.625 FTE)	$75,286	50%	12	$37,643
Health Program coordinator II V. Delgado	$106,054	15%	12	$15,908
Epidemiologist I E. Mara	$89,882	100%	12	$89,882
IT Operations Support B. Van	$86,008	5%	12	$4,300
IT Operations Support R. San Juan	$86,008	5%	12	$4,300

Job Description: Director, Population Health Division and PS 18-1802 Principal Investigator (T. Aragon) This position is in-kind. Dr. Aragón is the San Francisco Health Officer and the Director of the Population Health Division (PHD) of SFDPH. Dr. Tomas Aragón provides overall leadership of the project. Dr. Aragón is responsible for overall planning, implementation, monitoring, and reporting of the program. Dr. Aragon also provides oversight for the Continuous Quality Improvement (CQI) and evaluation activities.

Job Description: Deputy Director, Population Health Division (C. Siador) Ms. Siador is the Business Official for this cooperative agreement. This position is in-kind. She has overall budget/grant oversight authority, and works closely with Finance, Budget and Contracts departments to oversee that grant deliverables are met by established deadlines. As one of the project sponsors, she will provide guidance and input as needed.

Job Description: Director, Disease Control and Prevention Branch and Project Co-Director (S. Philip) – This position is in-kind. Dr. Philip is a Project Co-Director for both Component A and Component B, the OPT-IN Demonstration Project, and is responsible for overseeing the disease control and prevention arm of both components. Dr. Philip works closely with other co-directors and project leads to monitor all short-term outcomes and maintain smooth implementation of all project strategies. This position shares the lead role in the CQI activities and is responsible for tracking and reporting all activities to CDC annually.

Job Description: Wayne Enanoria, PhD, MPH is the ARCHES Branch Director, Associate Chief Health Informatics Officer for Population Health Division, Assistant Adjunct Professor of Epidemiology in the Division of Infectious Disease Epidemiology, and a faculty affiliate of Global Health Sciences at UCSF. His previous work experience includes applied public health as a communicable disease epidemiologist (all levels) for local and state health departments in the areas of HIV, vaccine-preventable diseases, public health preparedness & emergency response, as well as academic work at UC Berkeley and UCSF. For this cooperative agreement, he brings his research and professional experiences in population health, the control and prevention of communicable diseases, public health informatics, infectious disease epidemiology, and systems science. He will provide in-kind support to the HIV surveillance and prevention activities.

Job Description: As the Director of the HIV Epidemiology Section for the Applied Research, Community Health Epidemiology and Surveillance Branch (Vacant), principal duties include planning, developing, coordinating, directing and evaluating all scientific aspects of HIV/AIDS surveillance and epidemiological studies. She is responsible for overseeing data collection and analysis, interpreting, writing and disseminating findings. She will serve as the Co-Director of the CDC PS18-1802 NOFO and will be responsible for assuring that surveillance activities and data are fully integrated with program goals and activities and are used to evaluate programs and identify areas for improvement. She will serve as the primary representative for SFDPH on HIV surveillance activities and attend all CDC program meetings as the SFDPH surveillance representative. She will supervise four senior epidemiologists.

Job Description: Director of HIV Case Surveillance (L. Hsu) Principal duties include directing and coordinating HIV/AIDS surveillance and reporting activities, conducting epidemiological studies and statistical analyses related to the HIV and AIDS registry. She

oversees data collection, management, analysis, and use of the data for HIV/AIDS surveillance. She is responsible for developing methods for conducting retrospective and prospective medical chart reviews, developing methods and logistics to evaluate HIV/AIDS surveillance and reporting activities, analyzing, evaluating, and interpreting statistical data in preparing HIV/AIDS reports, responding to surveillance data requests and disseminating HIV/AIDS epidemiological data through presentations and publications, preparing annual progress reports, and developing grant proposals. She supervises the performance of one Health Program Coordinator II, three Epidemiologist II and one Epidemiologist I. She is the primary contact person with the CDC and the State regarding HIV/AIDS surveillance/reporting issues.

Job Description: Epidemiologist II (S. Pipkin) Principal duties include assisting the State Office of AIDS in the development of standards and protocols for eHARS data transfer, quality assurance, case merging, duplicate management, and out of jurisdiction and out of state HIV/AIDS cases. She will serve as the key contact person to the State Office of AIDS for eHARS. She is responsible for analyzing HIV/AIDS surveillance data, preparing technical and scientific reports, responding to surveillance data requests, developing computer programs and procedures for conducting matches with other databases or registries, processing electronic laboratory reports, and developing methods to evaluate the HIV/AIDS surveillance system. She has direct supervision of four staff members: two epidemiologists, and two data entry IS operators.

Job Description: Health Program Coordinator II (V. Delgado) Principal duties include coordinating surveillance activities, establishing and maintaining active HIV/AIDS surveillance at local medical facilities, performing field staff data collection quality assurance including review of completed case report forms and prospective and retrospective chart review forms, and conducting validity evaluation by re-abstracting case information on 10% of previously reported cases. She coordinates data sharing activities with SFDPH's partner services and linkage to care program. She conducts RIDR, resolves duplicated case reports with other jurisdictions and obtains updated information for our cases. She is responsible for ensuring that protocols for conducting surveillance field activities as well as security and confidentiality procedures are adhered to. She supervises one Health Program Coordinator I and indirectly supervises four field staff.

Job Description: Epidemiologist I (E. Mara) Funds will be used to support an Epidemiologist to conduct and coordinate activities related to enhancing laboratory reporting. Tasks include evaluating current laboratory reporting system and practice, contacting laboratories and working with the State Office of AIDS for electronic reporting and data standardization and quality issues, developing computer programs and standard operating procedures for laboratory data processing and management, coordinating development of laboratory data management system, and conducting analyses using CD4 and viral load data.

Job Description: IT Operations Support (R. San Juan)
Principal duties include entering new HIV and AIDS case data, out-of-jurisdiction cases, updates and corrections into eHARS and other relational databases, entering hard copy reports for electronic data processing, scanning hard copies of case records to image files, and entering prospective and retrospective chart review data for HIV and AIDS cases into eHARS and other databases used in the surveillance program. She is responsible for implementing database back-up and assists with computer software update and other information system technical support.

Job Description: IT Operations Support (B. Van)
Principal duties include entering new HIV and AIDS case data, out-of-jurisdiction cases, updates and corrections into eHARS and other relational databases, entering hard copy reports for electronic data processing, scanning hard copies of case records to image files, and entering prospective and retrospective chart review data for HIV and AIDS cases into eHARS and other databases used in the surveillance program. She is responsible for implementing database back-up and assists with computer software update and other information system technical support.

B. MANDATORY FRINGE @ 42% **$154,530**
C. CONSULTANT COSTS **$0**
D. EQUPMENT **$0**
E. MATERIALS AND SUPPLIES **$3,562**

Item	Item	Rate	Cost
Materials & Supplies	IT Supplies	$1,781 desktop + monitor X 2 set	$3,562

Funds are requested to purchase four new laptops for staff to use. Currently the computers and laptops used in the HIV Epidemiology Section are outdated and equipped with an older version of windows operating system. The new computers and laptops will improve the efficiency of work performed and meet IT requirements.

F. TRAVEL **$8,760**

Travel		Rate	Quantity	Cost
Local Travel	Muni Pass	$81/mo./staff	x 12 mo. x 5 staff	$4,860
CDC Annual Meeting	Airfare	$600/traveler	x 3 travelers = $1800	$3,900
	Lodging	$200 per night x 3 nights	x 3 travelers = $1800	
	Transportation	$100 per trip	X 3 travelers = $300	

Local Travel: To purchase bus passes to travel to sites to conduct surveillance activities and field investigations for Surveillance staff.

CDC Meetings: Funds to cover costs of domestic travel to Atlanta, GA for CDC meetings for 3 staff.

G. OTHER **$26,679**

Item	Rate	Cost
Office Rent	$1.93/sq.ft./month x 250 sq. ft. x 12 months X 3.35 FTE	$19,397
Printing	Flat Rate	$7,282

Office Rent: Funds to cover expenses of space rentals and maintenance for the Surveillance staff and security for HIV/AIDS registry for compliance with CDC requirements and mandates.

Printing: Funds cover cost of developing, printing and disseminating annual report.

H. CONTRACTUAL **$156,279**

1. Name of contractor: Heluna Health

   Method of Selection: Request for Qualifications (RFQ) RFQ36-2017

   Period of performance: 1/1/2021 – 12/31/2021

Method of accountability: The contractor will follow the CDC and SFDPH procedures; will follow strict performance timelines; contractor's performance will be monitored and evaluated by the senior epidemiologist; payment to contractor will be based on fee for service.

Description of activities: Heluna Health will provide the staffing for the development of databases, data management and analysis, maintenance and technical services for computer equipment, and for conducting surveillance field activities including reviewing medical records and collecting case report information. They have demonstrated expertise in this area and have an established relationship with the SFDPH.

Itemized budget with narrative justification:

a. Salaries $77,580

Position Title and Name	Annual	Time	Months	Amount Requested
Research Associates	$57,866	65%	12	$37,613

Jackson, Kornbluh, Nasser				
Front Desk Associate T. Loftin	$55,139	20%	12	$11,028
Finance & Operation Manager A. Sogal	$118,436	5%	12	$5,922
Administrative Assistant A. Flandez	$76,726	30%	12	$23,017

Job Description: (Jackson, Kornbluh, Nasser) Research Associate principal duties include establishing and maintaining active HIV/AIDS surveillance at local medical facilities, consisting of multiple weekly field visits to identify HIV/AIDS cases by contacting the infection control practitioner and reviewing admissions logs, laboratory ledgers and medical records; responsible for conducting health status updates, retrospective and prospective chart reviews on HIV/AIDS cases including updating contact information for Data-to-Care activities.

Job Description: (T. Loftin) The Front Desk Associate will provide oversight of the reception area, answering a multi-line telephone and directing calls, guests, staff, messenger services and deliveries from various vendors.

Job Description: (A. Sogal) The Finance and Operations Manager is responsible for the fiscal management, policy development, financial reporting, and program evaluation of surveillance and research projects related to the HIV surveillance program. She develops budgets, monitors grants, and establishes contracts, sub-contracts, and cooperative agreements in addition to managing FTEs, benefits, budget estimates, and monthly reports to assist with the execution of activities. These reports are also used to make staffing, space and other logistically based decisions to ensure capacity, and to meet program needs. The Research Administrator will collaborate with PHFE and the SFDPH (Accounts Payable, Payroll, Human Resources, and Fiscal) on a regular basis to facilitate program activities.

Job Description: (A. Flandez) This position provides clerical support for the HIV surveillance program. Duties include typing, telephone contact, scheduling, taking minutes, developing memos and other communications, computer entry, and other secretarial duties.

b. Mandatory Fringe @ 37.18% $28,844
c. Consultant Costs $0
d. Equipment $0
e. Materials and Supplies $5,915

Item Requested	Unit cost	Amount Requested
Program Supplies	$492.91/month x 12 months	$5,915

Program Supplies: Funds will cover the cost of basic supplies for staff including but not limited to computers, software, pens, paper, folders, binders, presentation materials and other items used on a daily basis.

f. Travel Costs $960

Travel	Rate	Quantity	Cost
Local Travel	$80/mo. muni pass	x 12 month	$960

Local Travel: To purchase bus passes for contract employees to travel to sites to conduct surveillance activities and field investigations.

g. Other Costs $0
h. Contractual $25,000

Contract	Cost
University of California San Francisco (UCSF Hessol)	$20,000
Emerge Group	$5000

University of California San Francisco (UCSF Hessol): Principal Investigator: Nancy Hessol-This contract is for epidemiologic consultation on Centers for Disease Control funded projects originating in the San Francisco Department of Public Health HIV/AIDS Surveillance Unit. Ms. Hessol will provide guidance on project study design, analyses, and written reports and manuscripts. Analyses will include updating our surveillance indicators on the spectrum of engagement in care, studies of underlying and multiple causes of death, temporal trends in time from HIV diagnosis to the initiation of treatment and estimating cancer incidence and survival among persons with HIV/AIDS.

Total Year One UCSF Contractual Budget: $20,000 ($17,391 direct costs + $2,609 indirect costs)

The Emerge Group, Inc. - Rob Cory - This contract is for Enhancement of Prospective Form Tablet database (Microsoft Access front end and back end); Provide database design and visual basic coding; Work with SFDPH staff to test and debug database and write database documentation. Approximate cost is 37 hours @ $135/hour

Total Direct Costs (Heluna Health) $138,299
i. Total Indirect (13% of Direct Costs) $17,980
Total Subcontract budget (Heluna Health $156,279

TOTAL DIRECT EXPENSE: $716,280

I. INDIRECT COST (25% of total salaries) $91,617

TOTAL BUDGET 2021:	**$807,897**

San Francisco Department of Public Health, SF Division
HIV Prevention Section, Community Health Equity and Promotion
PS18-1802 Integrated HIV Surveillance and Prevention Programs for Health Depts
Component B Budget
01/01/2021-12/31/2021

A. Salaries	$744,267
B. Mandatory Fringe	$289,651
C. Consultant Costs	$0
D. Equipment	$0
E. Materials and Supplies	$12,437
F. Travel	$1,212
G. Other Expenses	$48,741
H. Contractual	$717,625
Total Direct Costs	**$1,813,933**
I. Indirect Costs (25% of Total Salaries)	$186,067
TOTAL BUDGET	**$2,000,000**

A. SALARIES AND WAGES **$744,267**

Position Title and Name	Annual	FTE	Months	Amount Requested
Director, Population Health Division, and Principal Investigator (PI) T. Aragon, MD, DrPH	NA		12	In-Kind
Deputy Director, Population Health Division C. Siador, MPH	NA		12	In-Kind
Director, Community Health and Equity Promotion Branch T. Packer, MPH	NA		12	In-Kind
Director, Disease Prevention and Control S. Philip, MD, MPH	NA		12	In-Kind
Director, HIV Surveillance, ARCHES Vacant	NA		12	In-Kind
LINCS Director, Darpun Sachdev, MD	NA		12	In-Kind
Medical Director, City Clinic S. Cohen, MD, MPH	NA		12	In-Kind
Health Educator/Project Manager, Hanna Hjord, MPH	NA		12	In-Kind
Health Program Coordinator II/Prevention Services Outreach Team Coordinator (TBD)	NA		12	In-Kind
Health Program Coordinator III/ Community Programs for Drug Users (Eileen Loughran)	$118,716	50%	12	$59,358
Health Program Coordinator II/Homeless Outreach Coordinator (Jason Albertson)	$106,054	100%	12	$106,054
Health Worker III/San Francisco Health Network Based Navigator (Tee-Jai Lampkins)	$62,140	100%	12	$62,140
Health Worker III/San Francisco Health Network Based Navigator (Todd Waktins)	$65,140	100%	12	$65,140

Health Worker III/San Francisco Health Network Based Navigator (HIV Related Navigator) (Debra Allen)	$62,140	100%	12	$62,140
Public Health Nurse (Alex Strough)	$179,837	50%	12	$89,918
Nurse Practitioner/Public Health Detailer (Alison Decker)	$190,398	90%	12	$171,358
Epidemiologist I/Data to Care & PrEP Specialist (Vacant)	$85,592	100%	10	$71,327
Junior Administrative Assistant (Vacant)	$68,198	100%	10	$56,832

Job Description: Director, Population Health Division and PS 18-1802 Principal Investigator (T. Aragon) This position is in-kind. Dr. Aragón is the San Francisco Health Officer and the Director of the Population Health Division (PHD) of SFDPH. Dr. Tomas Aragón provides overall leadership of the project. Dr. Aragón is responsible for overall planning, implementation, monitoring, and reporting of the program. Dr. Aragon also provides oversight for the Continuous Quality Improvement (CQI) and evaluation activities.

Job Description: Deputy Director, Population Health Division (C. Siador) Ms. Siador is the Business Official for this cooperative agreement. This position is in-kind. She has overall budget/grant oversight authority, and works closely with Finance, Budget and Contracts departments to oversee that grant deliverables are met by established deadlines. As one of the project sponsors, she will provide guidance and input as needed.

Job Description: Director, Community Health Equity and Promotion Branch and Project Co-Director (T. Packer) — This position is in-kind. Ms. Packer is a Project Co-Director for both Component A and Component B, the *OPT-IN* Demonstration Project, and is responsible for overseeing the community-based HIV prevention efforts including community planning, training capacity building, and the Prevention Services Outreach Team. As part of the leadership team she participates in all CQI activities.

Job Description: Director, Disease Control and Prevention Branch and Project Co-Director (S. Philip) – This position is in-kind. Dr. Philip is a Project Co-Director for both Component A and Component B, the *OPT-IN* Demonstration Project, and is responsible for overseeing the disease control and prevention arm of both components. Dr. Philip works closely with other co-directors and project leads to monitor all short-term outcomes and maintain smooth implementation of all project strategies. This position shares the lead role in the CQI activities and is responsible for tracking and reporting all activities to CDC annually.

Job Description: PS 18-1802 Project Co-Director, and Director of HIV Surveillance (Vacant) - This position is in-kind. This position is a Project Co-Director for both Component A and Component B, the *OPT-IN* Demonstration Project and is responsible for management and oversight of HIV surveillance data, creating and maintaining protocols to ensure coordination between the HIV surveillance and the LINCS team and managing the epidemiologists working on the PrEP surveillance and data to care activities. As part of the leadership team, This positin plays a role in the CQI activities as well as oversees staff leading the evaluation activities.

Job Description: Director of LINCS Program, (D. Sachdev). Dr. Sachdev provides overall medical supervision and oversight to the LINCS team (Linkage, Integration, Navigation and Comprehensive Services). This position is in-kind. She oversees the SFDPH linkage and partner services for newly-diagnosed clients, and navigation and retention efforts for clients who have fallen out of care. Dr. Sachdev and staff work closely with ARCHES to use the most recent and best quality data to link and monitor clients and implement CQI of the LINCS program.

Job Description: Director of Clinical Prevention, Medical Director, San Francisco City Clinic (S. Cohen) This position is in-kind. Dr. Cohen is the Medical Director of City Clinic (the municipal STD clinic) and Co-Principal Investigator of the NIAID-funded US PrEP Demonstration Project. Dr. Cohen provides overall supervision and oversight to the clinic, to the embedded PrEP and PEP programs and other testing services provided. She assists with activities related to provider capacity building, development and dissemination of protocols for PrEP delivery, and development and implementation of tools to support PrEP uptake and adherence.

Job Description: Health Educator I/Project Manager (H. Hjord) This position is in-kind. The Project Manager is the main point of contact for all communication and evaluation activities for this project, and closely tracks progress on performance measurement activities with the support of the *OPT-IN* Project Co-Directors. This position also plays an active role in all CQI activities, coordinates meetings and activities, and serves as a liaison between the multiple partners that make this project possible.

Job Description: Health Program Coordinator II /Prevention Services Outreach Team Coordinator- (TBD). This position is in-kind. The Health Program Coordinator will provide oversight to the Prevention Services Outreach Team and implement activities of the Homeless Engagement Specialist and the Community Health Response Team. The Health Program Coordinator will act as liaison between the collaborating partners such as Disease Prevention and Control LINCS Navigators, Street Medicine, and outreach teams at community based organizations. This position is responsible for the day-to-day community Prevention and Services Outreach Team activities. The Coordinator develops the protocols, policies, and procedures for the outreach and encampment activities of the project, and supervises the Prevention and Services Outreach Team. This position will work with the Clinical Services Coordinator to coordinate encampment fairs and outreach sessions and will bring Prevention Services Outreach Team services to other organizations serving homeless individuals, as well

as coordinate and provide the training for partners. This position supervises the Homeless Engagement Specialist and is responsible for overseeing the work of the community-based organizations providing services in partnership with Prevention and Services Outreach Team.

Job Description: Health Program Coordinator III/ Coordinator of Community Programs for Drug Users (E. Loughran) The Coordinator works with the Project Co-Directors and leadership team to manage the *OPT-IN* project components related to community service delivery, and supervises the PSOT Coordinator. Represents the project for the department with community partners and stakeholders and other city departments. The HPCIII will work within the health department and across other city departments to develop plans and implement drug user health. The role includes community engagement and response to the health of drug users and people experiencing homelessness.

Job Description: Health Program Coordinator II/Homeless Outreach Coordinator (Jason Albertson) This position provides clinical supervision to 4-6 LINCS outreach navigators and supports the development of professional and clinical effectiveness in the provision of services to people experiencing homelessness, substance use, and mental health challenges who are PWLHIV or at risk. Additionally this position is responsible for building out opportunity networks between providers and different departments serving the population, developing and routinizing communication pathways and processes for clinical and non-clinical information exchanges. Finally, the position supports the growth and development of multiple, population focused competencies among the GTZ/OPT-IN non-profit providers and partners.

Job Description: Health Worker II/ Homeless Engagement Specialist (Rachael Cabugo) This position is primarily an outreach position that gathers input and feedback from the priority populations and *OPT-IN* clients as well. This person plays a key role in establishing a relationship with the populations *Project OPT-IN* is trying to reach. The person is the "friendly face" of the OPT-IN team, getting to know the communities being served and continually asking them about their needs and ways to meet them, conducting risk assessments, and providing referrals to community agencies on the OPT-IN team or street medicine staff as appropriate. The Health Worker II will work with collaborating partners such as Disease Prevention and Control LINCS Navigators, Street Medicine, and outreach teams at community based organizations. The health worker will support the work of the Street Medicine team and Care Coordinator/Navigators through engaging with people who use drugs and people who are homeless.

Job Description: Health Worker III / Care Coordinator (Lampkins, Waktins, Allen -- 3 positions) works closely with the medical and intensive case management teams to ensure *OPT-IN* clients remain engaged in clinical care after re-linkage to care. The Care Coordinator conducts panel management for *OPT-IN* clients to ensure care transitions occur successfully and patients stay retained. For re-linked patients, the Care Coordinator provides appointment reminders and follows up on missed visits with direct outreach. They also conduct reassessment with *OPT-IN* patients every 90-120 days for up to 12 months during enrollment. They coordinate with formal/informal supports and work with partners to develop an integrated Comprehensive Care

Plan. Finally, they oversee the implementation of the care plan with the support of the ICM and OPT-IN team as appropriate.

Job Description: Public Health Nurse (A. Strough) The Public Health Nurse will work as part of the OPT-IN team to provide care coordination, write prescriptions for buprenorphine, and provide directly-observed therapy for HIV, HCV and potentially PrEP medications and will make warm hand-offs for more complex patients with psychiatric issues.

Job Description: Nurse Practitioner (NP)/Academic Detailer (A. Decker) – This position is the front-line academic detailer reaching out to providers to explain HIV-related topics, including how to make referrals to *Project OPT-IN* services, to their peers within 15- 20 minutes. The NP provides information, links providers to additional technical support for providing HIV-related services and reducing barriers.

Job Description: Epidemiologist I/Data to Care & PrEP Surveillance Specialist (Vacant) – This position is responsible for using STD surveillance and HIV testing data to identify those with greatest need for PrEP, so that a PrEP navigator can reach out to them and offer support for linkage to PrEP services. In addition, the Specialist will prepare NIC lists for the priority populations (homeless, PWID, women, etc.) for OPT-IN navigators.

Job Description: Junior Management Assistant (Vacant) - The Junior Management Assistant performs the general administrative and/or management functions for ARCHES. The essential functions of the job primarily include support OPT-IN to reduce HIV-related disparities across the spectrum of prevention, care, and treatment for homeless populations living with and at risk for HIV. These functions include: performing administrative and management functions pertaining to project operations, grant development, and support services. Will assist in the preparation of project reports and presentations; coordinating clerical and technical support activities; preparing meeting materials; attending project, branch, and division meetings; gathering, compiling, and analyzing project-based performance data.

B. FRINGE BENEFITS (average rate 38.91% of total salaries)	**$289,651**
C. CONSULTANT COSTS	**$0**
D. EQUIPMENT	**$0**
E. MATERIALS/SUPPLIES	**$4,979**

Item	Rate	Cost
Program Supplies	7.90 FTE x $52.52/month x 12 months	$4,979

Program Supplies: Funds will cover the cost of basic office supplies for staff and for outreach including but not limited to pens, paper, folders, binders, presentation materials, condoms, outreach items and handouts as well as any other items used on a daily basis.

F. TRAVEL $8,670

Travel		Rate	Quantity	Cost
Local Travel	Transit Pass	$101/month x 12 months	x 1 travelers	$1212
CDC Annual Meeting and conferences	Airfare	$944.50/ traveler	x 4 travelers	$7,458
	Lodging	$152 per night x 3 nights	x 4 travelers	
	Per Diem	$66 per day x 4 days	X 4 travelers	
	Transportation	$200/traveler	x 4 travelers	

CDC Meetings: Four program staff will travel to Atlanta for the annual CDC meeting and/or HIV National Conference. GSA rates will be used.

G. OTHER $48,741

Item	Rate	Quantity	Cost
Office Rent	$1.93 sq ft x 250 sq ft x 7.90 FTE x 12 mos	x 12 months	$45,741
Training	Professional development and training approximately $1000/training	x 3 trainings	$3,000

Office Rent: Office rent covers expenses of office space rental and maintenance for all FTE included in the budget. Calculations are based on the number of FTE from the City and County of San Francisco (SFDPH) as well as the FTE from fiscal sponsor contract with Public Health Foundations Enterprises (PHFE). Rent is included for fiscal sponsor staff because they sit in SFDPH space and use SFDPH facilities; this cost is not accounted for in either the fiscal intermediary indirect rate or the SFDPH indirect rate.

Training: Funds will cover registration costs for training and development for new staff including but not limited to, supervisor training, project management training, leadership training, racial humility training, as well as continuing education on investigation and navigation skill building.

H. CONTRACTUAL $717,625

Contractor Name (see below for details)	Total Funding
Heluna Health	$272,625
San Francisco AIDS Foundation	$245,000
Glide Foundation	$200,000

1. **Name of Contractor: Heluna Health**

Method of Selection: Request for Qualifications (RFQ) RFQ 27-2015

Period of Performance: 01/01/2021 - 12/31/2021

Scope of Work: Heluna Health is a licensed California Non- profit that has served the not-profit education and research communities for over 45 years. Heluna Health currently provides fiscal intermediary services to over 200 active contracts and grants, representing approximately $100 million and 1100 employees, and serves a variety of community based organizations as well as city, state, and federal government entities. Heluna Health is the contractor whose role will be solely to administer the funds that pay for staff members, travel, and consultants that support the goals and objectives of the project. They support all programmatic activities, including but not limited to navigation, project management, coordination, administrative support. San Francisco Department of Public Health is the prime recipient of the funds and is completely responsible for ensuring that grant deliverables are met. The fiscal intermediary agency will be monitored by San Francisco Department of Public Health to ensure they are meeting requirements and objectives. By using a fiscal intermediary, SFDPH saves significant administrative costs and time, and allows for more efficient work with consultants. Heluna Health will also provide fiscal management and assurance, establish vendor agreements, and provide fiscal related technical assistance to vendors.

Method of Accountability: Annual program and fiscal and compliance monitoring.

Itemized budget and justification: $272,625

a) Salaries and Wages $170,754

Position Title and Name	Annual	FTE	Months	Amount Requested
Patient Navigator (E. Arias)	$69,397	50%	12	$34,698
HIV Care Navigator (T. Hervey)	$69,397	50%	12	$34,698

Linkage Specialist (P. Kinley)	$69,397	50%	12	$34,699
Contact Specialist (W. Anderson)	$69,397	50%	12	$34,699
Program Administrator (Zaragoza-Soto)	$48,810	25%	12	$12,203
Finance and Operations Manager (A. Sogal)	$131,713	15%	12	$19,757

Job Description: Patient Navigator (E. Arias) – The Navigators are part of the LINCS team and provide short-term navigation for people living with HIV, with the goal of re-linking people to care. Once they receive information from a medical provider about an HIV-positive patient who appears to have fallen out of care, or if the person is identified as not-in-care based on surveillance data, the Navigator finds the patient using various sources. Once a client is found and confirmed to have fallen out of care, the Navigators work with that person to assess barriers to care and help them connect back to care. The navigators also facilitate clients keeping appointment through reminders, and provision of medical transportation, etc. as needed. The Navigators also provide linkage to HCV treatment and PrEP.

Job Description: HIV Care Navigator (T. Hervey and E. Esparza) – The Navigators are part of the LINCS team and provide short-term navigation for people living with HIV, with the goal of re-linking people to care. Once they receive information from a medical provider about an HIV-positive patient who appears to have fallen out of care, or if the person is identified as not-in-care based on surveillance data, the Navigator finds the patient using various sources. Once a client is found and confirmed to have fallen out of care, the Navigators work with that person to assess barriers to care and help them connect back to care. The navigators also facilitate clients keeping appointment through reminders, and provision of medical transportation, etc. as needed. The Navigators also provide linkage to HCV treatment and PrEP.

Job Description: Linkage Specialist (P.Kinley)- The Navigators are part of the LINCS team and provide short-term navigation for people living with HIV, with the goal of re-linking people to care. Once they receive information from a medical provider about an HIV-positive patient who appears to have fallen out of care, or if the person is identified as not-in-care based on surveillance data, the Navigator finds the patient using various sources. Once a client is found and confirmed to have fallen out of care, the Navigators work with that person to assess barriers to care and help them connect back to care. The navigators also facilitate clients keeping appointment through reminders, and provision of medical transportation, etc. as needed. The Navigators also provide linkage to HCV treatment and PrEP.

Job Description: Contact Specialist (W. Anderson) – The contact specialist is part of the LINCS team and takes referrals and locates them for navigation, with the goal of re-linking people to care. Once they receive information from a medical provider about an HIV-positive patient who appears to have fallen out of care, or if the person is identified as not-in-care based on

surveillance data, the contact specialist finds the patient using various sources. Once a client is found and confirmed to have fallen out of care, the contact specialist hands the patient off to a navigator work with that person to assess barriers to care and help them connect back to care. The navigators also facilitate clients keeping appointment through reminders, and provision of medical transportation, etc. as needed. The navigators also provide linkage to HCV treatment and PrEP.

Job Description: Program Administrator (TBD) – The program administrator processing and purchasing items for the project. She/he will reconcile budgets and spreadsheets, purchase items and provide other needed assistance to facilitate project activities.

Job Description: Finance and Operations Manager (A. Sogal) - The Finance and Operations Manager is responsible for the fiscal management, policy development, and financial reporting of projects related to the PHD and PHFE. She develops budgets, monitors grants, and establishes contracts, sub-contracts, and cooperative agreements in addition to managing FTEs, benefits, budget estimates, and monthly reports to assist with the execution of activities. The Finance and Operations Manager collaborates with PHFE and SFDPH (Accounts Payable, Payroll, Human Resources, and Fiscal) on a regular basis to facilitate project activities

b) Fringe Benefits @ 35.64% $60,857
c) Consultant Costs $0
d) Equipment $0
e) Materials and Supplies $10,078

Item	Rate	Cost
Program Supplies	Mobile Device Monthly charge $100/month x 5 x 12 = $6000	$10,078
	Field supplies approximately $339.83/month x 12 month = $4,078	

Program Supplies: This line item includes programmatic supplies for work with clients. Mobile devices will be used in the field by the OPT-IN team to conduct patient assessments and collect data. This line also covers the costs of providing incentive to clients as well as health kits to assist with outreach and follow-up activities for clients.

f) Travel $0
g) Other Expenses $0
h) Contractual/Consultants $0
i) Total Indirect Rate 12.8% (Heluna Health) $30,936
Total Costs (Heluna Health) $272,625

2. **Name of Contractor: San Francisco AIDS Foundation (SFAF)**

Method of Selection: Selected through Request for Proposal (RFP) process RFP # 21-2010

Period of performance: 01/01/21-12/31/21

Scope of Work: In collaboration with the SFDPH LINCS and CHRT teams, the San Francisco AIDS Foundation will provide street-based outreach services, HIV and Hepatitis testing, linkage to OPT-IN services and/or other HIV care, linkage to HCV treatment, prevention case management or intensive case management and syringe access services as appropriate.

Itemized budget and justification: $245,000

a) Salaries and Wages $163,333

Position Title and Name	Annual	FTE	Months	Amount Requested
Nurse Practitioner (B. Broussad)	$120,000	40%	12	$48,000
HIV/HCV Navigator (A. Zimmer)	$60,000	100%	12	$60,000
HIV/HCV Navigator (E. Esparza)	$60,000	50%	12	$30,000
Lab Tech (S. Quest)	$63,000	35%	12	$22,050
HIV Testing Manager (M. Blake)	$82,080	4%	12	$3,283

Job Description: Nurse Practitioner (B. Broussad) – T The Nurse Practitioner provides advanced sexual health care and takes an active leadership role for the daily clinical operations, under a scope of practice with the Medical Director. The Nurse Practitioner serves as the primary interface with clients seeking screening for sexually health services, Hepatitis C treatment, Pre Exposure Prophylaxis (PrEP) and non-Occupational Post Exposure Prophylaxis (nPEP) services. Provides direct clinical services as defined by clinic protocols and treatment guidelines including obtaining medical history and physical, specimen collection, high-volume phlebotomy, administration of treatments, performing point of care lab tests, management of Hepatitis C, PrEP and nPEP care, client counseling, and education. Assists the Director of Nursing in developing, implementing and evaluating best practices, protocols, policies and procedures. Ensures Confidential Morbidity Reports are submitted to the Department of Public Health and addresses any submission issues.

Job Description: HIV/HCV Navigator (A. Zimmer) – The HIV/HCV Navigator's responsibilities include outreach and engagement with PWIDs, enrolling HCV+ PWIDs in Syringe Access Services' Hepatitis C Wellness Program, building relationships with enrolled participants including life stabilization/HCV treatment readiness coaching and linkage, assisting participants in navigating the medical system to link or reconnect with primary care, completes a medical evaluation, initiate Hep C treatment and facilitate adherence support, harm reduction.

Job Description: HIV/HCV Navigator (E. Esparza) – The HIV/HCV Navigator's responsibilities include outreach and engagement with PWIDs, enrolling HCV+ PWIDs in Syringe Access Services' Hepatitis C Wellness Program, building relationships with enrolled participants including life stabilization/HCV treatment readiness coaching and linkage, assisting participants in navigating the medical system to link or reconnect with primary care, completes a medical evaluation, initiate Hep C treatment and facilitate adherence support, harm reduction.

Job Description: Lab Tech (S.Quest) - This position will be responsible for day-to-day operations of the clinical lab services operating under a moderate complexity license. The responsibilities include performing high-volume phlebotomy, management and processing of specimens, preparing samples for transport to an off- site lab, performing quality assurance on lab tests, and interpreting multiple HIV/HCV antibody tests simultaneously as well as various other CLIA waived and moderate complexity testing. All clinic-based staff members also serve as HIV testing counselors as needed in the clinic or other testing sites. Maintains regulatory compliance through proper documentation and implementation of research specimen testing, collection, processing, and shipping.

Job Description: HIV Testing Manager (M. Blake) – Manages clinic staff and oversees phlebotomy services for confirmatory HIV antibody testing and RNA testing at multiple sites. Supervises specimen collection for transport to SFDPH laboratory. Oversees quality assurance efforts.

b)	Fringe Benefits @ 27%	$44,100
c)	Consultant Costs	$0
d)	Equipment	$0
e)	Materials and Supplies	$9,381

Item	Rate	Cost
Program Supplies	$140.50/month x 12 mo= $1,686	$9,381
	Program materials to include but not limited to: Hygiene kits, 1,500 kits @ $5.13/kit = $7,695;	

Program Supplies: This line item includes programmatic supplies for work with clients.

f)	Travel	$0
g)	Other Expenses	$0
h)	Contractual/Consultants	$0
	Total Direct Costs	
i)	Total SFAF Indirect Rate 13%	$28,186
	Total SFAF Budget	245,000

3. **Name of Contractor: Glide Foundation**

Method of Selection: Selected through Request for Proposal (RFP) process RFP # 30-2015

Period of performance: 01/01/21-12/31/21

Scope of Work: In collaboration with the OPT-IN team, the Glide Foundation will provide street-based outreach services, HIV and Hepatitis testing, linkage to OPT-IN and/or other HIV care, linkage to HCV treatment, prevention case management or intensive case management and syringe access services as appropriate. SFAF will also expand services currently being provided at their Harm Reduction Center to provide clients with storage space, additional drop-in services and medication distribution.

Itemized budget and justification: $200,000

a) Salaries and Wages $118,000

Position Title and Name	Annual	FTE	Months	Amount Requested
HIV/HCV & Harm Reduction Program Manager (TBD)	$80,000	10%	12	$8,000
Community Outreach Worker (TBD)	$50,000	100%	12	$50,000
Case Manger II (TBD)	$60,000	100%	12	$60,000

Job Description: HIV/HCV & Harm Reduction Program Manager (TBD) – Manages all aspects of HIV/Hep C & Harm Programs, complies data and attends all relevant meeting with DPH and

other contract staff, and supervises all staff.

Job Description: Community Outreach Worker (TBD) - Support clients in providing active linkages to care, advocates for clients, conducts street outreach, helps clients to make scheduled appointments, places reminder calls, performs home visits, accompanies clients to appointments and performs HIV/Hep C testing and performs confirmatory blood draws.

Job Description: - Case Manger II (TBD) - Provides intensive case management services to clients who are at risk or living with HIV/HCV, particularly PWUD and clients with mental health issues. Conducts outreach to clients in various community settings and working collaboratively with Harm Reduction Team.

b) Fringe Benefits @ 25% $29,500
c) Consultant Costs $0
d) Equipment $0
e) Materials and Supplies $14,914

Item	Rate	Cost
Program Supplies	Program materials to include but not limited to: Outreach bags $200; educational materials, program promotion $1,000; Glide identifying outreach clothing $1,714; snack, socks, hygiene kits, bus tokens $12,000	$14,914

Program Supplies: This line item includes programmatic supplies for work with clients.

f) Travel $0
g) Other Expenses $11,499

Van Operation	Parking.	12 x $333.30/month	$3 999
Van Operation	Maintenance.	12 x$125/mo	$1 500
Van Operation	Registration	$1500 annual	$1,500
Van Operation	Insurance.	12 x $83.34/month	$1,000
Van Operation	Fuel.	12 x $291.67/mo.	$3,500

h) Contractual/Consultants $0
i) Total Glide Indirect Rate 15% $26,087
Total Glide Costs 200,000

TOTAL DIRECT COSTS: **$1,813,933**
I. INDIRECT COSTS (25% of total salaries) $186,067
Please see attached indirect cost memo for details.
TOTAL BUDGET: **$2,000,000**

Upload #5

Applicant:	San Francisco Department of Public Health, award NU62PS924536
Application Number:	NU62PS2020004439
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	Indirect Cost Memo

DATE: April 29, 2020

TO: Grants Managers
Naveena Bobba
Jennifer Boffi

FROM: Drew Murrell
Finance Manager

RE: FY20-21 Overhead Costs

Effective immediately, the Indirect Cost rate for Population Health & Prevention-Public Health Division is 25.00% of salaries and benefits. This rate was based on FY 2017-18 costs and includes the COWCAP allocation (FY 19-20) based on the OMB Circular 2 CRF Part 200 Cost Allocation Plan. Public Health Division Grant Managers should use 25.00% indirect cost rate on all current grants and new or renewal grant applications, unless the grantor has specified a maximum rate lower than 25.00% .

Other Divisions in the Health Department should add the following costs to their divisions' internal indirect costs in order to reflect total indirect costs:

	Amount
Mental Health	14,919,443
Substance Abuse	1,898,156
Primary Care	13,778,856
Health at Home	1,392,272
Jail Health	4,881,035
Laguna Honda Hospital	35,705,143
ZSFG	94,687,940

cc: Christine Siador
Stephanie Cushing
Susan Philip
Joshua Nossiter

Upload #6

Applicant:	San Francisco Department of Public Health, award NU62PS924536
Application Number:	NU62PS2020004439
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	Project Narrative

PROJECT NARRATIVE

Directions: Please answer the following questions for your Annual Performance Report (APR). Attach in the "Miscellaneous Attachments" section and name document "Project Narrative." Attach the document as a PDF file.

The Annual Performance Report requires the recipient to report on progress made during the current reporting period, **January 1, 2020 – June 30, 2020** and to report on proposed programmatic activity for the new budget period (Year 4) **January 1, 2021 – December 31, 2021**. ***Unless otherwise noted, responses to the questions in this guidance should accurately reflect program activities conducted during the reporting period of January 1, 2020 – June 30, 2020.***

The following questions are core questions to be used for programmatic and data reporting for this reporting period.

SECTION I: COMPONENT A: Core Strategies and Activities for Integrated HIV Surveillance and Prevention

Please provide responses to the following questions for each of the required core strategies and activities under Component A.

Strategy 1. Systematic collection, analysis, interpretation, and dissemination of HIV data for surveillance and prevention program monitoring and evaluation

SFDPH continues to conduct ongoing HIV case surveillance activities including collecting CD4, viral load, molecular laboratory test results, vital status and geocoding. Data are reviewed and evaluated for completeness, timeliness and quality on an ongoing basis. Evaluation outcomes assessed in January 2020 for 2018 diagnoses find that completeness of case reporting was 98% and 97% were reported within six months of diagnosis,100% of cases are entered without critical error or required fields missing, 95% have complete risk factor ascertainment, 92% have a CD4/viral load test within one month of diagnosis, 86% have antiretroviral use history, 50% of cases have a lab-documented negative HIV test, 98% of deaths occurred in 2017 have cause of death information, 100% duplicated records were resolved, all of which met or exceeded CDC surveillance outcome standards.

HIV surveillance data are analyzed and shared with HIV prevention programs to identify and monitor trends among populations at risk for HIV, persons living with both diagnosed and undiagnosed HIV, and disparities along the HIV Care Continuum. HIV surveillance data are shared with clinical and community-based providers, San Francisco's integrated HIV prevention and care planning group (the HIV Community Planning Council (HCPC), the San Francisco Health Commission and the San Francisco Getting to Zero Consortium among others. In addition, HIV surveillance data are widely disseminated in annual reports, published manuscripts, at scientific conferences and with colleagues

both nationally and internationally. Using a data-driven approach, HIV prevention strategies are adjusted to align with the most current epidemiologic trends, develop policy, allocate resources and plan and implement services.

SFDPH HIV program had a strong presence in the 2020 International AIDS Conference Virtual. Nine abstracts were presented on various topics including, for example, social determinants of health among people diagnosed with HIV, HIV related stigma, shared HIV related disparities between Alameda and San Francisco counties, homelessness and viral suppression, rapid HIV treatment start, treatment durability and modification, transmitted drug resistance and care outcomes.

1. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   COVID-19 pandemic during this reporting period has made HIV prevention and care utilization more challenging due to reduced testing for HIV and HIV-related laboratory tests in community settings and health care facilities. In addition, certain facilities were closed during San Francisco's Shelter-in-Place order in March 2020 and remain limited capacity for access to medical records or lab records that has affected timely case reporting. We have adopted a protocol to report new cases based on preliminary information received from electronic lab reporting or provider passive reporting instead of active case reporting for select sites. We will update case reports when more complete information becomes available through medical record review.

2. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 4 (including proposed changes in approach, contracts, objectives, staffing/personnel, funding resources, etc.).
3. Complete Laboratory Reporting
   a. Has the jurisdiction implemented and maintained activities to support complete laboratory reporting of all HIV-related tests? ☒ Yes ☐ No
   b. Was the volume of CD4 and viral load laboratory test results received between January-June 2020 similar (≤ 5% change) to the volume received for the six months prior (July-December 2019)? ☐ Yes ☒ No
   c. Were all CD4 and viral load laboratory test results reported to the Health Department between January-June 2020 submitted to CDC each month? ☒ Yes ☐ No
   If you responded "No" to questions 4a, b or c above, please explain:

   COVID-19 pandemic has affected the volume of CD4 and viral load laboratory testing. We found the volume of HIV-related laboratory tests (HIV/CD4/viral load) reported between March 2020 and June 2020 has reduced significantly compared to the same month last year. For example, the number of lab reports in March 2020 reduced 59% compared to March 2019. By

June 2020, the number of total lab reports received is still 24% less than the number reported in January 2020.

4. Evaluation Performance Measurement Plan
    a. Please use the CDC template to update and upload your Year 3 Evaluation Performance Measurement Plan (EPMP) as a miscellaneous attachment with your APR to www.grantsolutions.gov by the due date, September 14, 2020. You may update your Year 2 EPMP or use the new abbreviated CDC EPMP template for this submission.

5. Describe the impact of COVID-19 on surveillance activities. See above description in #2 and #4.

6. Describe the impact of COVID-19 on NHM&E activities.
Applied Research and Community HIV Epidemiology and Surveillance (ARCHES) the Branch that manages EvaluationWeb data, as well a all other Surveillance activities is managing to stay current on all reporting activities. All entities, i.e. community-based agencies (not funded), City Clinic, medical settings and Jail Health Services are all current on data entry and ARCHES is able to extract per schedule.

Strategy 2. Identification of persons with HIV infection and uninfected persons at risk for HIV infection

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

    HIV Testing:

    SFDPH continues to support high-volume, targeted testing to high-prevalence populations (MSM, PWID, and trans women) and casts a wide net to reach populations not yet reached with the current testing strategy. Testing is incorporated into holistic "Special Projects" for prioritized populations i.e. AAMSM, Latino MSM, transwomen as well as integrated into programs providing substance use treatment. We have added a focus on those experiencing homelessness and have incorporated COVID work into outreach activities.

    In order to reach populations effectively, community-based organizations increased collaborations over the years, and this strategy has created strong community partnerships and communication networks that have been of enormous benefit since the COVID-19 epidemic began. Agencies are familiar with outreach activities, culturally competent messaging to increase acceptability of COVID testing in the community.

    Partner Services

    Partner services provided for persons diagnosed with HIV-infection are not stratified by funding sources and efforts to increase participation are the same for all clients. Partners services are offered to all clients newly diagnosed with HIV. Partner services are also offered to clients who are both not-in-care and working with a LINCS navigator. Efforts to increase participation in partner services include working

closely with a partner CBO (SFAF) such that CBO staff counsel patients that they will be contacted by a LINCS DIS who will offer partner services, and encourage patients to participate in the process.

Data to Care Activities
SFDPH has been conducting Data to Care activities as a joint activity between HIV surveillance and the LINCS program since 2012 and Data to Care activities have increased with supplemental funding (CDC PrIDE and Component B.) Drawing on past experience, we continue to refine and improve our Data to Care efforts and apply lessons learned in Data to Care to local Data to PrEP efforts. In addition, we will have implemented HIV-TRACE to identify recent and growing transmission clusters and are currently conducting a series of pilot tests to determine if HIV-TRACE is also an effective tool to identify persons who are not virally suppressed and could benefit from LINCS navigation services.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   SFDPH is confident in its strategies and has developed a cadence for monitoring and oversight of programs; the only true obstacle has been the sharing staff resources with COVID mitigation efforts..

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 4 (including proposed changes in venues, contracts, target populations, recruitment strategies, testing technologies or algorithms, objectives, staffing/personnel, funding resources, etc.).

   We expect no significant changes to this approach during 2020 and hope services will increase over the next six months.

4. For HIV testing related activities associated with Strategy 2, your submitted National HIV Monitoring and Evaluation (NHM&E) data in EvaluationWeb will be used to assess the jurisdiction's progress for Q1 and Q2 during Year 3. Please include any additional comments and/or clarifications for the submitted NHM&E data and/or the PS18-1802 Data Tables within EvaluationWeb. Also, include any justification(s) for partial/late data submission. Information provided will be used for consideration during the review process.
   ☒ No additional comments and/or clarifications needed.
   ☐ Additional comments and/or clarifications

5. If you have an HIV self-testing strategy or approach, describe the impact of HIV self-testing strategies in place. Also, describe any plans in place or being created to scale up HIV self-testing activities.

   San Francisco is working with NASTAD on mailing home tests and we are discussing funding Community-Based Organizations to implement this strategy. SFAF already has this in place. 400 tests will be provided and over 150 distributed. The campaign is called "Take Me Home".

   a. If your jurisdiction conducted HIV self-testing during the reporting period, please provide the following information:
      i. Total number of test kits distributed as part of your HIV self-testing program 150

ii. Total number of people who received at least one HIV self-testing kit 150

6. If you do not have an HIV self-testing strategy or approach, have you considered HIV self-testing as a strategy?

Strategy 3. Development, maintenance, and implementation of plans to respond to HIV transmission clusters and outbreaks

SFDPH continues to collect, process and import HIV nucleotide sequences to eHARS. HIV nucleotide sequences are analyzed monthly using Secure HIV-TRACE to identify molecular clusters at the local level. We also conduct time-space analyses to detect diagnoses clustered in time and space. Information from HIV-TRACE and time-space analyses are reviewed by a standing committee monthly. Line lists for persons in clusters of concern are shared with LINCS for cluster investigation and navigation services to ensure that persons in a growing cluster are engaged in medical care and virally suppressed. These critical activities continue to be implemented routinely during the COVID-19 pandemic without interruption.

If a large, rapidly growing transmission cluster is identified in San Francisco, we will utilize the plan for outbreak investigation from the SFDPH emergency preparedness team for disease outbreak investigation. SFPDH has an extensive infectious disease emergency response plan and has a track records of utilizing the plan to effectively respond to previous and current disease outbreaks. If additional resources and/or staff are needed, we will involve multiple branches within the SFDPH Population Health Division available to respond and assist the LINCS team (who would be the first responders in an HIV outbreak). As part of the response, we will confirm the cluster, identify and characterize risk networks involved with the cluster, and identify communities who are in need of targeted testing, prevention efforts, and linkage to care. SFDPH staff regularly discuss all- hazards response plans with other jurisdictions throughout the San Francisco Bay Area and the state. We will utilize existing health alert communication systems in order to communicate with other public health professionals as needed. As part of our ongoing public health emergency preparedness and response plans, we are assessing and evaluating jurisdictional capacity for cluster detection and response involving epidemiological investigations and surveillance on an ongoing basis.

We are also working on a draft HIV transmission cluster and outbreak response plan and will incorporate existing disease emergency response plan to specifically address an HIV transmission cluster investigation. The draft plan will be submitted to CDC by September 2020.

1. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   With COVID-19 response, our HIV cluster response work group has limited time and resources to develop and address all elements required in the cluster and outbreak detection and response plan template. We are working on addressing as many elements as we can and are also reaching out to other branches for additional support.

2. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 4 (including proposed changes in venues, contracts, target populations, testing technologies or algorithms, implementation strategies, objectives, staffing/personnel, funding resources, etc.).

   With ongoing COVID-19 pandemic and emergency responses, we anticipate that we will need to adapt and be innovative in the event of HIV outbreak to effectively implement our core strategies to respond.

3. During the reporting period, did your program identify any:
   a. Molecular clusters involving the jurisdiction that meet CDC's national priority criteria*?
      ☐ Yes ☒ No
      If yes, please provide a brief summary.
   b. Time-space clusters involving the jurisdiction? ☐ Yes ☒ No
   If yes, please provide a brief summary.

* For lower burden jurisdictions (defined by membership in CDC's low-burden jurisdiction workgroup), priority clusters are defined as clusters at a 0.5% genetic distance threshold with at least 3 cases diagnosed within the most recent 12-month period. For all other jurisdictions, priority clusters are defined as those with at least 5 cases diagnosed within the most recent 12-month period.

Strategy 4. Comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

   SFDPH has strengthened, streamlined, and addressed gaps in linkage and retention services for PLWH, with the goal of establishing a clear, patient-centered process from point of diagnosis through accessing and staying engaged in HIV care. The strategy includes Data to Care activities; centralized linkage and re-engagement activities through the LINCS program, and other key retention efforts, especially for populations with the greatest barriers to care.

   The San Francisco Health Department conducts all of the strategy 4 requirements for PLWH, including linkage to care, data to care, ART promotion, and monitoring of viral suppression and drug resistance. Data to care and centralized linkage and re-engagement activities are provided through our LINCS

program, and HIV surveillance monitors HIV viral suppression on the population level and by specific demographic groups. With respect to the specific services referred to in https://effectiveinterventions.cdc.gov/, SFDPH has successfully worked with CDC in implementing a cluster response and is on track to have a documented plan per the CDC due date. SFDPH also has a mature and robust Partner Services program. Other risk-reduction interventions for PLWH are provided by CBOs and supported by other funding.

SFDPH HIV surveillance has provided surveillance-generated NIC lists of HIV-positive individuals potentially not in care or other prioritized groups, such as persons experiencing viral failure, those with early infection, and those in transmission clusters to the LINCS Team, In addition, HIV surveillance data are used to match clinic-generated NIC lists to eHARS to confirm out of care status of patients prior to assignment by LINCS.

We actively use HIV surveillance data to monitor HIV viral suppression on the population level as well as by specific demographic groups. Viral suppression is monitored both among persons newly diagnosed with HIV and among persons living with HIV. This information is shared with HIV prevention partners for resource allocation and prioritization. SFDPH also collaborates with Getting to Zero Metrics committees to monitor and address disparities in viral suppression.

18-1802 Funded and non-funded testing programs have referral systems in place with a focus on populations with the highest disparities in access to prevention, treatment and care.

SFDPH has worked with the San Francisco AIDS Foundation, the largest provider of community-based HIV testing who is also funded by 15-1502, to develop and adjust different models of referral to partner services, testing both active and passive referral mechanisms. All other agencies are required to report HIV positive clients to LINCS and the LINCS staff assess client need for referral.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   HIV testing in San Francisco has declined substantially due to the shelter-in-place Health Orders submitted in response to COVID, and agencies have included COVID mitigation strategies in their work.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 4 (including proposed changes in venues, contracts, target populations,

recruitment strategies, testing technologies or algorithms, objectives, staffing/personnel, funding resources, etc.).

None anticipated.

4. Describe if there have been any changes to your jurisdiction's processes for linking PLWH to care.
    a. Specifically, describe any changes made to the definition/criteria used for identifying persons "not-in-care (NIC)" or "linked to care."

    We produced one D2C list during this period by matching persons in the jail system with eHARS. We used a simpler version of the NIC criteria for this - people were included if they had no viral load/CD4 tests ever, or if the most recent viral load/CD4 test had been > 9 months ago.

    b. Specifically, describe any challenges experienced with reporting data-to-care (D2C) NIC investigation data to CDC through eHARS.

    We were able to map the care navigation data to eHARS variables and import NIC investigation data. The only frequent challenge with eHARS importing is to construct the 'date confirmed not in care' variable because this data element is not readily available and is calculated based on contact attempt information.

5. Describe the impact of COVID-19 on comprehensive HIV-related prevention services for PLWH (i.e., linkage to care, tracking initial infection, etc.).

We have noticed a significant drop in HIV and viral load testing during March 2020 and June 2020. The decline in HIV testing is more prominent at community testing sites where HIV testing declined by 90% in April 2020 compared to April 2019. The positivity rates were also lower in March-June 2020, for example, there were only three HIV positives identified from community testing sites during March-June of this year compared to 47 HIV positives in the same period last year. Changes in HIV and viral load testing varied by type of facility and age group. Public settings and younger age groups have a higher percentage of decline in HIV and viral load testing suggesting a greater impact of COVID-19 on reduced HIV-related prevention and care services in vulnerable populations.

Strategy 5. Comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

San Francisco continued high volume HIV testing at SFDPH City Clinic as well as in Jail Health Services with funding from 18-1802.

Using local funding, San Francisco began the year continuing high volume community-based testing for high prevalence populations (MSM, trans women, PWID) at San Francisco AIDS Foundation's Magnet

clinic, UCSF Alliance Health Project, and as well as testing in agencies providing services to AAMSM (SFAF), Latino MSM (AGUILAS, IFR) trans women (SFCHC) and PWID (Glide, SFAF) and people in substance use treatment settings (Bayview Hunter's Point Foundation, Bay Area Addiction Research and Treatment (BAART), University of California Opiod Treatment Outpatient Program).

San Francisco continues to support its PrEP demonstration project as a service at its STD Clinic. San Francisco has continued to support a continuum of PrEP services at five community-based agencies providing services to AAMSM (SFAF), Latino MSM (AGUILAS, IFR) trans women (SFCHC) and PWID (Glide, SFAF.) and Youth (LYRIC). Include PrEP as a component of all HIV test counselor trainings.

San Francisco continued its long standing support for Special Projects for prioritized populations, projects that include a full spectrum of services from outreach, engagement, testing, referral to PrEP or HIV/HCV/STI treatment as appropriate and medication maintenance for clients on PrEP or PLWH. This is a spectrum of prevention services, from low to high threshold at five agencies providing Special Project services to AAMSM, Latino MSM, trans women, and MSM.

San Francisco City Clinic has been offering non-occupational pre-exposure prophylaxis (nPEP) for over a decade. nPEP is offered to patients who report a potential exposure to HIV infection within the preceding 72 hours. Patients who elect to initiate PEP receive a 2-day starter kit of medications, and a prescription for the remainder of the course. Uninsured patients are either enrolled in a patient assistance program (which provides free medication) or referred to the SF General Hospital pharmacy where they can fill the medication at no-cost. A health worker follows up with every client who initiates PEP 2-3 days and 28-45 days after PEP is initiated, and provides ongoing support, adherence counseling and assists with prior authorizations or applying for co-payment assistance when necessary. Patients with ongoing risk for HIV-infection are encouraged to transition to PrEP without a gap in coverage. As PrEP uptake has increased at City Clinic and in San Francisco as a whole, the number of PEP courses administered at City Clinic has declined. PEP is also provided in the SFGH Emergency Department, Urgent Care Clinic, and the Rape Treatment Center, as well as by private providers (e.g., Kaiser). Ward 86, the HIV care center at SFDPH, has recently started a PrEP program, and is providing PEP navigation support to patients initiated on PEP at the Urgent Care Clinic.

SFDPH continues to provide high volume HIV testing at SFDPH City Clinic, and high volume community- based testing for high prevalence populations (MSM, trans women, PWID) at San

Francisco AIDS Foundation's Magnet clinic, UCSF Alliance Health Project, and as well as testing in agencies providing services through Special Projects for AAMSM (SFAF), Latino MSM (AGUILAS, IFR) trans women (SFCHC) and PWID (Glide, SFAF).

These testing programs have referral systems in place with a focus on populations with the highest disparities in access to prevention, treatment and care.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   Many of the patients identified as not-in-care (NIC) and we are unable to locate.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 4 (including proposed changes in venues, contracts, target populations, recruitment strategies, testing technologies or algorithms, objectives, staffing/personnel, funding resources, etc.).

4. Briefly describe which populations and what activities you supported for high-risk HIV-negative individuals during the reporting period.

   San Francisco's high prevalence populations receive the most resources, but CBOs are not funded with CDC dollars. Populations include: MSM, trans women, PWID,AAMSM, Latino MSM, PWID, people in substance use treatment settings, and people experiencing homelessness.

5. Describe the impact of COVID-19 on comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection (i.e., PrEP, other prevention activities, etc.). Virtual. Decreased testing, but increasing as measures relaxed.

Strategy 6. Perinatal HIV prevention and surveillance activities **Not Applicable for San Francisco**

If you are implementing <u>any</u> of the perinatal HIV prevention and surveillance activities, please respond to the following questions (1-3):

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.
2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?
3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 4 (including proposed changes in venues, contracts or partnerships, target populations, testing technologies or algorithms, objectives, staffing/personnel, funding resources, etc.).

For more information on Perinatal HIV prevention and surveillance required activities for all and a subset of jurisdictions, please refer to https://www.cdc.gov/hiv/pdf/funding/announcements/ps18-1802/CDC-HIV-PS18-1802-Attachment-I.pdf

Strategy 7. Community-level HIV prevention activities

☐ Not applicable if opt-out approved

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

   Partially Funded: Continue citywide condom distribution program (agencies/businesses can request free condoms from SFDPH). Distribute condoms and safer sex supplies at community venues such as bars and events and health fairs, such as Carnival, Pride, and Folsom Street Fair. Continue to provide condom distribution at SFDPH clinics and SFDPH- funded HIV prevention programs.

   San Francisco has included social media strategies such as including ads for Social Marketing campaigns on gay "hook-up" apps such as Grnder, or more mainstream media channels such as FaceBook and YouTube as appropriate to the stated needs of constituents.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?
   None other than those presented by COVID mitigation efforts.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 4 (including proposed changes in venues, contracts, target populations, recruitment strategies, objectives, staffing/personnel, funding resources, etc.

   None noted.

4. Describe the impact of COVID-19 on community-level HIV prevention activities (i.e., social marketing campaigns, condom distribution, syringe services programs, etc.). Syringe services continued & homeless outreach.

   Shelter in Place orders have curtailed outreach and put events, both small and large on pause in San Francisco. Agencies have successfully continued services online wherever possible, but high touch outreach and field activities have ceased.

Social Marketing Campaigns

5. Did you promote and/or support any CDC social marketing campaign during the reporting period?
   ☐ Yes ☒ No. If yes, please specify
6. Were other social marketing campaigns utilized? ☐ Yes ☒ No
   If yes, please describe
7. Were any COVID-19 + HIV-related information disseminated during the reporting period?
   ☒ Yes ☐ No. If yes, please specify the source of the materials disseminated

   The Department of Public Health partnered with the Human Rights Commission, the Emergency Operations Center and Office of Economic and Workforce Development to distribute COVID education

materials to the general population and businesses in areas where the populations are most affected by the disease. Efforts include large webinars for CBOs, faith-based groups in English and in Spanish.

8. During the reporting period, what kinds of activities did you conduct as part of your social marketing efforts? *(Please check all that apply).*
   ☐ Blogs
   ☐ Materials Distribution
   ☐ Events
   ☐ Internet/Digital Advertising
   ☐ Traditional Advertising (e.g., print, TV, radio, billboards)
   ☐ Social Media (e.g., Facebook, Instagram, Twitter)
   ☐ Email Blasts
   ☐ Other
   ☒ None. We did not conduct any social marketing activities.

Condom Distribution Provide the total number of condoms distributed overall during the reporting period
62,420

Syringe Services Programs (SSP) For Syringe Services Programs, please provide the following information:

Does the jurisdiction already have a Determination of Need (DON) in place? ☒ Yes ☐ No
If no, does the jurisdiction plan to submit a DON for Syringe Services Programs (SSP)? ☐ Yes ☐ No

a. Describe SSP and harm reduction activities conducted during the reporting period for high-risk or vulnerable populations.

SFDPH Community Health Equity & Promotion (CHEP) Branch funds a collaborative of community-based organizations that provide client-centered harm reduction Syringe Access & Disposal services to people who inject drugs, distributing 2,432,141 syringes during the period of January 2020 –June 2020. Each site provides an opportunity for disposal. Each site offers harm reduction supplies, overdose prevention education, Narcan trainings, and resources and referrals to HIV/Hep C testing, and other community services.

b. Provide the number of SSPs funded within the jurisdiction, location of services, and the number of clients served, if available (regardless of funding source).

SFDPH funds the San Francisco AIDS Foundation (SFAF) to provide Syringe Access & Disposal Services. SFAF subcontracts with Glide Harm Reduction Services, Homeless Youth Alliance, San

Francisco Drug User's Union, and St. James Infirmary to provide citywide coverage. Services are available at various locations 7 days a week. (see schedule below). Total number of clients served by Syringe Access Services during this reporting period = 26,496

Sunday	Noon – 7:30pm	170 Turk Street, between Jones & Taylor, DOOR SERVICE
Monday	9am - 5pm	330 Ellis, btw Jones & Taylor, SIDEWALK SERVICE in front of the building
Monday	11am – 4pm	117 6 th Street, between Mission & Minna, DOOR SERVICE
Monday	Noon – 7:30pm	170 Turk Street, between Jones & Taylor, DOOR SERVICE
Monday	4 - 6pm	Innes Ave, btw 3rd & Phelps
Monday	5-6:30pm	Hope Center (253 Hyde, btw Eddy & Turk)
Monday	5:30 – 7:30pm	558 Clayton @ Haight
Tuesday	9am - 5pm	330 Ellis, btw Jones & Taylor, SIDEWALK SERVICE in front of the building
Tuesday	11am – 4pm	117 6 th Street, between Mission & Minna, DOOR SERVICE
Tuesday	Noon – 7:30pm	170 Turk Street, between Jones
Tuesday	5:30 – 7:30pm	730 Polk (btw Ellis & Eddy) on 1 st floor
Tuesday	6 - 8pm	Duboce Ave, in bike alley behind Safeway
Wed.	9am - 3pm	330 Ellis, btw Jones & Taylor, SIDEWALK SERVICE in front of the building
Wed.	11am – 4pm	117 6 th Street, between Mission & Minna, DOOR SERVICE
Wed.	Noon – 7:30pm	170 Turk Street, between Jones
Wed.	5:30 – 7:30pm	558 Clayton @ Haight
Wed.	6 - 8pm	Weise Alley @ 16th, btw Julian & Mission
Thursday	9am - 5pm	330 Ellis, btw Jones & Taylor, SIDEWALK SERVICE in front of the building
Thursday	11am – 4pm	117 6 th Street, between Mission & Minna, DOOR SERVICE
Thurs.	Noon – 7:30pm	170 Turk Street, between Jones
Thurs.	7 - 9pm	Hemlock Alley @ Van Ness

Friday	9am - 5pm	330 Ellis, btw Jones & Taylor, SIDEWALK SERVICE in front of the building
Friday	11am – 4pm	117 6 th Street, between Mission & Minna, DOOR SERVICE
Friday	5:30-7:30pm	558 Clayton @ Haight
Friday	6-8pm	234 Eddy (btw Jones & Taylor)
Friday	7 - 9pm	MISSION & 16th, on sidewalk
Saturday	4 – 8pm	117 6th Street, between Mission & Minna, DOOR SERVICE

c. Provide the amount of PS18-1802 funding for SSP and harm reduction activities.

Approximately $4,313,362 is allocated to Syringe Access and Disposal Programs including harm reduction, but none from CDC.

d. If PS18-1802 funding is not being used for SSPs and harm reduction services, provide the other funding sources. Syringe Access Sites are funded solely through the City and County General Fund.

Strategy 8. Partnerships for integrated HIV prevention and care planning

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

   San Francisco continues to maintain partnership with the HCPC and build Council members' capacity to participate in integrated planning. The councils are clearly merged. The HCPC as been critical in our planning for 18-1802 and to Ending the Epidemic. The HCPC is highly involved setting guiding principles and has also taken on the task of addressing both HIV Prevention and Care. In collaboration with SFDPH, the planning group writes, submits, disseminates and monitors an updated SF EMA Integrated HIV Prevention and Care Plan, which incorporates HCPC recommendations.

   SFDPH continues to have a productive working relationship with the HCPC and its subcommittees, including Membership, Community Engagement, Community Affairs and People Living with HIV. In addition, we continue to maintain and support GTZ initiatives and subcommittees using the goals and strategies of the initiative as a lens for prioritizing services, and during this reporting period we were able to hire a full-time GTZ Programs Coordinator to ensure that GTZ programs are coordinated with each other and with the larger system of care.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 4 (including proposed changes to the Plan, updates to the planning groups, uses of the Plan document, local funding resources, etc.).

4. Did you make any changes to your Integrated HIV Prevention and Care Plan and/or planning group process during the reporting period? ☐ Yes ☒ No

5. Describe the impact of COVID-19 on integrated HIV prevention and care planning activities (i.e., HIV Planning Groups, etc.).

   All planning meetings occurred virtually, but meetings went on as scheduled, and included discussing strategies for implementing mission in times of COVID.

Strategy 9. Implementation of structural strategies to support and facilitate HIV surveillance and prevention

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

   During this reporting period, we continued to ensure the security and confidentiality of information collected, maintained and shared for HIV surveillance and prevention activities. SFDPH staff and funded contractors are trained in the local SFDPH data and confidentiality standards (which comply with NCHHSTP standards), the CDC security and confidentiality standards and the State Office of AIDS standards at the time of hire and yearly thereafter. SFDPH HIV surveillance maintains secure procedures for data sharing, including data-to-care activities and use of surveillance data across HIV programs including prevention programs and LINCS within the context of existing laws.

   In addition, we continued to strengthen our health information system infrastructure including use of the newly implemented electronic health record system (EPIC) for SFDPH and enhancement of the surveillance Lab Data Management System for more efficient processing and management of electronic laboratory reporting data. We have also started the planning process and development of a new database to improve the data quality and workflow of community testing data collection and management.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

San Francisco was embarking on implementing an Integrated HIV/STD/HCV database in 2019; this project has not been able to continue due to COVID-19 mitigation efforts.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 4 (including proposed changes in venues, contracts, partnerships, target populations, existing policies and procedures, use of advance technology, objectives, staffing/personnel, funding resources, etc.). None noted.

4. Describe the procedures you are using or intend to use to ensure data are secured when stateno/cityno information is shared and stored and if there have been any changes in procedures. In your description, include a statement if you are not sharing stateno/cityno and do not intend to share this information.

   We share stateno/cityno information between eHARS and EvaluationWeb. EvaluationWeb data are managed by a HIV surveillance data manager and we have procedures and protocols in place to protect data security and confidentiality consistent with CDC NCHHSTP Data Security and Confidentiality Guidelines. Data linkage of EvaluationWeb and eHARS is conducted in the HIV surveillance secure area and datasets containing personal identifiers including stateno/cityno are stored on a encrypted flash drive and locked in the case registry room when not in use. All staff that have access to confidential case information receive the SFDPH privacy and data security training, SFDPH HIV surveillance program security and confidentiality training, and the State Office of AIDS security and confidentiality training on an annual basis.

5. Describe any changes in security and confidentiality procedures/policies impacting the jurisdiction, funded local/state/tribal staff and contractors, and programmatic activities. For example, changes in policies and procedures related to working in a virtual environment (including telework capabilities, needed equipment, VPN access, security enhancements), data sharing (including sharing data between programs and between systems such as between eHARS and EvaluationWeb) or data sharing agreements.

   Due to COVID-19 pandemic SFDPH issued multiple policies and guidance for working on sites and telecommuting. Staff are encouraged to work from home in order to reduce office capacity and maintain adequate social distancing. We have developed protocols to allow staff accessing PHI for surveillance related medical record abstraction and performing analyses using de-identified datasets in a remote and secure environment. Staff are required to complete telecommuting application and training and use office-approved devices, software, and network connection for telework. Any individual level case information must be retained in the SFDPH secure network and designated folders accessible only to authorized personnel through unique user login and password. Any files containing confidential case information will be deleted using PGP shredder after the task is completed.

Note: *Programs sharing data between eHARS and EvaluationWeb (e.g. stateno/cityno) are required to take necessary steps to ensure that data are maintained in a secure environment consistent with CDC NCHHSTP*

Data Security and Confidentiality Guidelines
https://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf.

Security and Confidentiality Notice: *PS18-1802 recipients should comply with the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention's (NCHHSTP) Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011). All standards included in the NCHHSTP Data Security and Confidentiality Guidelines should be implemented for funding recipients funded by PS18-1802, unless otherwise justified. Security and Confidentiality successes, challenges, and anticipated changes for surveillance and prevention recipients should be described in the narrative. A "Certification of Compliance" (see Appendix F: Certification of Compliance Statement) must be signed by an overall responsible party or parties (ORP) and submitted annually at the same time the APR is submitted for the reporting period of 1/1/2020 – 6/30/2020 to www.GrantSolutions.gov.*

4. The **FY 2021 SAS Licensing Request/Memorandum of Acceptance (MOA)** and **2021 List of Assigned SAS Users** are due with the 2020 APR. For instructions on completing the SAS MOA and requesting additional SAS workstations/server licenses see **Appendix D-E** and **SECTION IV: BUDGET.**

For information on the data security and confidentiality guidelines, please refer to https://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf .

Strategy 10. Data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

   This year SFDPH surveillance and prevention collaborated to produce the first Results Scorecard for PrEP uptake and adherence. It includes population-level indicators as well as program performance measures from community agencies funded to provide PrEP, so that all stakeholders can see the data in one place and assess whether our efforts are on track or need to shift. The scorecard is shared with CBO PrEP providers at their quarterly meeting, at which they review and interpret the data, share best practices, and identify areas for quality improvement. The Results Scorecard is also shared with the GTZ PrEP Committee. Additional results from data analyses to inform HIV prevention and care activities are included in the HIV Epidemiology Annual Report and are widely disseminated to prevention partners both within and outside the SFDPH.

   Program-level, strategy-level, and collective impact scorecards have begun to illuminate successes as well as disparities and gaps that need to be addressed. HIV surveillance data are being actively shared with GTZ subcommittees focusing on specific vulnerable populations including the homeless and people who inject drugs and with community prevention partners.

Program monitoring and evaluation data are disseminated through multiple channels, including Program Liaison site visits with providers, prevention provider network meetings, the HCPC, and GTZ. We use these opportunities to share data and discuss what is working well and whether there are any gaps that need to be addressed. In addition to presentations, another primary tool for data sharing is the Results Scorecard.

HIV surveillance data are disseminated through semi-annual reports, the annual report and presentations to community and prevention partners including the SFDPH health commission, the GTZ consortium, the HCC and community-based agencies. Updated surveillance information is collected through routine lab reporting of all CD4 and viral load test results, prospective chart review, other health departments, or data matches with other databases or disease registries. Additionally, analyses using HIV surveillance data are published in peer-reviewed journals.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   All challenges are global and COVID-19 related. Although all data evaluation and monitoring functions are occurring, staff workload has increased to work on COVID.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 4 (including proposed changes in data sharing, venues, method of service delivery, contracts, target populations, partnerships, implementation strategies, objectives, staffing/personnel, funding resources, etc.).
   None noted.

4. Describe how surveillance data was disseminated to inform prevention activities.

   HIV surveillance data are disseminated through semi-annual reports, the annual report and presentations to community and prevention partners including the SFDPH health commission, the GTZ consortium, the HCPC and community-based agencies. Additionally, analyses using HIV surveillance data are presented in surveillance or scientific conferences and published in peer-reviewed journals.

5. Describe how the program disseminated its program monitoring and evaluation data and provided feedback to healthcare and non-healthcare providers and other community partners to inform and/or improve HIV prevention efforts.

6. **RESOURCE ALLOCATION (for HIV prevention funding only)** Please identify each city/MSA with at least 30% of the HIV burden within the jurisdiction. For directly-funded cities, please report areas (or zip codes) within the MSA with at least 30% of the HIV burden within the jurisdiction. If no area

represents at least 30% of the HIV epidemic, then identify the top three MSAs, cities, or areas within the jurisdiction that have the greatest burden of disease. **See Appendix A: Resource Allocation.**

Strategy 11. Capacity building activities for HIV programs, epidemiologic science, and geocoding

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

   As new prevention strategies and activities are being developed, SFDPH will continue its communication with its community partners and HCPC and develop trainings to ensure providers are successful in their new ventures.

   We continue to promote capacity building for epidemiologic science through participation in SAS users meetings, manuscript writing, collaboration with research groups, and attending/presenting at professional and scientific conferences. Surveillance epidemiologists are trained and capable of conducting geocoding and ArcView GIS analyses. Surveillance data are used to assess patterns of and disparities in geographic distribution and social determinants of health for persons with HIV.
   The Denver Prevention Training Center approached San Francsico to conduct a needs assessment and develop strategies to address what is identified. We will continue to work with the Denver PTC in the latter half of 2020.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   None noted.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 4 (including proposed changes in provision of capacity building assistance (CBA), types of CBA offered, contracts, partnerships, objectives, staffing/personnel, funding resources, etc.).

   Due to COVID-19, there has been a delay in the release of the Request for Proposals (RFP) for Integrated HIV/HCV/STD Prevention Programs. Once released, SFDPH will work closely with CBOs to plan for shifts in HIV prevention strategies and activities. CBA needs will be assessed and CBA plans developed annually thereafter.

4. Did you access CBA/technical assistance (TA) services during the reporting period? ☒ Yes ☐ No
   Note: CBA accessed and provided via CDC-funded providers will be pulled via the CBA Tracking System (CTS).
   a. However, please explain (be specific) if any of the CBA/TA provided did not meet your needs/expectations.

5. Please provide the type of CBA/TA received and the name(s) of CBA/TA provider(s) for any non-CDC provided CBA to include training provided by your internal training unit (if applicable).

   There are some Community Health Equity and Promotion (CHEP) staff members who provide training to both internal SFDPH staff as well as our local partners/community-based organizations. Specifically during this reporting period (February 2020), a California State HIV/HCV/STD Skills Certification Test Counselor Training was facilitated by CHEP staff reaching approximately 25 individuals.

6. Please include CBA/TA needs for Year 4.

   At this time, SFDPH does not anticipate any CBA/TA needs for Year 4.

7. Describe the impact of COVID-19 on capacity building activities for HIV programs, epidemiologic science, and geocoding.

   The California State HIV/HCV/STD Skills Certification Trainings scheduled in April and June 2020 were canceled due to COVID-19, along with quarterly HIV Testing Coordinators' Meetings.

Note: *Quantitative information for HIV testing and Partner Services for Component A will be reviewed via the PS18-1802 Data Tables that will be auto-populated with NHM&E data submitted via EvaluationWeb®. Please review these tables (template) for reference.*
Quantitative information for HIV surveillance, molecular HIV surveillance, perinatal HIV surveillance, and surveillance-based Data-to-Care will be captured in eHARS and reported in the end of calendar year Standards Evaluation Report (SER).

SECTION II: COMPONENT B: Demonstration Projects for Integrated HIV Surveillance and Prevention

☐ Not applicable

Please select your Demonstration Project Focus Area:

☐ Data to Care
☐ Data Sharing
☐ Data Use
☐ HIV Testing Models
☐ Outbreak Planning - PWID/HCV
☐ Partner Services Model
☐ PrEP
☒ Structural Interventions

Please provide responses to the following questions for your demonstration project under Component B.

1. Provide an **update on the implementation** of your main project activities and state whether the activities are fully implemented, partially implemented, or not yet implemented.

   Project OPT-In seeks to reduce new infections and increase viral suppression **among people experiencing homelessness and people who inject drugs (PWID).** This is the first-time DPH is directly funded to implement innovative public health approaches to improve HIV/HCV/STD outcomes in these groups. OPT-In is designed to build off of existing efforts to improve health outcomes. We seek to scale-up the intentional coordination of services in order to remove system barriers, improve seamless care transitions and meet the health needs of people experiencing homelessness. We have identified three primary goals of OPT-In: 1) Establish low threshold HIV/PrEP/HCV and sexual health services in community and clinical sites, 2) Build a seamless system of care to reduce patient churn through intentional care coordinations and 2) Train and retain a trauma-informed HIV/HCV/sexual health workforce.

2. Describe **successes achieved** during the reporting period.

   OPT-In is fully staffed as of July 2019. OPT-In currently funds 7 LINCS navigator positions, 2 OPT-In program coordinators, 1 community health response team health worker, 1 nurse practioner who provides training, and a half-time public health nurse who works with SFDPH street medicine. We have completed our program plan and are in the process of finalizing population and program-level metrics. OPT-In staff meet weekly to discuss ongoing data challenges and needs. Our planning group meets monthly to provide updates and address challenges with leadership.
   Component B data cannot be separated from other data on people experiencing homelessness or injecting drugs, but the pilot contributes significantly to our efforts to reach these populations. We

submitted a poster 23rd International AIDS Conference that concluded 1) There were no differences in rapid linkage to care and time to viral suppression between stably housed and homeless newly diagnosed PWH in San Francisco. This could be attributable to the increased outreach and linkage activities including Component B. 2) PWH experiencing homelessness were less likely to have viral load suppression at three and 12 months after diagnosis compared to people who were housed, despite having high rates of linkage and retention. 3) Despite the disparity between housed and unhoused persons, viral load suppression still increased in 2019 among people experiencing homelessness and people who inject drugs.

3. Briefly describe **implementation challenges** experienced as you were trying to implement the intervention and **strategies used to address each challenge**, and whether or not your strategies were successful. Implementation challenges tend to fit into the following categories: intervention characteristics (e.g., complexity), agency/setting (e.g., leadership support, existing procedures), external factors (e.g., policies, collaborations), provider (e.g., attitudes/willingness, behaviors, skills, logistics/support), and client (e.g., access, needs, attitudes, skills).

   None noted.

4. Briefly describe **challenges that are not directly related to implementation** (e.g., planning, management, evaluation, or other factors), strategies used to address each challenge, and whether or not your strategies successfully addressed these challenges.

   None noted.

5. Describe needs for **technical assistance (TA) or resources identified** for your project during the reporting period. Did you access TA services to address them? If yes, provide the type of TA received, the name(s) of TA provider(s), and indicate whether or not the TA provided met your needs/expectations.

   None noted.

6. Describe **lessons learned** during the reporting period.

   San Francisco continues to learn the value of adequate and appropriate housing and treatment for people experiencing homelessness and people who use drugs. We know that the population and disparities for these populations are increasing while resources are not equally the pace.

7. Describe the impact of COVID-19 on Component B demonstration project activities.

   The successful development of relationships with organizations serving the unhoused and people who use drugs have contributed to our ability to provide COVID testing and offer Isolation and Quarantine.

8. Please complete additional Component B questions in **Appendix H: Component B Focus Area Questions**.

SECTION III: STAFFING AND MANAGEMENT

1. Were there any organizational and/or key staffing changes (i.e., health department staff responsible for implementing interventions and services for PS18-1802) that occurred during the reporting period? ☐ Yes ☒ No. If yes, please describe.

2. Please indicate any vacant staff positions and provide a detailed plan with timeline for hiring/filling vacancies.

   We have not been able to fill the following positions due to COVID-19 and SFDPH hiring freeze, and we are actively recruiting: Surveillance Manager I (0922)

   2 x Health Program Coordinators I (2589)

   Health Educator (2825)

   Health Worker II (2586)

3. Were there any delays in executing contracts during the reporting period? ☐ Yes ☒ No. If yes, please explain and include any program implications.

4. If there have been any updates to contracts for indirectly funded service delivery entities (e.g., local health departments, community-based organizations [CBOs], etc.), please provide updates in **Appendix B: Contract Information for Indirectly Funded Service Delivery Entities.**

5. Describe the impact of COVID-19 on hiring/filling vacancies, changes in organizational structure, and current staffing.
   Staff are balancing COVID deployment with CDC funded activities with CDC advisement.

SECTION IV: BUDGET

1. Did you submit a 424A form? *See Budget Information and Justification under the instructions section.*
2. Are you requesting new Direct Assistance (DA) in lieu of a portion of Financial Assistance (FA) for Year 4? If yes, please outline DA staffing needs. Recipients may request federal personnel, equipment, or supplies, including SAS licenses, as DA to support HIV surveillance and prevention activities. DHAP will continue to provide the number of SAS workstations and server licenses received in 2020 at no cost to your program. Recipients requesting SAS workstation and server licenses in excess of the number capped in 2020 will reimburse the Working Capital Fund by converting Financial Assistance to Direct Assistance (DA) at an approximated cost of $1,396.90 per unit. Recipients should clearly indicate the additional SAS workstations and server licenses in excess of the number capped in 2020 as Direct Assistance in the APR budget. The FY 2021 **SAS Licensing Request/Memorandum of Acceptance (MOA)** and **2021 List of Assigned SAS Users** are due with the APR, see **Appendix D - E.** To address staffing and/or program expertise deficits, recipient may utilize DA to recruit staff with the requisite training, experience, expertise (e.g., Public Health Associate Program [PHAP]). Recipients are responsible for supporting DA expenses and should include all DA related expense (Travel, etc.) in the APR budget. For information on DA for assigning CDC staff to State, Tribal, Local, and Territorial Health agencies, refer to: **https://www.cdc.gov/stltpublichealth/GrantsFunding/direct_assistance.html**
3. Jurisdictions with eligible state and local (city or county) health departments must discuss: (1) the proposed program approach being implemented by the local health department and (2) how the state and local area will collaborate during the project period to ensure appropriate provision of services within the

metropolitan area and document any agreements reached in a letter of agreement/letter of concurrence (LOA/LOC). Please submit current LOA with this submission. The current LOA will remain in place for the new budget period (Year 4: January 1, 2021 – December 31, 2021).

Note: Please submit one line item budget for the core program that clearly delineates funding for HIV surveillance and HIV prevention within the budget narrative. Please provide one 424A that includes HIV surveillance on one column and HIV prevention on another column, and the total amount in the total column (one 424A with separate grant program functions). If funded under Component B demonstration project, please include a separate budget narrative and 424A form. A second option is to include all components on one 424A: Place Component A- Prevention in one column, Component A-Surveillance in another column, Component B in the third column, and the total (cumulative) in the column to the far right.

SECTION V: ASSURANCES OF COMPLIANCE

Instructions: Submit the completed forms for all materials used or proposed for use during the reporting period of **January 1, 2020 – December 31, 2020.** Attach the following Assurance of Compliance Forms to the application through the "Mandatory Documents" section of the "Submit Application Page" on Grants.gov. Select "Other Documents Form" and attach as a PDF file (**See Appendix C**).

- "Assurance of Compliance with the Program Guidance on the Review of HIV-Related Educational and Informational Materials for CDC Assistance Programs" (CDC 0.1113). Please see https://www.cdc.gov/hiv/pdf/funding/announcements/ps12-1201/cdc-hiv-ps12-1201-content-review-guidance.pdf to access the guidance document.
- "Assurances and Certifications: Download and complete all applicable Assurances and Certifications from http://wwwn.cdc.gov/grantassurances/Homepage.aspx. Upload these signed documents into the Assurances website identified in the instructions."

SECTION VI: ADDITIONAL INFORMATION

1. Additional Information

Please provide any explanatory information or data that would be important for CDC to receive (e.g., additional coordination and collaborations to support PS18-1802, local processes or procedures impacting program implementation).

APPENDICES

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Appendix A: Resource Allocation

Identify each city/MSA with at least 30% of the HIV burden within the jurisdiction. For directly-funded cities, please report areas (or zip codes) within the MSA with at least 30% of the HIV epidemic within the jurisdiction. If no area represents at least 30% of the HIV burden, then identify the top three MSAs, cities, or areas within the jurisdiction that have the greatest burden of disease.

Reporting of MSAs/Cities/Areas with ≥ 30% of the HIV Epidemic within the Jurisdiction			
MSA/CITY/AREA	**Percentage of HIV Burden within the Jurisdiction**	**Percentage of PS18-1802 Funds Allocated**	**Strategies and Activities Funded**
City and County of San Francisco	100%	100%	San Francisco received a waiver for strategy 6, but otherwise all required strategies and activities are being implemented.

Appendix B: Contract Information for Indirectly Funded Service Delivery Entities

Please provide contract updates for indirectly funded Service Delivery Entities (e.g., local health departments, community-based organizations [CBOs], etc.), contract amount and the activities the contractor is funded to provide.

Not applicable. CBOs are funded, services are all provided by the Health Department.

San Francisco only uses CDC funds to support Health Department activities, no CDC funds are used to support services provided by Community- Based Organizations.

Name of Indirectly Funded Service Delivery Entities	Entity Type (e.g., LHDs, CBOs, Clinic, Hospitals, etc.)	Contract Amount $	Contract Activities Funded (e.g., HIV Testing, Linkage to Care, Care and Treatment, Essential Support Services, PrEP, etc.)

ASSURANCE OF COMPLIANCE
with the
"PROGRAM GUIDANCE ON THE REVIEW OF HIV-RELATED EDUCATIONAL AND INFORMATIONAL MATERIALS FOR CDC ASSISTANCE PROGRAMS"

By signing and submitting this form, we agree to comply with the specifications set forth in the "Program Guidance on the Review of HIV-Related Educational and Informational Materials for CDC Assistance Programs," revised as of June 2016.

We agree that all written materials, audio visual materials, and pictorials, including social marketing and advertising materials, educational materials, social media communications (e.g., Facebook, twitter) and other electronic communications, such as internet/webpages will be submitted to a Program Review Panel. The Panel shall be composed of no less than five persons representing a reasonable cross-section of the general population; but which is not drawn predominantly from the intended audience. See additional requirements in the referenced program guidance, especially section 2 (c-d) (1-5) regarding composition of Panel.

The Program Review Panel, guided by the CDC Basic Principles, set forth in 1(a-g), will review and approve all applicable materials before their distribution and use in any activities funded in any part with CDC assistance funds.

Following are the names, occupations, and organizational affiliations of the proposed panel members: (If panel has more members than can be shown here, please indicate additional members on the reverse side.)

CDC 0.1113 (E), Rev. 6/2016, CDC Adobe Acrobat DC Electronic Version, 6/2016

NAME	OCCUPATION	AFFILIATION
Celia Gomez	Substance Use Specialist	Community Member
David Gonzalez	PrEP Navigator	Kaiser
Travis Tuohey	Assistant Director	CBHS LEGACY Program
Joe Imbriani	Retired	Community Member
Oscar Macias	Health Program Coordinator I	Community Health Equity & Promotion Branch (Health Department Representative)

Applicant/Recipient Name: San Francisco Department of Public Health	**Grant Number (If Known):** 93.940 (CFDA) PS18-1802
Signature: Project Director Tracey Packer 	**Signature: Authorized Business Official** Christine Siador DocuSigned by: Christine.Siador 06F0F0608E77423...
Date: 8/11/20	**Date:** 8/11/2020 | 3:42:06 PDT

Appendix D: SAS Licensing Request and Memoranda of Acceptance			
1. Date:	08/17/2020		
2. Recipient Award Number:	**U62PS004536- 01**		
3. Recipient Award Title:	PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments		
4. Recipient Award Period:	January 1, 2021 through December 31, 2021		
5. Recipient Institution (Legal Name):	San Francisco Department of Public Health		
6. Jurisdiction Name:	San Francisco, CA		
7. Principal Contact:	Ling Hsu		
8. Principal Contact email:	ling.ch.hsu@sfdph.org	**Telephone:**	628-217-6246
9. Principal Contact's Mailing Address:	25 Van Ness Avenue, Suite 500 San Francisco, CA 94102		

10. Is this a new Grant: ☐ **First Year** ☒ **Continuation (Years 2-5)**

11. Media Type: License File Only

Funding Mechanism: (CDC Working Capital Fund or Direct Assistance [DA])	**Number of Workstations Requested (a)**	**Workstation(s) Type (b)**	**Workstation(s) SAS Product Version Requested (c)**
12. CDC Working Capital Fund	11	**64-Bit**	**Base SAS 9.4**
	5	**32-Bit**	
13. Direct Assistance (DA)		**Choose an item.**	**Base SAS 9.4**
Funding Mechanism: (CDC Working Capital Fund or Direct Assistance [DA])	**Number of Servers Requested (a)**	**Server(s) Type (b)**	**Server(s) SAS Product Version Requested (c)**
14. CDC Working Capital Fund	**1**	**64-Bit**	**Base SAS 9.4**
15. Direct Assistance (DA)		**Choose an item.**	**Base SAS 9.4**

16. Describe the "bona fide" need for SAS, and if requesting more than 3 licenses justification is required:
CDC requires all PS18-1802 recipient surveillance data be reported via their eHARS system. This system uses SAS software to develop, manage, and analyze all datasets. Additionally, all required performance evaluation programs are SAS based. The total number of workstations indicates the number of persons who spend 50% of their time processing, analyzing, and interpreting HIV case data.

17. CDC Program Official Responsible for Processing this Request (Print):

Program Consultant's Name: Tonia Gray

Memorandum of Acceptance of Responsibility for the Use of SAS Institute Products Provided by CDC

To: Tonia Gray, PS18-1802 Program Consultant
Centers for Disease Control and Prevention
1600 Clifton Rd NE (MS-E47)
Atlanta, GA 30329

Section I. CDC Partner Acceptance of Responsibility

Name: Ling Hsu
Organization: San Francisco Department of Public Health

I am an official of my organization, which has been awarded the CDC Grant or Cooperative Agreement designated:
Recipient Award Number: U62PS004536- 01
Title: PS18-1802 Integrated HIV Surveillance and Prevention Programs for HDs
Current License Expiration Date: December 31, 2020
My role within the Grant or Cooperative Agreement is: ___ Director of HIV Core Surveillance ____.

CDC has provided my organization access to certain SAS software products as described in the Enterprise License Agreement between DHHS and parties representing SAS Institute. I understand that the products must be used strictly in accordance with specific limitations set forth in the licensing terms. Specifically:

1. I agree to actively monitor the distribution and use the SAS products to assure that they are used to perform only CDC funded program activities as specified in the applicable Grant or Cooperative Agreement between CDC and the CDC Recipient.
2. **I agree to respond to CDC Surveys, and provide an annual detailed listing of software requirements for workstations and servers, the number of users and location information prior to CDC SAS product distribution.**
3. I will assure that my organization restricts access to the products to legitimate users and will avoid providing any opportunity for inappropriate distribution of the software to other parties.
4. In the event that my organization completes or ends the funded program activity prior to the expiration of the license I assure my organization will promptly destroy or return all the licensed materials to CDC.
5. I understand that failure of my organization to abide by these requirements will obligate CDC to request the return of the SAS products to CDC and the termination of their use by my organization.
6. I agree to report to CDC any violations of these terms whether intentional or unintentional.
7. I understand that at the termination of the DHHS license for the SAS products, CDC may be required to request the return of some or all of the provided SAS products.
8. I acknowledge that no ownership rights to the provided SAS products accrue to my organization by virtue of the use of the provided products.
9. I agree to assure that all organization or location personnel will be informed of the obligations and responsibilities acknowledged by this agreement.
10. I understand that the license does not obligate SAS Institute to provide user support for any of the SAS products provided to my organization.

RECIPIENT SIGNATURE PAGE

Principal Contact Signature: _____ Date: 8/17/2020

Special Note: Please print, sign, scan, and return this document to your assigned HICSB Program Consultant via e-mail.

2021 Listing of Assigned SAS Users

Instructions: *For each workstation license* (WCF and DA) requested provide the name and email address of the user. This person/workstation must spend 50% of their time utilizing/analyzing HIV or HIV related data. If proposed positions are vacant, you must still list the workstation and supply the e-mail address after the position is filled. If you are to receive 21 workstation licenses, then you must provide information for 21 workstations on this list. If you need to add rows to accommodate the number of workstations for your program, you can easily do so by highlighting all four cells in row 15, clicking on layout and selecting "insert below."

Note: The information in 1-3 below is an example for instructional purposes. Please delete these examples and replace them with user information specific to your program.

Agency Name: San Francisco Department of Public Health		**Submitted By:** Ling Hsu	
Project Area	**Last Name**	**First Name**	**E-Mail Address**
1. HIV Surveillance	Hsu	Ling	Ling.Ch.Hsu@sfdph.org
2. HIV Surveillance	Chin	Jennie	Jennie.cs.chin@sfdph.org
3. HIV Surveillance	Pipkin	Sharon	Sharon.pipkin@sfdph.org
4. HIV Surveillance 18-1802 Component B	Vacant	Vacant	
5. HIV Surveillance	Hirozawa	Anne	Anne.hirozawa@sfdph.org
6. HIV Surveillance	Mara	Elise	Elise.Mara@sfdph.org
7. HIV Surveillance	Melo	Jason	Jason.Melo@sfdph.org
8. HIV Surveillance	Hughes	Alison	Alison.hughes@sfdph.org
9. HIV Surveillance	Chen	Mia	Mia.chen@sfdph.org
10. HIV Surveillance	Liu	Yan Yuan	Yanyuan.liu@sfdph.org
11. HIV Surveillance	Vacant	Vacant	
12. HIV-Surveillance	Vacant	Vacant	
13. HIV Surveillance	Phan	Linda	Linda.Phan@sfdph.org
14. Surveillance	Ongpin	Melissa	Melissa.ongpin@sfdph.org
15. Viral Hepatitis Surveillance	Nishimura	Amy	Amy.nishimura@sfdph.org
16. HIV Surveillance 18-1802 Component B	Vacant	Vacant	

Appendix E: SAS Licensing Request and Memoranda of Acceptance Instructions

Tip #1: Please contact your Assigned Program Consultant with any questions
Tip #2: PS18-1802 recipients submit one joint request addressing total programmatic need.

Box Number:

1. Enter the date this form is completed.
2. Enter the jurisdiction's PS18-1802 Award number.
3. *Question 3 is a pre-populated field, no action required.*
4. *Question 4 is a pre-populated field, no action required.*
5. Enter the legal name of Recipient Institution.
6. Enter your jurisdiction name (i.e. San Francisco, Maine, Puerto Rico).
7. Enter the name of the Principal Contact who will be notified when general communications regarding collective licenses are required.
8. Enter the email address and telephone number of the Principal Contact.
9. Enter the mailing address of the Principal Contact.
10. Select the appropriate box - First Year Award or Continuation Award (Years 2-5).
11. Media Type – Enter the media required by selecting the appropriate box.

12. Working Capital Fund (WCF) Workstation License – Enter the information in the appropriate columns:
    a. The number of SAS workstation licenses requested. This number is limited to the number of WCF workstation licenses received (at no cost to your program) in 2020.
    b. Enter the type workstation licenses required 32-bit or 64-bit. If you require a combination of these two license types, please identify the number and type requested.
    c. Product Version - *Pre-populated field. No action required*.
13. Direct Assistance (DA) Workstation License – If you are requesting to purchase additional SAS workstation licenses (above the capped WCF licenses noted in line 12); you are agreeing to reimburse CDC's Working Capital Fund for acquiring the licenses on your behalf at an approximated per unit cost of $1,396.90. This acquisition mechanism is called Direct Assistance (DA). This mechanism requires that you annually submit a budget request seeking to convert the appropriate amount (for example, 5 additional licenses would cost $6,984.50) from your PS18-1802 Cooperative Agreement's Financial Assistance (FA) to Direct Assistance (DA). This

action to convert is described in your Notice of Award as a "Prior Approval Request" This action can be submitted for approval by two methods:

   a. As part of your proposed annual Continuation Budget Request. This requires your program submit a cover (on letterhead) with the signatures of two officials requesting to convert the appropriate amount from FA to DA. Additionally, a special note must be placed in the budget narrative's "Other" line item reducing the award by the appropriate amount. Finally, a separate 424-A form for the DA must be submitted. Remember this action must be executed each budget year with your continuation submission (for PS18-1802 this usually occurs in the fourth quarter).
   b. As a budget revision/redirection request that must be submitted via GMM (Grant Solutions) as an amendment. This method requires the same actions as in section "a" above and should be submitted by the recipient by December 31 of the current budget year. After the initial request using this method, the requests must be executed each budget year with the APR continuation submission.

14. Working Capital Fund Server License (WCF) – Enter the following information in the appropriate columns:
    a. The number of SAS server licenses requested. This number is limited to two WCF server licenses per recipient (These are the server licenses you received at no cost to your program in 2020).
    b. Enter the type server licenses you require 32-bit or 64-bit. If you require a combination these two license types, please specify how many of each type you are requesting.
    c. Product Version - *Pre-populated field. No action required*.
15. Direct Assistance Server License - same as #13 above
16. Describe the "Bona Fide" need for SAS Licenses – *Pre-populated field. No action required*.
17. CDC Program Official Responsible for Processing this Request – Enter the name of your assigned CDC Program Consultant. If you unsure who this is, please contact a member of your PS18-1802 Joint Monitoring Team.
18. *Memoranda of Acceptance for the Use of SAS Institute's Products Provided by CDC* – On the appropriate lines enter:
    a. **Name** - Enter the Name of the Principal Contact on Line #7.
    b. **Organization** - Enter the Recipient Institution's Legal Name on #5.
    c. **Recipient Award Number** - Enter the Award Number on Line #3.
    d. **My Role within the Grant or Cooperative Agreement is** – List the position or role of the Principal Contact.
19. Recipient's Signature – Have the Principal Contact sign and date in the appropriate space.
20. Listing of Assigned SAS Users - *For each workstation license* (WCF and DA) requested provide the name and email address of the user. This person/workstation must spend 50% of their time utilizing/analyzing HIV or HIV related data. If proposed positions are vacant, you must still list the workstation and supply the e-mail address after the position is filled. You are to provide information for workstations for which

you receive licenses. If you need to add rows to accommodate the number of workstations for your program, you can easily do so by highlighting all four cells in row 15, clicking on layout and selecting “insert below”.

Final Reminder: *Although the FY 2020 SAS licenses expire on December 31, 2020, an automatic 60- day grace period (February 28, 2021) exists to allow for final distribution of licenses. So, we are asking your patience with the process. However, it is imperative you reach out to your assigned Program Consultant if your licenses are not received by February 20th to avoid a potential interruption in service.*

Appendix F: Certification of Compliance for Data Security and Confidentiality

Example Certification of Compliance Statement

CERTIFICATION OF COMPLIANCE WITH THE NCHHSTP DATA SECURITY AND CONFIDENTIALITY STANDARDS AND DESIGNATION OF OVERALL RESPONSIBLE PARTY (ORP)

We certify our program complies with the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention's (NCHHSTP) Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011) available at: https://www.cdc.gov/nchhstp/programintegration/data-security.htm

We acknowledge that all standards in the NCHHSTP Data Security and Confidentiality Guidelines are implemented for the HIV surveillance and HIV prevention programs funded by NOFO PS18-1802 and for programs with which we share data, unless otherwise justified in an attachment to this statement. We agree to ensure that all standards are applied to all local/state staff and sub-recipients that have access to and/or maintain confidential, personally identifiable public health data. We agree to ensure that all sites where applicable public health data are maintained are informed about the standards. Documentation of required local data policies and procedures is on file with the Overall Responsible Party (ORP) and available upon request.

The signed Certification of Compliance statement by the designated ORP will be submitted annually or when changes in the ORP designation occur.

Please select one of the options below:

☒ In full compliance with the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011) for HIV surveillance and HIV prevention programs funded by NOFO PS18-1802. We ensure that all standards are applied to all local/state staff and sub-recipients that have access to and/or maintain confidential, personally identifiable public health data. We ensure that all sites where applicable public health data are maintained are informed about the standards; there are no attachments to this statement.

☐ Not in full compliance with the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011). We are pursuing compliance for HIV surveillance and/or HIV prevention programs funded by NOFO PS18-1802. A justification for non-compliance is included as an attachment.

Instructions for Justification Statement: Please describe the reasons for non-compliance with the NCHHSTP Guidelines.. Outline the steps being taken to address issues and achieve full compliance. Include a timeline and provide specific information for program areas that are non-compliant or pursuing compliance (e.g., surveillance, prevention, information technology, sub-recipients, community-based organizations, programs with which you share data etc.)

Name(s), title, and organizational affiliation of the proposed ORP(s)

ORP Name	Title	Affiliation
Tomas Aragon	Director, Population Health	Principle Investigator – San Francisco Department of Public Health

Applicant/Jurisdiction Name San Francisco Department of Public Health	Grant/Cooperative Agreement Number 93.940 (CFDA) PS18-1802
Signature Overall Responsible Party (ORP) Tomas Aragon	Date 8/11/20
Signature Authorized Business Official DocuSigned by: Christine.Siador 96F9F9598E77423... Christine Siador	Date 8/11/2020 | 3:54:16 PDT
Signature Principle Investigator (s) Tomas Aragon	Date 8/11/20

Appendix G: COVID-19 HIV Surveillance and Prevention Activities Check-In

COVID-19 was declared a national emergency and many state and local health departments also declared emergencies. As a result, HIV surveillance and prevention services and activities funded under PS18-1802 may have been impacted in some way. This section provides the opportunity to expand upon the impact of the COVID-19 pandemic on the continuity of PS18-1802 services and activities during the period of January 1, 2020 – June 30, 2020.

Please check the box that represents the current status of your program activities. This information will help us better respond to the needs of jurisdictions in the future.

Jurisdiction:	**Date:**

Strategy 1: HIV data	**Status of Activity**		
Identify and report all persons with diagnosed HIV infection	☒ On-track	☐ Scaled Back	☐ Interrupted
Collect and report to CDC all HIV-related laboratory results	☒ On-track	☐ Scaled Back	☐ Interrupted
Conduct monthly eHARS data transfers	☒ On-track	☐ Scaled Back	☐ Interrupted
Investigate cases of public health importance (COPHI)	☒ On-track	☐ Scaled Back	☐ Interrupted
Conduct death ascertainment activities	☒ On-track	☐ Scaled Back	☐ Interrupted
Conduct intrastate de-duplication of HIV cases	☒ On-track	☐ Scaled Back	☐ Interrupted
Conduct cumulative interstate duplicate review (CIDR)	☒ On-track	☐ Scaled Back	☐ Interrupted
Complete routine interstate duplicate review (RIDR)	☒ On-track	☐ Scaled Back	☐ Interrupted
Conduct risk factor ascertainment	☒ On-track	☐ Scaled Back	☐ Interrupted
Analyze HIV surveillance data and disseminate findings	☒ On-track	☐ Scaled Back	☐ Interrupted
Assess data quality and evaluate surveillance system	☒ On-track	☐ Scaled Back	☐ Interrupted
Implement and maintain activities to support complete laboratory reporting	☒ On-track	☐ Scaled Back	☐ Interrupted
Identify early HIV infection	☒ On-track	☐ Scaled Back	☐ Interrupted
Collect treatment information/HIV antiretroviral use history information	☒ On-track	☐ Scaled Back	☐ Interrupted
Monitor HIV drug resistance and HIV genetic diversity	☒ On-track	☐ Scaled Back	☐ Interrupted

Ensure that all CDC provided software releases and upgrades are installed within required time frames (e.g., eHARS)	☒ On-track	☐ Scaled Back	☐ Interrupted
Conduct geocoding and data linkage activities	☒ On-track	☐ Scaled Back	☐ Interrupted
NHM&E data collection and reporting	☒ On-track	☐ Scaled Back	☐ Interrupted
EPMP monitoring and completion	☒ On-track	☐ Scaled Back	☐ Interrupted
Strategy 2: Identify persons with HIV infection and persons at risk for HIV infection	**Status of Activity**		
Conduct HIV testing (healthcare and non-healthcare settings)	☐ On-track	☒ Scaled Back	☐ Interrupted
Implement HIV self-testing, if applicable	☒ On-track	☐ Scaled Back	☐ Interrupted
Provide Partner Services	☒ On-track	☐ Scaled Back	☐ Interrupted
Conduct Data to Care (D2C) activities	☒ On-track	☐ Scaled Back	☐ Interrupted
Strategy 3: Cluster detection and outbreaks	**Status of Activity**		
Analyze data to identify HIV transmission clusters and outbreaks	☒ On-track	☐ Scaled Back	☐ Interrupted
Analyze data to identify HIV transmission clusters and outbreaks	☒ On-track	☐ Scaled Back	☐ Interrupted
Rapidly respond to and intervene in HIV transmission clusters and outbreaks	☒ On-track	☐ Scaled Back	☐ Interrupted
Communicate with CDC and other partners during investigation of and intervention in transmission clusters and outbreaks	☒ On-track	☐ Scaled Back	☐ Interrupted
Strategy 4: Linkage to medical care, treatment, and prevention services for PLWH	**Status of Activity**		
Linkage to care for PLWH	☒ On-track	☐ Scaled Back	☐ Interrupted
Strategy 5: Prevention services for HIV-negative persons at risk for HIV (e.g., PrEP)	**Status of Activity**		
PrEP screening and referrals	☐ On-track	☒ Scaled Back	☐ Interrupted
Linkage to and support for PrEP (e.g., Navigation Services, Enrollment, Maintenance and Retention)	☐ On-track	☒ Scaled Back	☐ Interrupted

Strategy 6: Perinatal HIV prevention and surveillance (Not applicable.)	**Status of Activity**		
Promote prenatal HIV testing according to CDC recommendations	☐ *On-track*	☐ *Scaled Back*	☐ *Interrupted*
Case surveillance activities for women and children < 13 years of age	☐ *On-track*	☐ *Scaled Back*	☐ *Interrupted*
Annual matching of HIV-infected women reported to surveillance to the state birth registry	☐ *On-track*	☐ *Scaled Back*	☐ *Interrupted*
Analysis and dissemination of data on HIV-infected women of childbearing age, perinatal HIV exposures, and infected infants	☐ *On-track*	☐ *Scaled Back*	☐ *Interrupted*
Activities required for the following 16 jurisdictions: California (excluding Los Angeles County and San Francisco), Delaware, The District of Columbia, Florida, Georgia, Houston, Louisiana, Maryland, Mississippi, New Jersey, New York City, North Carolina, Philadelphia, Puerto Rico, South Carolina, and Texas (excluding Houston). **(Not applicable.)**			
Perinatal HIV Exposure Reporting (PHER)	☐ *On-track*	☐ *Scaled Back*	☐ *Interrupted*
Perinatal HIV Services Coordination (PHSC)	☐ *On-track*	☐ *Scaled Back*	☐ *Interrupted*
Case review and community action of perinatal HIV transmission and exposure using the FIMR/HIV methodology	☐ *On-track*	☐ *Scaled Back*	☐ *Interrupted*
Strategy 7: Community-level prevention activities	**Status of Activity**		
Social marketing campaigns	☐ On-track	☐ Scaled Back	☒ Interrupted
Community outreach activities	☐ On-track	☒ Scaled Back	☐ Interrupted
Condom distribution	☐ On-track	☒ Scaled Back	☐ Interrupted
Syringe services programs	☐ On-track	☒ Scaled Back	☐ Interrupted
Evidence-based interventions (individual-level, group-level, and community-level)	☐ On-track	☒ Scaled Back	☐ Interrupted
Strategy 8: Integrated HIV prevention and care planning	**Status of Activity**		
Collaborative activities for HIV prevention and care planning	☒ On-track	☐ Scaled Back	☐ Interrupted

HIV Planning Group (HPG) processes and activities	☒ On-track	☐ Scaled Back	☐ Interrupted
Other jurisdictional planning activities	☒ On-track	☐ Scaled Back	☐ Interrupted
Strategy 9: Implement structural strategies to support and facilitate HIV surveillance and prevention	**Status of Activity**		
Procedures to ensure data security and confidentiality	☒ On-track	☐ Scaled Back	☐ Interrupted
Sharing of stateno/cityno data	☒ On-track	☐ Scaled Back	☐ Interrupted
Data sharing agreements	☒ On-track	☐ Scaled Back	☐ Interrupted
Strategy 10: Data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities	**Status of Activity**		
Data-driven planning, monitoring, and evaluation activities	☒ On-track	☐ Scaled Back	☐ Interrupted
Dissemination of data reports	☒ On-track	☐ Scaled Back	☐ Interrupted
Allocation of resources	☒ On-track	☐ Scaled Back	☐ Interrupted
Execution of contracts	☒ On-track	☐ Scaled Back	☐ Interrupted
Strategy 11: Capacity building	**Status of Activity**		
Capacity building activities	☒ On-track	☐ Scaled Back	☐ Interrupted
Execution of planned technical assistance and training events	☐ On-track	☒ Scaled Back	☐ Interrupted

Appendix H: Component B Focus Area Questions

Please complete the information below based upon your Component B Focus Area:

a) If you conducted PrEP activities: Not applicable, PrEP is not a funded Component B activity.

i. Provide any quantitative data or contextual information you collected on reasons why clients fall out of the PrEP cascade (e.g., number of HIV seroconversions, persons who no longer need PrEP due to decreased risk, etc.).

ii. Indicate which PrEP cascade steps you are conducting and provide any quantitative data that are collected for each step, including age, sex, race/ethnicity, and risk of clients:

Step 1 →	**Step 2 →**	**Step 3 →**	**Step 4 →**	**Step 5 →**	**Step 6 →**	**Step 7**
# of persons eligible for referral	**# referred to PrEP provider**	**# linked to PrEP provider**	**# PrEP prescribed**	**# PrEP initiated**	**# in PrEP care for ≥ 3 months**	**# adherent to PrEP medication**

b) If you conducted HIV testing, linkage to care, and/or partner services during the reporting period, please provide the following:

HIV Testing ☒ Not applicable

Specify if testing is in health care settings ☐ , non-health care settings ☐ , or both ☐ , and if possible, provide the information below separately if conducting testing in both settings.

Total number of HIV tests: _____

Total number of persons newly-diagnosed with HIV[1]: _____

Total number of persons previously-diagnosed with HIV[1]: _____

[1]Includes unconfirmed preliminary positive tests plus confirmed positive tests.

Linkage to Care ☒ Not applicable

Total number of persons newly-diagnosed with HIV*: _____

Number of persons newly-diagnosed with HIV who were linked to HIV medical care within 30 days of the diagnosis, i.e., attended an appointment with an HIV medical provider within 30 days of the diagnosis: _____

*Includes unconfirmed preliminary HIV positive persons plus confirmed HIV positive persons

Total number of persons previously-diagnosed with HIV who were not in care **: _____

Number of persons previously-diagnosed with HIV who were not in HIV medical care but then were re-engaged in care: _____

**Only includes confirmed previously-diagnosed HIV positive persons

Partner Services ☒ Not applicable

Total number of persons diagnosed with HIV* who were interviewed for partner services: _____

Number of partners elicited from these persons diagnosed with HIV: _____

Number of partners elicited that were tested for HIV: _____

Number of these elicited partners who had a confirmed new diagnosis of HIV: _____

*Includes confirmed newly-diagnosed and previously-diagnosed HIV positive persons

c) Data to Care ☒ Not applicable

Please specify what data were used (e.g., surveillance, clinical, prevention) and provide any quantitative outcomes (e.g., linked or re-engaged to care, viral load suppression) and contextual information.

d) Data use or sharing ☒ Not applicable

Please specify what data were used or shared for which activities and provide any quantitative outcomes and contextual information.

e) Structural Interventions ☒ Not applicable

Please provide any quantitative outcomes and contextual information for the intervention(s) conducted.

f) Outbreak Planning ☒ Not applicable

Please provide any quantitative outcomes and contextual information for the outbreak planning.

g) Other Main Activities ☒ Not applicable

If conducting other main activities, provide a summary of the work and include any quantitative outcomes and contextual information.

Upload #7

Applicant:	San Francisco Department of Public Health, award NU62PS924536
Application Number:	NU62PS2020004439
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	EPMP

PS18-1802 Combined Jurisdictional Evaluation Performance Measurement Plan (EPMP) and Work P for Component A (2019 Recipient Update)

(Updated June 6, 2019)

Name of Jurisdiction/Agency Submitting Plan:
San Francisco

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Version/Document Date: 06/17/2019

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Section 1: Detailed Program Activities

In the tables below, please update, concisely, what will be done in Year 2 and Years 3-5 under each CDC-required primary HIV prevention activity (e.g., conduct HIV testing), surveillance activity (e.g., collect HIV case data), CDC-required sub-activity (e.g., implement and/or coordinate opt-out HIV testing of patients in healthcare settings; CIDR, risk factor ascertainment, data quality), and locally defined activity that will be implemented to address the PS18-1802 goals/priorities and strategies. Activities from Year 1 that have not be started or are in progress should remain in the table, completed activities should be removed. Add lines as needed.

Note: The primary activities and sub-activities should be the same as those identified in your PS18-1802 program logic model available in your Year 1 EPMP.

Goal/Priority 1:	**Cross-cutting Core Surveillance and Program Monitoring & Evaluation Activities**	
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response		
Activity 1.A: HIV surveillance: Collect HIV case data, including (but not limited to) data on CD4 cell count, HIV viral load, molecular laboratory test results, vital status, and geocoding	SFDPH will conduct ongoing HIV case surveillance activities and HIV prevention program evaluation to identify specific populations at risk for HIV and living with undiagnosed HIV and to assess trends and disparities along the HIV Care Continuum. Data collected will be continually evaluated for completeness, timeliness and accuracy. The data will be shared with clinical and community-based providers and San Francisco's integrated HIV prevention and care planning group, the HIV Community Planning Council (HCPC) HIV prevention strategies will be rapidly adjusted to align with the most current trends.	No anticipated changes.
Activity 1.B: HIV prevention program monitoring & evaluation: Collect data to monitor and evaluate HIV prevention programs	EvaluationWeb will be used as the repository of and reporting system for HIV testing data for both 18-1802 funded and non-18-1802 funded programs. In some cases, data is keyed in but all other 18-1802 data is uploaded from agencies' own systems.	EvaluationWeb variables will change as of 01/01/2019; San Francisco has been working with Luther Consulting and developing internal strategies to implement these changes and pass this off to our providers.

Goal/Priority 2:	**Increase individual knowledge of HIV status**	
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV infection		
Activity 2.A: Conduct HIV testing	SFDPH will continue to support high-volume, targeted testing to high prevalence populations (MSM, PWID, and trans women) as well as casting a wider net to reach populations not yet reached with the current testing strategy. RNA pooling and 4th generation rapid testing continue to enhance our testing strategy by making individuals aware of their acute HIV status, reducing risk to partners and linking to care faster. SFDPH will also reinvigorate medically based opt-out HIV testing and	SFDPH is currently conducting a "Roadmap" process that will inform a change in strategies and approaches to HIV prevention and care activities. The resulting changes in systems and program requirements will be described in an RFP expected to be released in early 2019, for services beginning in July or September. We will continue to provide updates to our Project Officers on this process and our discussions during our regular scheduled teleconferences.

Goal/Priority 2:	Increase individual knowledge of HIV status	
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
	work to find late testers earlier in their course of infection as well as the estimated 6% of PLWH who are unaware of their infection. Although not supported by 18-1802, San Francisco will continue to report on testing performed in medical settings.	
Activity 2.B: Conduct HIV partner services (for new and previously diagnosed persons)	Partner services will be offered to all clients newly diagnosed with HIV. Partner services will also be offered to not-in-care clients enrolled in navigation who are IDU, women, diagnosed with an STD or identified to be part of a transmission cluster.	No anticipated changes.

Goal/Priority 3:	Rapidly detect and interrupt HIV transmission	
Strategy 3: Develop, maintain, and implement a plan to respond to HIV transmission clusters and outbreaks		
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
Activity 3.A: Identify and investigate HIV transmission clusters and outbreaks	SFDPH, as a previous Molecular Surveillance funded jurisdiction, is experienced and well- equipped to develop a Cluster/Outbreak Response Plan and investigate clusters (via the Linkage Integration Navigation, Comprehensive Services [LINCS] team). We will implement Secure HIV-TRACE to analyze HIV nucleotide sequences and identify molecular clusters at the local level. We will work with Project Inform, a community think tank, to engage the community, building knowledge and support for these activities.	No anticipated changes.
Activity 3.B: Rapidly respond to and intervene in HIV transmission clusters and outbreaks	SFDPH will prioritize and investigate transmission clusters that are concerning for recent and ongoing transmission. For newly identified HIV- positive cluster members, prioritize for rapid intervention and partner services. PLWH in transmission clusters who are not virally suppressed will be prioritized for engagement in HIV care services.	No anticipated changes, but will consistently monitor for any changes in demographics or other trends.
Activity 3.C: Maintain outbreak identification and response plan	SFDPH has an extensive infectious disease emergency response plan involving multiple branches within the SFDPH Population Health Division. We will modify this plan to specifically address a potential HIV outbreak or rapidly growing transmission cluster. As part of the response, we will confirm the cluster, identify and characterize risk networks involved with the cluster, and identify communities who are in need of targeted testing, prevention efforts, and linkage to care. SFDPH staff regularly discuss all-hazards response plans with other jurisdictions throughout the San Francisco Bay Area and the state. We will utilize existing health alert communication systems in order to communicate with other public health professionals as needed. As part of our ongoing public health emergency preparedness and response plans, we are assessing and evaluating jurisdictional capacity for cluster detection and response	No anticipated changes.

Goal/Priority 3:	Rapidly detect and interrupt HIV transmission	
	involving epidemiological investigations and surveillance on an ongoing basis.	

Goal/Priority 4:	Reduce transmission from persons living with HIV infection	
Strategy 4: Provide comprehensive HIV-related prevention services for people living with diagnosed HIV infection		
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
Activity 4.A: Provide linkage to HIV medical care for persons with newly and previously diagnosed HIV infection identified through HIV testing and partner services	SFDPH will strengthen, streamline, and address gaps in linkage and retention services for PLWH, with the goal of establishing a clear, patient-centered process from point of diagnosis through accessing and staying engaged in HIV care. The strategy will include Data to Care activities; centralized linkage and re-engagement activities through the LINCS program, and other key retention efforts, especially for populations with the greatest barriers to care.	No anticipated changes. We plan to work to work with San Francisco Health Network and Ryan White case managers to improve retention of PLWH who are loosely engaged in care.
Activity 4.B: Conduct data-to-care activities • Identify persons with previously diagnosed HIV infection who are not in care through data-to-care activities • Provide linkage to, re-engagement in, and retention in HIV medical care services for persons with previously diagnosed HIV infection who are not in care identified through data-to-care activities	HIV surveillance will continue to support the LINCS team in DTC activities by providing lists of PLWH who are not virally suppressed or linked to HIV care, those with early infection or other prioritized groups. In addition, HIV surveillance will match clinic generated NIC lists to eHARS to identify persons to prioritize for investigation and navigation. Persons identified in transmission clusters who are not linked to care or virally suppressed will also be included in NIC lists provided to LINCS.	No anticipated changes.
Activity 4.C: Promote early ART initiation	Rapid initiation of treatment for those testing HIV positive is a pillar of San Francisco's Getting to Zero efforts and is a priority for all linkage to care efforts. Through component B funding, SFDPH has implemented public health detailing to educate medical providers and frontline workers about RAPID as well as LINCS and PrEP.	No anticipated changes.
Activity 4.D: Support medication adherence	Programs funded to serve HIV positive clients have two primary goals, to link to care and to maintain HIV treatment in order to reduce HIV viral load to undetectable and agencies must report on their efforts. Through component B funding, SFDPH is exploring opportunities to improve medication safe storage, particularly for patients who are homeless or unstably housed. For programs providing PrEP, navigation services are available to ensure maintenance out to six months of initiation.	No anticipated changes.
Activity 4.E: Promote and monitor HIV viral suppression	Viral suppression at the population level is monitoring by analyses of HIV surveillance data for persons newly diagnosed with HIV as well as viral suppression among all PLWH. SFDPH is working with quality improvement efforts and EMR team in the San Francisco Health Networks to routinely identify PLWH who are presenting for services but are not engaged in primary care.	The San Francisco Health Network will migrate to EPIC EMR in Fall 2019. We will assist in the development of new workflow to ensure routine HIV panel management and improved understanding of care coordination team in the EMR record.

Goal/Priority 4:	Reduce transmission from persons living with HIV infection	
Activity 4.F: Monitor HIV drug resistance	SFDPH collects, process, and import HIV nucleotide sequences to eHARS routinely. We monitor transmitted drug resistance over time using CDC processed HIV sequence dataset and accompanying SAS programs. The results are presented in SFDPH HIV annual report for dissemination.	No changes. We will work with State Office of AIDS and Association of Public Health Laboratories to assist Stanford Laboratory with reporting to improve the completeness of HIV nucleotide sequence data.
Activity 4.G: Conduct risk-reduction interventions for PLWH	All SFDPH programs serving prioritized populations have goals of linking to appropriate HIV/HCV/STI testing and treatment as well as referral to PEP and PrEP. These services have been integrated into holistic programs or "Special Projects" to meet the needs of prioritized populations, i.e. MSM and AAMSM (SFAF), Latino MSM (AGUILAS & IFR) and trans women (SFCHC). All activities within these Special Projects for PLWH have the objective of linkage to care, retention in treatment and medication adherence.	No anticipated changes.
Activity 4.H: Actively refer PLWH to essential support services, including screening and active referral for healthcare benefits, behavioral health services, and social services	18-1802 Funded and non-funded testing programs have referral systems in place with a focus on populations with the highest disparities in access to prevention, treatment and care.	No anticipated changes.

Goal/Priority 5:	Prevent new infections among HIV negative persons	
Strategy 5: Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection		
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
Activity 5.A: Provide periodic HIV testing and risk screening	Continue high volume HIV/STI testing at SFDPH City Clinic. This activity is funded by 18-1802. Continue HIV/STI/HCV testing in Jail Health Services which is partially funded by 18-1802. • Continue high volume community- based HIV/HCV/STI testing for high prevalence populations (MSM, trans women, PWID) at San Francisco AIDS Foundation's Magnet clinic, UCSF Alliance Health Project, and as well as testing in agencies providing services to AAMSM (SFAF), Latino MSM (AGUILAS, IFR) trans women (SFCHC) and PWID (Glide, SFAF) in "Special Projects. • Continue HIV/HCV testing in substance use treatment settings (Westside, Bayview Hunter's Point Foundation) • We are dropping rapid HIV rapid testing from PrEP f/u visits at Magnet, (highest volume site) and that we are considering doing the same at SFCC, and that once the rapid HIV test is dropped, we will continue to test patients for HIV using a pooled HIV RNA. So no longer testing them twice. If clients reports not being adherent to PrEP rapid test will run. be run. This should free up fund to allow for expanded	No anticipated changes.
Activity 5.B: Provide screening for PrEP eligibility	• Continue continuum of PrEP services in community-based settings at five agencies providing services to MSM (AHP)	No anticipated changes.

Goal/Priority 5:	Prevent new infections among HIV negative persons	
	AAMSM (SFAF), Latino MSM (AGUILAS, IFR) trans women (SFCHC) and Youth (LYRIC). • Continue continuum of PrEP services in clinical settings at San Francisco City Clinic, SFDPH Primary Care clinics and Mission Wellness Pharmacy.	
Activity 5.C: Provide linkage to and support for PrEP	Provide services as in 5B above and include PrEP as a component of all HIV test counselor trainings.	No anticipated changes.
Activity 5.D: Provide risk reduction interventions for HIV-negative persons at risk for HIV infection	Continue spectrum of prevention services, from low to high threshold at five agencies providing services to AAMSM, Latino MSM, trans women, and MSM through Special Projects as described above.	No anticipated changes.
Activity 5.E: Actively refer HIV-negative persons at risk for HIV infection to essential support services, including screening and active referral for healthcare benefits, behavioral health services, and social services	• Funded: Continue high volume HIV testing at SFDPH CityClinic. • Non-funded: Continue high volume community- based testing for high prevalence populations (MSM, trans women, PWID) at San Francisco AIDS Foundation's Magnet clinic, UCSF Alliance Health Project, and as well as testing in agencies providing services to AAMSM (SFAF), Latino MSM (AGUILAS, IFR) trans women (SFCHC) and PWID (Glide, SFAF). These testing programs have referral systems in place with a focus on populations with the highest disparities in access to prevention, treatment and care.	No anticipated changes.
Strategy 6: Conduct perinatal HIV prevention and surveillance activities (or indicate if opt-out has been approved by CDC)		
Activity 6.A: Promote universal prenatal HIV testing	San Francisco was granted a waiver for Strategy 6 given 12 years of 0 perinatal transmissions.	
Activity 6.B: Provide perinatal HIV service coordination		
Activity 6.C: Conduct case surveillance for women with diagnosed HIV infection and their infants		
Activity 6.D: Conduct perinatal HIV exposure reporting		
Activity 6.E: Conduct fetal and infant mortality reviews		

Goal/Priority 6:	Cross-cutting Program Core Strategy	
Strategy 7: Conduct community-level HIV prevention activities (or indicate if opt-out has been approved by CDC)		
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
Activity 7.A: Conduct condom distribution programs	• Continue citywide condom distribution program (agencies/businesses can request free condoms from SFDPH).	No anticipated changes.

Goal/Priority 6:	Cross-cutting Program Core Strategy	
	• Distribute condoms and safer sex supplies at community venues such as bars and events and health fairs, such as Carnival, Pride, and Folsom Street Fair. • Continue to provide condom distribution at SFDPH clinics and SFDPH- funded HIV prevention programs	
Activity 7.B: Coordinate and collaborate with syringe services programs	• Not funded: Continue to support San Francisco AIDS Foundation and its community-based subcontractors to provide syringe access and disposal programs throughout SF. • Continue to expand disposal options, including large kiosks and wall-mounted disposal boxes placed in "hot spots". • Continue to engage people who use drugs about the importance of proper syringe disposal and gather input on placement of kiosks and boxes. • Continue to engage with communities and neighborhoods regarding importance of syringe services. • Continue to develop DPH Community Health Response Team to address syringe disposal issues. • Continue to provide syringe access and disposal services at homeless encampments and health fairs for people experiencing homelessness and/or who use drugs.	No anticipated changes.
Activity 7.C: Conduct social marketing campaigns	Continue two existing campaigns funded by GTZ and PriDE that focus on reducing anti HIV stigma and decreasing barriers to PrEP particularly among AAMSM and other communities of color.	No anticipated changes.
Activity 7.D: Implement social media strategies	Ensure that current and upcoming social marketing campaigns continue to incorporate social media strategies in their efforts when appropriate for the audience.	No anticipated changes.
Activity 7.E: Support community mobilization	Work with the HCPC and other community partners to develop innovative strategies for reaching and mobilizing communities of color.	No anticipated changes.

Goal/Priority 7:	Reduce HIV-related Health Inequalities (cross-cutting)	
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
G/P.7 Address Stigma as a driver of health disparities.	Reducing HIV related stigma to zero in San Francisco is one of GTZ's 3 goals and also one of the initiative's 4 strategies. DPH will continue to support the GTZ Stigma Committee and consider recommendations on how to address stigma among people at risk for and living with HIV, particularly among people of color. A campaign to promote U=U is in development.	No anticipated changes.

Goal/Priority 8:	Cross-cutting Operational and Foundational Strategies
Strategy 8: Develop partnerships to conduct integrated HIV prevention and care planning	

Goal/Priority 8:	Cross-cutting Operational and Foundational Strategies	
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
Activity 8.A: Maintain HIV planning group	• Continue to maintain partnership with the HCPC and build Council members' capacity to participate in integrated planning. • Write, submit, and disseminate an updated SF EMA Integrated HIV Prevention and Care Plan, incorporate HCPC recommendations. • Monitor the SF EMA Integrated HIV Prevention and Care Plan.	No anticipated changes
Activity 8.B: Develop HIV prevention and care networks	• Co-develop an integrated prevention and care "roadmap" with the HCPC to guide future funding and services. • Conduct extensive community engagement with care and prevention provider networks to give input on the roadmap. • Continue to maintain and support GTZ initiatives and subcommittees using the goals and strategies of the initiative as a lens for prioritizing services. • SFDPH will continue to engage the HCPC in data-driven planning through annual and as-needed presentations and discussions focusing on trends in the HIV Care Continuum by demographic groups. Population-based surveillance data as well as community and program-level data will inform this process.	Continue to maintain networks during roadmap implementation, to get feedback on what is working and what needs to be changed.
Strategy 9: Implement structural strategies to support and facilitate HIV surveillance and prevention		
Activity 9.A: Ensure data security, confidentiality, and sharing	SFDPH staff and funded contractors are trained in the local SFDPH data and confidentiality standards (which comply with NCHHSTP standards), the CDC security and confidentiality standards and the State Office of AIDS standards at the time of hire and yearly thereafter. SFDPH HIV surveillance maintains secure procedures for data sharing, including D2C activities and use of surveillance data across HIV programs including prevention programs and LINCS within the context of existing laws.	No anticipated changes
Activity 9.B: Strengthen laws, regulations, and policies	The State of California has laws governing how HIV surveillance data is collected and shared in place that have allowed SFDPH HIV surveillance to successful ensure data security, confidentiality and sharing.	No anticipated changes
Activity 9.C: Strengthen health information systems infrastructure	SFDPH is in the process of implementing a new electronic health record (EHR) system for DPH (Go Live is August 3, 2019). The two main hospitals (ZSFG and Laguna Honda Hospital), Ambulatory Care clinics, the Population Health Division clinics, the Public Health Laboratory, and Jail Health Services, and Behavioral Health clinics are undergoing adoption of the new EHR and we are currently in the adoption phase of the build. Representatives from HIV surveillance and HIV prevention have been meeting regularly with this EHR team to assess how the new EHR will enhance public health surveillance, analysis and reporting. We are identifying changes in work flows and resource needs that will support	No anticipated changes

Goal/Priority 8:	Cross-cutting Operational and Foundational Strategies	
	the new EHR when we are live with the new system while taking a critical look at improving our work flows and becoming more efficient in the work that we do. We are discussing metrics and reporting of standardized data definitions and processes.	
Activity 9.D: Promote expansion of technological advances	SFDPH staff is working with a large community testing site to pilot test a more efficient and secure mechanism using DocuSign for passive HIV case reporting. The pilot will be used to identify reporting issues and inform protocol revisions and roll-out to other passive reporting sites.	After this pilot test, lessons learned will be applied and additional testing sites will be invited to participate in case reporting using DocuSign.
Strategy 10: Conduct data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities		
Activity 10.A: Conduct data-driven planning for HIV surveillance, prevention, and care activities	SFDPH, in collaboration with the Getting to Zero Consortium, is developing a formalized system for data driven planning, monitoring, and evaluation using "scorecards" developed using the Results-Based Accountability framework (Friedman). The scorecards will be used to monitor data at community-based organizations as well as at the population level. In addition, HIV surveillance data will be continued to be analyzed and shared to monitor the impact of local HIV prevention efforts on the population level and to provide a data-driven basis for changes in policies or strategies.	No anticipated changes
Activity 10.B: Conduct data-driven monitoring and evaluation and use findings to continuously improve HIV surveillance and prevention activities	Program-level, strategy-level, and collective impact scorecards have begun to illuminate successes as well as disparities and gaps that need to be addressed. HIV surveillance data is being actively shared with GTZ subcommittees focusing on specific vulnerable populations including the homeless and people who inject drugs and with community prevention partners.	No anticipated changes
Strategy 11: Build capacity for conducting effective HIV program activities, epidemiologic science, and geocoding		
Activity 11.A: Assess capacity-building assistance needs	2018 will be an intensive planning year for SFDPH as it embarks on formative work for an RFP being released in 2019. SFDPH will work closely with CBOs to plan for shifts in HIV prevention strategies and activities. CBA needs will be assessed and CBA plans developed annually thereafter.	No anticipated changes
Activity 11.B: Develop and implement capacity-building assistance plans, including technical assistance	As the new prevention strategies and activities are being developed, SFDPH will continue its communication with its community partners and HCPC and develop trainings to ensure providers are successful in their new ventures.	No anticipated changes
Activity 11.C: Enhance epidemiologic and analytic capacity (e.g., data to care, cluster detection and investigation) and other prevention activities	SFDPH has been conducting Data to Care (DTC) activities as a joint activity between HIV surveillance and the LINCS program since 2012 and DTC activities have increased with CDC PrIDE funding in recent years. Drawing on past experience, we continue to refine and improve our DTC efforts and apply lessons learned in DTC to local Data to PrEP efforts for prevention of HIV. In addition, we will implement HIV-TRACE as a new tool to identify persons of concern who are not virally suppressed and/or who are part of a recent transmission cluster and continually evaluate the utility of this new tool as a prevention activity.	No changes.

Goal/Priority 8:	Cross-cutting Operational and Foundational Strategies	
Activity 11.D: Enhance geocoding and data linkage capacity	SFDPH surveillance collects complete address at time of diagnosis and current address is updated through routine follow-up chart abstraction. This information is geocoded to the census tract level and maps showing, for example, the geographic distribution of all PLWH, newly diagnosed cases, and their viral suppression and linkage to care rates as well as testing rates by neighborhood and zip code are produced and shared in our annual epidemiology report.	No anticipated changes

Section 2: Timeline for Evaluation Tasks

Use the timeline below to list the project tasks and responsible parties associated with evaluating your program. Place an "X" in the appropriate date box to indicate task timeframes. If your project officer has exempt your program from performing specific activities, please note the exemption by entering "NA" or "exempt" on the Evaluation Task line. Project tasks should support the activities described in Section 1.

Evaluation Task	Responsible Party	Timeframe for Conducting Task				
		TASK COMPLETED	MONTHLY	QUARTERLY	SEMI-ANNUALLY	ANNUALLY
Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response						
Activity: 1.A	**HIV surveillance: Collect HIV case data, including (but not limited to) data on CD4 cell count, HIV viral load, molecular laboratory test results, vital status, and geocoding**					
Routinely conduct evaluation of completeness, timeliness and data quality of HIV case and lab reporting and ensure surveillance process and outcome standards are met.	Ling Hsu		x			
Activity 1.B	HIV prevention program monitoring & evaluation: Collect data to monitor and evaluate HIV prevention programs					
Routinely conduct evaluation of completeness, timeliness and data quality of HIV testing data and work with reporting sites to resolve data issues.	Annie Vu		x			
Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV infection						
Activity 2.A	Conduct HIV testing					
Community-based organizations key in HIV testing data into EvalWeb within a week of collection	Thomas Knoble, Annie Vu	x				
City Clinic extracts data from its own system (ISHTR) and uploads into EvalWeb q 3 months	Bob Kohn			x		
Reviewed HIV testing data at quarterly HIV Test Coordinators Meeting	Thomas Knoble			x		
Activity 2.B	Conduct HIV partner services (for new and previously diagnosed persons)					
Community-based organizations report HIV positive cases to Surveillance within 24 hours	Thomas Knoble	X				
Surveillance alerts DPH Partner Services-LINCS counselors upon receipt.	Ling Hsu		x			
Partner Services and LINCS data are reviewed by joint CHEP-DPC staff quarterly	Erin Antunez			x		
Strategy 3: Develop, maintain, and implement a plan to respond to HIV transmission clusters and outbreaks						
Activity 3.A	Identify and investigate HIV transmission clusters and outbreaks					
No response necessary.						
Activity 3.B	Rapidly respond to and intervene in HIV transmission clusters and outbreaks					
No response necessary.						
Activity 3.C	Maintain outbreak identification and response plan					

Evaluation Task	Responsible Party	Timeframe for Conducting Task				
		TASK COMPLETED	MONTHLY	QUARTERLY	SEMI-ANNUALLY	ANNUALLY
No response necessary.						
Strategy 4: Provide comprehensive HIV-related prevention services for people living with diagnosed HIV infection						
Activity 4.A Provide linkage to HIV medical care for persons with newly and previously diagnosed HIV infection identified through HIV testing and partner services						
Funded sites notify Partner Services – LINCS Team at City Clinic for partner services and linkage.		As needed.				
LINCS verifies linkage to care for funded sites by reviewing labs and clinic data.			x			
LINCS contacts NIC or unlinked persons per protocol.			x			
Activity 4.B: Conduct data-to-care activities						
Provide surveillance generated NIC lists to the LINCS team, of HIV-positive individuals potentially not-in-care or other prioritized groups such as persons experiencing viral failure, those with early infection, and those in transmission clusters.	Ling Hsu	As needed or requested.			x	
Incorporate LINCS and PHAST team data into surveillance data including updating any missing information (e.g. address, demographics).	Ling Hsu	As needed.	x			
Activity 4.C: Promote early ART initiation						
Implement regular public health detailing to educate medical providers and frontline workers about RAPID	Darpun Sachdev Alyson Decker Frontline Organizing Group	As needed.				
Activity 4.D Support medication adherence						
Support trainings such as HIV Health Coaching training to cover adherence counseling, medication reconciliation and action planning.	Thomas Knoble	As needed.				
Activity 4.E Promote and monitor HIV viral suppression						
Calculate percent virally suppressed among persons living with HIV including new and known diagnoses and identify populations with lower level of viral suppression for intervention.	Ling Hsu			x		
Activity 4.F Monitor HIV drug resistance						
Collect and process HIV nucleotide sequences reported by laboratories and use the CDC processed HIV sequence dataset and accompanying SAS programs to assess transmitted drug resistance among new HIV diagnoses.	Mia Chen		x			
Present results in our HIV annual report for dissemination.	Mia Chen					x
Activity 4.G Conduct risk-reduction interventions for PLWH						
Continue to fund PWP interventions at CBOs.	John Melichar		x			
Support efforts to reach prioritized populations with the highest disparities in retention and viral load suppression.	John Melichar		x			
Activity 4.H Actively refer PLWH to essential support services, including screening and active referral for healthcare benefits, behavioral health services, and social services						
Funded sites notify Partner Services – LINCS Team at City Clinic for partner services and linkage.	John Melichar		x			
Strategy 5: Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection						
Activity 5.A Provide periodic HIV testing and risk screening						
San Francisco continued high volume community-based testing for high prevalence populations (MSM, trans women, PWID) at San Francisco AIDS Foundation's Magnet clinic,	John Melichar		x			

Evaluation Task	Responsible Party	Timeframe for Conducting Task				
		TASK COMPLETED	MONTHLY	QUARTERLY	SEMI-ANNUALLY	ANNUALLY
UCSF Alliance Health Project, and as well as testing in agencies providing services to AAMSM (SFAF), Latino MSM (AGUILAS, IFR) trans women (SFCHC) and PWID (Glide, SFAF) and people in substance use treatment settings (Bayview Hunter's Point Foundation, Bay Area Addiction Research and Treatment (BAART), University of California Opiod Treatment Outpatient Program).						
Activity 5.B Provide screening for PrEP eligibility						
All funded HIV testing sites are required to screen for PrEP eligibility.	Thomas Knoble Nikole Trainor		x			
Activity 5.C Provide linkage to and support for PrEP						
Support three PrEP programs for all at-risk populations, and three population-specific programs I.e. AAMSM, Latino MSM, and TFSM.	Nikole Trainor		x			
Activity 5.D Provide risk reduction interventions for HIV-negative persons at risk for HIV infection						
Continue planning for updating data collection system with PrEP eligibility, documentation of linkage to referrals	Thomas Knoble Nikole Trainor		x			
Activity 5.E Actively refer HIV-negative persons at risk for HIV infection to essential support services, including screening and active referral for healthcare benefits, behavioral health services, and social services						
Increase integrated testing models, supporting sites to include STD and HCV testing.	Thomas Knoble		x			
Strategy 6: Conduct perinatal HIV prevention and surveillance activities (or indicate if opt-out has been approved by CDC)						
Activity 6.A *Promote universal prenatal HIV testing*						
San Francisco has been approved to opt-out of this strategy.						
Activity 6.B *Provide perinatal HIV service coordination*						
Activity 6.C *Conduct case surveillance for women with diagnosed HIV infection and their infants*						
Activity 6.D *Conduct perinatal HIV exposure reporting*						
Activity 6.E *Conduct fetal and infant mortality reviews*						
Strategy 7: Conduct community-level HIV prevention activities (or indicate if opt-out has been approved by CDC)						
Activity 7.A Conduct condom distribution programs						
Include lineitem for condom purchasing in all contracts.	John Melichar	As needed.				
Buy and distribute condoms to agencies not funded by CHEP.	John Melichar		x			
Buy and distribute condoms to SFAF program for secondary city-wide distribution for .	John Melichar		x			
Activity 7.B Coordinate and collaborate with syringe services programs						
Participate in monthly Syringe Access Committee meetings.	Eileen Loughran		x			
Collect number of syringes made available, collected, and number of contacts made for all syringe programs.	Eileen Loughran		x			
Collect data on number of syringe sweeps and total number of hours dedicated to clean-up efforts.	Eileen Loughran		x			

Evaluation Task	Responsible Party	Timeframe for Conducting Task				
		TASK COMPLETED	MONTHLY	QUARTERLY	SEMI-ANNUALLY	ANNUALLY
Activity 7.C Conduct social marketing campaigns						
Work with Stigma Committee for SF Loves; broaden stigma focus from HIV to include other populations such as people experiencing homelessness, trans persons.	John Melichar		x			
Continue PrEP Supports, enhance with new artwork, new models, continue to produce collateral and increase placement in the community.	Nikole Trainor		x			
Activity 7.D Implement social media strategies						
Continue to fund community-based organizations to use social media platforms to educate and recruit populations into programs.	John Melichar		x			
Activity 7.E Support community mobilization						
Continue to staff the following advisory and advocacy groups. Trans Advisory Group (TAG) Getting to Zero (GTZ) End Hep C SF	Oscar Macias Nikole Trainor Katie Burk		x			
Strategy 8: Develop partnerships to conduct integrated HIV prevention and care planning						
Activity 8.A Maintain HIV planning group						
Continue to support HIV Community Planning Group by funding logistics, staffing, and maintaining government co-chair position.	Thomas Knoble		x			
Continue to support steering, membership, subcommittees and ad hoc groups that support the HIV Community Planning Group.	Thomas Knoble		x			
Activity 8.B Develop HIV prevention and care networks						
Use 19-1906 End the HIV Epidemic planning process to convene a broad spectrum of stakeholders and community voices for input long-term strategies and priorities.	Hanna Hjord		x			
Strategy 9: Implement structural strategies to support and facilitate HIV surveillance and prevention						
Activity 9.A Ensure data security, confidentiality, and sharing						
Conduct annual security and confidentiality training.	Ling Hsu					x
Activity 9.B Strengthen laws, regulations, and policies						
Review and clarify HIV reporting regulations and requirements and provide assistance to providers and laboratories as needed.	Ling Hsu					x
Activity 9.C Strengthen health information systems infrastructure						
Review reporting systems, data flows and databases for HIV surveillance and prevention data and make modifications to improve functionality and efficiency.	Ling Hsu					x
Activity 9.D Promote expansion of technological advances						
Evaluate the implementation of DocuSign for HIV case reporting.	Ling Hsu	x				
Strategy 10: Conduct data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities						
Activity 10.A Conduct data-driven planning for HIV surveillance, prevention, and care activities						
Release RFP allocating funding to prioritized populations based on epidemiology and equity matrix.	John Melichar					x
Apply for and begin to coordinate Ending the Epidemic planning and prioritization process						x
Activity 10.B Conduct data-driven monitoring and evaluation and use findings to continuously improve HIV surveillance and prevention activities						
Present HIV surveillance data at GTZ and HIV prevention and care planning meetings.	John Melichar Ling Hsu					x

Evaluation Task	Responsible Party	Timeframe for Conducting Task				
		TASK COMPLETED	MONTHLY	QUARTERLY	SEMI-ANNUALLY	ANNUALLY
Strategy 11: Build capacity for conducting effective HIV program activities, epidemiologic science, and geocoding						
Activity 11.A Assess capacity-building assistance needs						
Assess technical assistance needs for funded entities at each HCPC meeting, HIV Testing Coordinator	John Melichar			x		
Activity 11.B Develop and implement capacity-building assistance plans, including technical assistance						
In coordination with the Business Office, conduct program monitorings and develop action plans for improvement where it is needed.	John Melichar					x
Activity 11.C Enhance epidemiologic and analytic capacity (e.g., data to care, cluster detection and investigation) and other prevention activities						
Conduct analysis and disseminate findings through HIV annual report, conference presentations and peer-reviewed journals.	Ling Hsu					x
Activity 11.D Enhance geocoding and data linkage capacity						
Train staff, collaborate with California Office of AIDS and follow CDC guidance to conduct geocoding and data linkage activities.	Ling Hsu					x

Section 3: Collection and Quality Assurance of CDC-Required Data

In the table below, please list any experienced or anticipated delays in collecting required data, the reason for the delay, the resolution, and any capacity-building assistance you will need to help resolve the delays. At a minimum, you should consider **NHM&E** and **Surveillance** data. If you do not have any data collection delays or capacity building/TA needs, please enter "NA" in the "Delayed Activities" column.

Data Collection Delays (refer to Year 1 EPMP Table 8)		
Delayed Activities	**Reason for Data Collection Delay and Anticipated Resolution**	**TA and Capacity Building Needs**
N/A		

Section 4: Updates to Other Sections of the Year 1 EPMP (if any)

In the table below, please describe any other updates to the Year 1 EPMP. If there are no changes to the sections listed, indicate "No Updates".

Updates to Other Sections of the Year 1 EPMP (if any)			
EPMP Component	**EPMP Table**	**No Updates**	**Briefly Describe Update (if any)**
Logic Model	NA	☒	

Updates to Other Sections of the Year 1 EPMP (if any)			
EPMP Component	**EPMP Table**	**No Updates**	**Briefly Describe Update (if any)**
Priority/Target Populations	2	☒	
Stakeholder Engagement	3	☒	
Primary Users of Evaluation	4	☒	
Local Monitoring and Evaluation Measures	6	☒	
Data Collection and CDC Transmission	7	☒	
Data Management Plan	9	☐	The newly required variables, eHARS state and city numbers, are managed by the HIV Surveillance Unit and meet CDC standards for physical and digital security. Testing events with eHARS data are analyzed in an area with restricted access and PGP-shredded off local computer at the end of the day. When not in use, the data is stored on an encrypted flash drive and stored in the HIV registry, a room with an alarm within the restricted space. Updates to positive tests are made by an HIV surveillance epidemiologist directly into Evaluation Web.
Evaluation Reports	10	☒	
Data Monitoring Reviews and Use	11	☒	
Sharing of Evaluation Findings and Lessons Learned	12	☒	
Contract Support for Program or Evaluation Related Activities	13	☒	
MOU, MOA, or Data Sharing Agreements	14	☒	
Key CDC Indicators	15	☒	
Local Objectives	16	☒	