**Department of Health and Human Services**
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

**Notice of Award**
FAIN# H79TI086358
**Federal Award Date**
08/07/2023

## Recipient Information

**1. Recipient Name**
CITY & COUNTY OF SAN FRANCISCO
101 GROVE ST
SAN FRANCISCO, CA 94102

**2. Congressional District of Recipient**
11

**3. Payment System Identifier (ID)**
1946000417A8

**4. Employer Identification Number (EIN)**
946000417

**5. Data Universal Numbering System (DUNS)**
103717336

**6. Recipient's Unique Entity Identifier**
DCTNHRGU1K75

**7. Project Director or Principal Investigator**
Harmony Bulloch

harmony.bulloch@sfdph.org
707-327-7162

**8. Authorized Official**
Dr. Hilary Kunins
hillary.kunins@sfdph.org
415-255-3400

## Federal Agency Information

**9. Awarding Agency Contact Information**
Linda Kim
Grants Specialist
linda.kim@samhsa.hhs.gov
240-276-1865

**10. Program Official Contact Information**
Amara Matlock
Program Official
amara.matlock@samhsa.hhs.gov
240-276-1768

## Federal Award Information

**11. Award Number**
1H79TI086358-01

**12. Unique Federal Award Identification Number (FAIN)**
H79TI086358

**13. Statutory Authority**
Section 546 of the PHS Act, (42 USC 290ee-1), as amended

**14. Federal Award Project Title**
Building City-Wide Capacity for Community and Traditional First Responders in Overdose Response

**15. Assistance Listing Number**
93.243

**16. Assistance Listing Program Title**
Substance Abuse and Mental Health Services_Projects of Regional and National Significance

**17. Award Action Type**
New Competing

**18. Is the Award R&D?**
No

### Summary Federal Award Financial Information

| | |
|---|---|
| **19. Budget Period Start Date** 09/30/2023 **– End Date** 09/29/2024 | |
| **20. Total Amount of Federal Funds Obligated by this Action** | $500,000 |
| 20a. Direct Cost Amount | $500,000 |
| 20b. Indirect Cost Amount | $0 |
| **21.** Authorized Carryover | |
| **22.** Offset | |
| **23.** Total Amount of Federal Funds Obligated this budget period | $500,000 |
| **24. Total Approved Cost Sharing or Matching, where applicable** | $0 |
| **25. Total Federal and Non-Federal Approved this Budget Period** | $500,000 |
| **26. Project Period Start Date** 09/30/2023 **– End Date** 09/29/2027 | |
| **27.** Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period | $500,000 |

**28. Authorized Treatment of Program Income**
Additional Costs

**29. Grants Management Officer - Signature**
Rosalie Vega

**30. Remarks**

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

Notice of Award

First Responders CARA (FR-CARA) **Issue Date:** 08/07/2023
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

**Award Number:** 1H79TI086358-01
**FAIN:** H79TI086358
**Program Director:** Harmony Bulloch

**Project Title:** Building City-Wide Capacity for Community and Traditional First Responders in Overdose Response

**Organization Name:** CITY & COUNTY OF SAN FRANCISCO

**Authorized Official:** Dr. Hilary Kunins

**Authorized Official e-mail address:** hillary.kunins@sfdph.org

**Budget Period:** 09/30/2023 – 09/29/2024
**Project Period:** 09/30/2023 – 09/29/2027

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of $500,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to CITY & COUNTY OF SAN FRANCISCO in support of the above referenced project. This award is pursuant to the authority of Section 546 of the PHS Act, (42 USC 290ee-1), as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Rosalie Vega
Grants Management Officer
Division of Grants Management

See additional information below

## SECTION I – AWARD DATA – 1H79TI086358-01

**Award Calculation (U.S. Dollars)**

| | |
|---|---|
| **Personnel(non-research)** | $108,845 |
| **Fringe Benefits** | $43,157 |
| **Supplies** | $248,010 |
| **Other** | $99,988 |
| **Direct Cost** | $500,000 |
| **Approved Budget** | $500,000 |
| **Federal Share** | $500,000 |
| **Cumulative Prior Awards for this Budget Period** | $0 |
| **AMOUNT OF THIS ACTION (FEDERAL SHARE)** | $500,000 |

| SUMMARY TOTALS FOR ALL YEARS | |
|---|---|
| **YR** | **AMOUNT** |
| 1 | $500,000 |
| 2 | $500,000 |
| 3 | $500,000 |
| 4 | $500,000 |

Note: Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

**Fiscal Information:**

| | |
|---|---|
| **CFDA Number:** | 93.243 |
| **EIN:** | 1946000417A8 |
| **Document Number:** | 23TI86358A |
| **Fiscal Year:** | 2023 |

| **IC** | **CAN** | **Amount** |
|---|---|---|
| TI | C96N708 | $500,000 |

| IC | CAN | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|
| TI | C96N708 | $500,000 | $500,000 | $500,000 | $500,000 |

**TI Administrative Data:**
**PCC:** FRCARA23 / **OC:** 4145

## SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI086358-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

**SECTION III – TERMS AND CONDITIONS – 1H79TI086358-01**

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

a. The grant program legislation and program regulation cited in this Notice of Award.
b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
c. 45 CFR Part 75 as applicable.
d. The HHS Grants Policy Statement.
e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:**
Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than $10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

**SECTION IV – TI SPECIAL TERMS AND CONDITIONS – 1H79TI086358-01**

## REMARKS

### New Award

**This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity # TI-23-012 *(First Responders – Comprehensive Addiction and Recovery Act) (FR-CARA)* has been selected for funding.**

*The purpose of this program is to support first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act (FD&C Act) for emergency reversal of known or suspected opioid overdose. Recipients will train and provide resources to first responders and members of other key community sectors at the state, tribal, and local levels on carrying and administering a drug or device approved or cleared under the FD&C Act for emergency treatment of known or suspected opioid overdose. Recipients will also establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery support services, safety around fentanyl, carfentanil, other synthetic opioids (CDC) and other licit and illicit drugs associated with overdoses. The FR-CARA program is authorized under Section 546 of the Public Health Service Act, (42 USC 290ee-1), as amended.*

**Policies and Regulations**

Accepting a grant award or cooperative agreement requires the recipient organization to comply with the terms and conditions of the NoA, as well as all applicable Federal Policies and Regulations. This award is governed by the Uniform Guidance 2 Code of Federal Regulations (CFR) § 200 as codified by HHS at 45 CFR § 75; Department of Health and Human Services (HHS) Grants Policy Statement; SAMHSA Additional Directives; and the Standard Terms and Conditions for the fiscal year in which the grant was awarded.

**Key Personnel**

Key personnel are organization staff members or consultants/subrecipients who must be part of the project regardless of whether they receive a salary or compensation from the project. These individuals must make a substantial contribution to the execution of the project.

Key Personnel for this program are the **Project Director with at least 50 percent level of effort** (person responsible for overseeing, monitoring, and managing the award), **and the Evaluator with at least 20 percent level of effort** (organization or assigned individual within the organization) responsible for evaluating processes and outcomes of the award, and oversight of reporting in SPARS.

The Key Personnel identified in your application have not been approved by SAMHSA. Your assigned GPO will confirm approval via eRA Correspondence within 60 days of receipt of this NoA. If SAMHSA's review of the Key Personnel results in the proposed individual not being approved or deemed not qualified for the position, the organization will be required to submit a qualified candidate for the Key Personnel position. SAMHSA will not be liable for any related costs incurred on this grant award.
The identified PD for this program is listed in item #7 "Project Director or Principal Investigator" on the cover page of the NoA. If the individual identified on the NoA is incorrect, you must notify your assigned Government Project Officer (GPO) and Grants Management Specialist (GMS) via email immediately and plan to submit a post award amendment for a change in key personnel via eRA Commons. Key personnel or other grant-supported staff may not exceed 100% level of effort across all federal and non-federal funding sources.

Any changes to key staff, including level of effort involving separation from the project for more than three months or a 25 percent reduction in time dedicated to the project, requires prior approval, and must be submitted as a post-award amendment in eRA Commons. Refer to SAMHSA's website for more information on submitting a key personnel change. See SAMHSA PD Account Creation Instructions for a quick step-by-step guide and SAMHSA Grantee PD Account Creation Slides for additional information on the eRA Commons registration process for the PD.

**Funding Limitations**

SAMHSA reserves the right to disallow costs under this grant award at any time during the award project period. Award recipients are responsible for ensuring that costs allocated to the grant award are reasonable and allowable in accordance with the Notice of Funding Opportunity and all applicable Policies & Regulations.

The Cost Principles that delineate the allowable and unallowable expenditures for HHS recipients are described in the Code of Federal Regulations.

Funding Limitations and Restrictions are listed in the Notice of Funding Opportunity
You may also reference the SAMHSA grantee guidelines on Financial Management Requirements.

**Unallowable Costs**

Recipients must exercise proper stewardship over Federal funds and ensure that costs charged to awards are allowable, allocable, reasonable, necessary, and consistently applied regardless of the source of funds according to the "Factors affecting allowability of costs" per 2 CFR § 200.403 and the "Reasonable costs" considerations per 2 CFR § 200.404. A cost is reasonable

if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

**Supplanting**
"Supplement Not Supplant" grant funds may be used to supplement existing activities. Grant funds may not be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a federal grant.

**Award Payments**
Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). First time PMS users must obtain access to view available funds, request funds, or submit reports. Users will need to request permission and be approved by PSC. Inquiries regarding payments should be directed to PMS by emailing the helpdesk at PMSSupport@psc.hhs.gov or call 1-877-614-553. You should also visit the PSC website for more information about their services - https://pms.psc.gov/.

**Special Terms & Conditions of Award**
There may be special terms and conditions associated with your grant award. Recipients must address all special terms and conditions by the reflected due date. See the Special Terms of Award and Special Conditions of Award sections below for the specific terms and conditions associated with your grant award. A recipient's failure to comply with the terms and conditions of award, may cause SAMHSA to take one or more actions, depending on the severity and duration of the non-compliance. SAMHSA will undertake any such action in accordance with applicable statutes, regulations, and policies.

**Responding to Award Terms & Conditions**
All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions or how to submit a post award amendment request please refer to Training Materials under the heading "Grant Management Reference Materials for Grantees."

**Prior Approval Requirements**
Prior approval is required for the following changes to your grant award: Changes in the status of the Project Director, or other key personnel named in the NoA; Changes in scope; Significant re-budgeting and Transfer of substantive programmatic work; Carryover of unobligated balances; Change of grantee organization; Deviation from award terms and conditions; No-cost extension and Transfer of substantive programmatic work. A full list of actions requiring prior approval can be found on page II-49 of the HHS Grants Policy Statement Exhibit 5 (Summary of Actions Requiring OPDIV Prior Approval). All prior approval actions must be submitted as post award amendment requests in eRA Commons.

**Post Award Amendments**
If information on the NoA needs to be changed, it will require approval from the federal agency before the grant recipient can implement the modification. Please refer to the SAMHSA website for specific SAMHSA guidance on how to submit a Post Award Amendments in eRA Commons:

**Primary Contacts**
- For technical support, contact eRA Service Desk at 866-504-9552 (Press 6 for SAMHSA Grantees).
- For budget and grants management related questions, contact your assigned GMS.
- For programmatic questions, contact your assigned GPO.

**Contact information for the GMS and GPO are listed on the last page of this NoA.*

**Training & Resources** – Visit the following pages on our website for more information on

implementation, monitoring and reporting on your new grant award:

- Grants Management
- Training & Resources for recipients
- eRA Commons

## SPECIAL TERMS

### Risk Assessment

The Office of Financial Advisory Services (OFAS), SAMHSA may perform an administrative review of your organization's financial management systems, policies, procedures and records. If the review discloses material weaknesses or other financial management concerns, grant funding may be restricted in accordance with 45 CFR 75/2 CFR 200, as applicable. The restriction will affect your organization's ability to withdraw funds from the Payment Management System account, until the concerns are addressed.

### Funding Limitations/Restrictions

The funding restrictions for this project are as follows:

- Recipients may use up to 20 percent of the total award for the budget period for data collection, performance measurement, and performance assessment.
- Recipients may use up to 10 percent of the total award for the budget period for state, tribal, or local governmental administrative costs.
- Recipients may use up to 15 percent of the total award for infrastructure development to support the direct service expansion of the project.
- SAMHSA award funds must not be used for the same activities that are funded by the Health Resources Services Administration (HRSA), CDC, or other SAMHSA programs.
- Only drugs or devices approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose may be purchased with FR-CARA funds.

**SAMHSA recipients must also comply with SAMHSA's standard funding restrictions, which are included in Appendix I (Standard Funding Restrictions).**

### Disparity Impact Statement (DIS)

By **November 29, 2023**, submit via eRA Commons.
The DIS should be consistent with information in your application regarding access, *service use and outcomes for the program and include three components as described below. Questions about the DIS should be directed to your GPO. Examples of DIS can be found on the SAMHSA website at: https://www.samhsa.gov/grants/grants-management/disparity-impact-statement. *Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training, and/or technical assistance activities.

**The disparity impact statement consists of three components:**

1. Proposed number of individuals to be served and/or reached by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.
2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.

3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:
a. Diverse cultural health beliefs and practices;
b. Preferred languages; and
c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

**All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons.** For more information on how to respond to tracked terms and conditions please refer to **https://www.samhsa.gov/grants/grants-training-materials** under heading **How to Respond to Terms and Conditions.**

## SPECIAL CONDITIONS

### Marginal or Unacceptable (Marginal Rating)

By ***10/30/2023***, submit via eRA Commons.

Your organization received a marginal rating for Section A: Population of Focus and Statement of Need. Reviewers noted the following:
• The applicant organization does not adequately provide a demographic profile that aligns with the population of focus.
• The applicant does not detail service gaps and provide sufficient information that would justify the need.

By **October 30, 2023**, you must submit a response to the following to ensure that you meet an acceptable standard for this section:
o Provide a detailed narrative describing the demographic profile of the population of focus, including service gaps and sufficient justification of the need.

**All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons.** For more information on how to respond to tracked terms and conditions please refer to **https://www.samhsa.gov/grants/grants-training-materials** under heading **How to Respond to Terms and Conditions.**

### SMA 170 Charitable Choice Form

By **10/30/2023**, submit in eRA.

The SMA 170 Charitable Choice form was not included with application.

- https://www.samhsa.gov/sites/default/files/charchoice_assurance.pdf

** If your organization is not faith-based, indicate "Not Applicable" on the form (no need to sign) and submit.*

**All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons.** For more information on how to respond to tracked terms and conditions please refer to **https://www.samhsa.gov/grants/grants-training-materials** under heading **How to Respond to Terms and Conditions.**

## Identification of Key Personnel

This NOFO [TI-23-012] requires a (1) Project Director to be budgeted a minimum of 50% level of effort (LOE) and (2) an Evaluator @ 20%.

By **10/30/2023**, submit a post-award amendment request via eRA for approval of the following required key personnel:

- A Project Director @ a minimum of 50% LOE

Organizations receiving Federal Funds may not exceed 100% level of effort for any program staff member (Key Personnel or otherwise) across all federally funded sources.

Any changes to Key Personnel including level of effort involving separation from the project for any continuous period of three months or longer, or a reduction in time dedicated to the project of 25% or more requires prior approval and must be submitted as a postaward amendment in eRA Commons.

Note: If an organization is awarded a grant and chooses to move forward with hiring an individual for a Key Personnel position before receiving SAMHSA s formal approval, this will be done at the organization s own risk.

For additional information on post-award amendment requirements, please visit the SAMHSA website: https://www.samhsa.gov/grants/grants-management/post-award-amendments

## Revised Budget/Narrative Justification

Per the NOFO, your budget/narrative justification must be concrete and specific, demonstrating costs as necessary, reasonable and allocable to the grant. You must justify the basis for each proposed cost and how that cost was calculated. Budget/narrative details must be aligned with your programmatic narrative, referencing activities, resources, staff and other items. In addition, your budget must address the funding limitations/restrictions specified in Section IV-5 of the NOFO as these expenses must be identified in your proposed budget.

By **10/30/2023**, submit via eRA Commons a revised detailed budget/narrative addressing the following items:

**A. Personnel** - All key personnel required per the NOFO must be identified in your budget, including names, salaries and Level of Effort (LOE), even if the positions are filled at no-cost/in-kind to SAMHSA.

- List the Evaluator in the budget with the necessary details.

**B. Fringe Benefits @ 39.65%**

- Provide the respective percentages of each fringe component unless it is a federally approved fringe rate. If the latter, include the following statement: "Fringe benefits are recovered through a federally approved fringe rate."

**E. Supplies**

- ***Data collection incentive cards:*** Given intended training in -01, explain the quantity of 600 as necessary cost.

**Funding Limitations/Restrictions** ***(see Section IV-5 of the NOFO)*****:** Identify the costs to determine your compliance with each of the following:

- *Recipients may use up to 20 percent of the total award for the budget period for data*

*collection, performance measurement, and performance assessment.*
- *Recipients may use up to 10 percent of the total award for the budget period for state, tribal, or local governmental administrative costs.*
- *Recipients may use up to 15 percent of the total award for infrastructure development to support the direct service expansion of the project.*

**All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons.** For more information on how to respond to tracked terms and conditions please refer to **https://www.samhsa.gov/grants/grants-training-materials** under heading **How to Respond to Terms and Conditions.**

## STANDARD TERMS AND CONDITIONS

### Standard Terms for Awards

Your organization must comply with the Standard Terms and Conditions for the Fiscal Year in which your grant was awarded. The Fiscal Year for your award is identified on Page 3 of your Notice of Award. SAMHSA's Terms and Conditions Webpage is located at: https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions.

**Reasonable Costs for consideration**

Recipients must exercise proper stewardship over Federal funds and ensure that costs charged to awards are allowable, allocable, reasonable, necessary, and consistently applied regardless of the source of funds according to "Reasonable Costs" consideration per 2 CFR § 200.404 and the "Factors affecting allowability of costs" per 2 CFR § 200.403. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

**Consistent Treatment of Costs**

Recipients must treat costs consistently across all federal and non-federal grants, projects and cost centers. Recipients may not direct-charge federal grants for costs typically considered indirect in nature, unless done consistently. If part of the indirect cost rate, then it may not also be charged as a direct cost. Examples of indirect costs include (administrative salaries, rent, accounting fees, utilities, office supplies, etc.). If typical indirect cost categories are included in the budget as direct costs, it is SAMHSA's understanding that your organization has developed a cost accounting system adequate to justify the direct charges and to avoid an unfair allocation of these costs to the federal government. Also, note that all awards are subject to later review in accordance with the requirements of 45 CFR 75.364, 45 CFR 75.371, 45 CFR 75.386 and 45 CFR Part 75, Subpart F, Audit Requirements.

**Compliance with Award Terms and Conditions**

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH 45 CFR 75.371, REMEDIES FOR NON-COMPLIANCE AND 45 CFR 75.372 TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

**All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.**

### Reporting Requirements

FR CARA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. Recipients are required to report performance data quarterly on the fiscal quarter.

These GPRA data are collected and reported using SAMHSA's Performance Accountability and

Reporting System (SPARS). SPARS is an online data entry, reporting, and training system that supports grantee recipients in reporting timely and accurate data to SAMHSA. A username and password are required to gain access to SPARS system, https://spars.samhsa.gov. Your assigned Government Project Officer will provide additional information about these reporting requirements after award. Grantees will be required to submit these data quarterly:

- Submit data on activities from October 1 through December 31 by January 31
- Submit data on activities from January 1 through March 30 by April 30
- Submit data on activities from April 1 through June 30 by July 31
- Submit data on activities from July 1 through September 30 by October 31

**The approved Quarter 4 report must be uploaded into eRA Commons by December 28, 2024.*

This requirement extends to all years of the grant program. Grantees are also required to complete SPARS training by **November 30, 2023**. Information on SPARS training will be shared by your GPO.

## Programmatic Progress Report

By **04/30/2024 & 12/28/2024**, submit via eRA Commons:
Grantees will be required to submit a progress report on project performance **at the midpoint of Year -01** *within 30 days of the end of the second quarter* and **annually** *within 90 days of the end of each 12-month budget period* (two reports will be required in Year 1 and one report will be required at the completion of each year thereafter). The report must discuss:

- Progress achieved in the project which should include qualitative and quantitative data (GPRA) to demonstrate programmatic progress to include updates on required activities, successes, challenges, and changes or adjustments that have been made to the project;
- Progress addressing quality care of underserved populations related to the Disparity Impact Statement (DIS);
- Barriers encountered, including challenges serving populations of focus;
- Efforts to overcome these barriers;
- Evaluation activities for tracking DIS efforts.

A final performance report must be submitted within 120 days after the end of the project period. The final performance report must be cumulative and report on all activities during the entire project period. These reports will be entered into eRA as a .pdf to the View Terms Tracking Details page in the eRA Commons System.

Note: Recipients must also comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the FOA or by the Grant Program Official (GPO). This information is needed in order to comply with PL 102-62, which requires that Substance Abuse and Mental Health Services Administration (SAMHSA) report evaluation data to ensure the effectiveness and efficiency of its programs.

**The response to this term must be submitted as .pdf documents in eRA Commons. Please contact your Government Program Official (GPO) for program specific submission information.**
For more information on how to respond to tracked terms and conditions please refer to https://www.samhsa.gov/grants/grants-training-materials under heading **How to Respond to Terms and Conditions.**

Additional information on reporting requirements is available at https://www.samhsa.gov/grants/grants-management/reporting-requirements.

## Annual Federal Financial Report (FFR or SF-425)

All financial reporting for recipients of Health and Human Services (HHS) grants and

cooperative agreements will be consolidated through a single point of entry, which has been identified as the Payment Management System (PMS). The Federal Financial Report (FFR or SF-425) initiative ensures all financial data is reported consistently through one source; shares reconciled financial data to the HHS grants management systems; assists with the timely financial monitoring and grant closeout; and reduces expired award payments. The FFR should reflect cumulative amounts. Additional guidance to complete the FFR can be found at http://www.samhsa.gov/grants/grants-management/reporting-requirements.

Your organization is required to submit an FFR for this grant funding as follows:

- No later than **12/28/2024.**

Effective January 1, 2021, recipients can connect seamlessly from the eRA Commons FFR Module to PMS by clicking the Manage FFR button on the Search for Federal Financial Report (FFR) page.

- Recipients who do not have access to PMS may use the following instructions on how to update user permission: https://pms.psc.gov/grant-recipients/access-newuser.html.
- Recipients who currently have access to PMS and are submitting or certifying the FFR on behalf of their organization, should login to PMS and update their permissions to request access to the FFR Module using the following instructions: https://pms.psc.gov/grant-recipients/access-changes.html.
- Instructions on how to submit a FFR via PMS are available at https://pmsapp.psc.gov/pms/app/help/ffr/ffr-grantee-instructions.html (**Must be logged into PMS to access link**)

**If you have questions about how to set up a PMS account for your organization, please contact the PMS Help Desk at PMSSupport@psc.hhs.gov or 1-877-614-5533. Note:** Recipients will use PMS to report all financial expenditures, as well as to drawdown funds; SAMHSA recipients will continue to use the eRA Commons for all other grant-related matters including submitting progress reports, requesting post-award amendments, and accessing grant documents such as the Notice of Award.

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**Project Title:** "Building City-Wide Capacity for Community and Traditional First Responders in Overdose Response"

**Project Summary:** San Francisco Department of Public Health (SFDPH) strongly believes that targeting our capacity building across the system of first responders is essential to increasing our ability to respond to the overdose epidemic and build long-lasting systems of support for people who use drugs. In partnership with the San Francisco Fire Department (SFFD), SFDPH will take a two-pronged approach to building capacity for our first responders, including building capacity for our community members that are often the first responders in incidents of overdose.

**Population to be Served:** San Francisco has among the highest overdose death rate in all large counties in the US, with more than 600 overdoses in 2022 alone. A full one-third of these fatal overdoses in the City occur in single-room occupancy (SRO) housing, particularly concentrated in the Tenderloin neighborhood. Additionally, while Black/African Americans comprise just 6% of the City's population, they make up 28% of the fatal overdoses and have an overdose death rate five-times the citywide rate. Recognizing the high overdose burden in the SRO, particularly by Black/African American decedents, the activities in this grant proposal focus on building capacity for both traditional and community first responders in these communities.

**Strategies/Interventions:** Our first intervention will fund the SFFD to develop training modules for emergency medical service (EMS) providers on how to recognize and respond to an overdose, field buprenorphine administration, and trauma-informed training to better prepare them to serve high-risk populations. Our complementary approach will focus on building capacity for our community first responders, particularly those within SROs. Through a cohort-based, peer-driven model, residents in SROs will complete 10 weeks of training focused on overdose response and recognition and the continuum of substance use services and treatment.

**Objectives and Outcomes:** Through the proposed EMS trainings, 100% of SFFD EMS providers will receive training. Each year, 100 EMS providers will receive training, for a total of 400 over the 4-year grant period. Staff will further be encouraged to connect with community-based treatment providers to further their understanding of SUD as a public health issue. This training will cover every SFFD EMS member in the City, including community paramedics, collaborators with the Street Overdose Response Team, paramedic captains, department leaders, and firefighter paramedics.

Through the SRO trainings, 20 residents will complete the training in Year 1, and 40 residents per year in Years 2-4, for a total of 140 SRO residents. While this number only reflects those SFDPH will directly train, the intent of this program is for SRO residents to gain the necessary tools to recognize and respond to an overdose and train their neighbors and peers and be equipped to share information on treatment and other substance use disorder (SUD) services available in SF. As a result, the reach of this program is multiplied several times over.

Recognizing that gaps persist in accessing naloxone in San Francisco SROs, SFDPH will purchase and distribute, through community partners, approximately 5,500 boxes of naloxone per year, for a total of 22,000 over 4 years. Additionally, SFDPH will purchase two naloxone vending machines to ensure there is consistent low-barrier naloxone in areas of high need.

**A-1:** San Francisco serves a large and diverse population of more than 800,000 residents. Like many other urban regions, San Francisco faces high economic inequality, housing shortages, and high rates of overdose. In 2020 alone 697 individuals died of a drug overdose in the city, 502 of which involved fentanyl. In this same year, more individuals in the city died of a drug overdose than COVID-19. Although San Francisco saw a slight decline in overdose fatalities in 2021, they continue to pose a danger to public health, with San Francisco having the highest overdose rate among large California counties. Preventing death and implementing harm reduction initiatives is a priority for the City of San Francisco. In response to the overdose crisis, the San Francisco Department of Public Health (SFDPH) recently announced its first-ever Overdose Prevention Plan.

While making great strides to address the overdose epidemic, San Francisco recognizes that reducing overdose deaths requires a city-wide effort. SFDPH proposes a two-pronged approach to increasing the capacity and training of our first responders. The World Health Organization notes that family, friends, neighbors, peer educators, and people who use opioids are most likely to be the first on the scene of an overdose and SFDPH firmly believes that community members and workers in high-risk spaces are key first responders.

Recognizing that people who use drugs and our community members are often the first responders to an overdose, one of our approaches will focus on training and building capacity for our community members, particularly those residing in Single Room Occupancy (SRO) housing.

An analysis of overdoses in San Francisco found that fully one-third of all fatal overdoses are occurring in SRO housing. Further, San Francisco Fire Department (SFFD) data show that while only 10% of San Franciscans live in the Tenderloin or South of Market Street (SOMA), these neighborhoods together account for 40% of all overdose deaths in the City and a disproportionately high segment of SFFD emergency medical service (EMS) incidents. Given the high risk of overdoses in SRO settings, SFDPH plans to build upon longstanding partnerships with our SRO community, and focus its efforts on expanding naloxone availability, overdose recognition, and response training, and education on the continuum of substance use services in SRO facilities – with a particular focus in the high-burdened Tenderloin and SOMA neighborhoods.

While SFDPH firmly believes that community first responders are essential, we also recognize that traditional first responders play a key role in addressing the overdose crisis. In addition to funding community first responders, these grant funds will be used to support the capacity and knowledge of our city's EMS providers. Utilizing SFDPH and SFFD's longstanding history of collaboration and knowledge sharing, SFFD will develop a series of training opportunities for SFFD employees on medications for addiction treatment, shadowing opportunities at community and treatment facilities, and other trainings to build capacity for SFFD to provide trauma informed and culturally competent care for impacted populations.

**A-2:** With an overdose death rate of 62 per 100,000 residents, San Francisco has one of the highest overdose death rates among large counties in the US. In 2022, San Francisco recorded 620 overdose deaths, and Black/African American individuals died at a rate five times more than the city-wide average. Further, a quarter of all fatal overdoses in San Francisco in 2022 were among people without a fixed address (San Francisco Office of the Chief Medical Examiner, 2022).

Additionally, a third of all overdose decedents in San Francisco died within a city-funded or privately run single-room occupancy (SRO) or hotel site (Office of the Chief Medical Examiner, 2022). These sites are concentrated within two distinct neighborhoods within San Francisco, the

Tenderloin and SOMA. These two neighborhoods also have the highest concentration of people experiencing homelessness, of whom over 50% reported using drugs and/or alcohol in the most recent point-in-time count (San Francisco Department of Homelessness and Supportive Housing, 2022).

These data demonstrates that people experiencing homelessness, people residing within SROs, and Black/African American individuals experience the most disproportionate number of overdose fatalities, calling for a tailored approach to addressing these disparities.

**B-1: Number of Unduplicated Individuals to be Served with Award Funds**

| | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Total** |
|---|---|---|---|---|---|
| **SRO Training** | 1 cohort of 20 SRO residents per year = **20 residents** | 2 cohorts of 20 SRO residents per year = **40 residents** | 2 cohorts of 20 SRO residents per year = **40 residents** | 2 cohorts of 20 SRO residents per year = **40 residents** | Total SRO first responders served = **140 residents** |
| **EMS Training** | EMS first responders per year = **100** | EMS first responders per year = **100** | EMS first responders per year = **100** | EMS first responders per year = **100** | Total EMS first responders = **400** |
| **Total** | Total Served = **120** | Total Served = **140** | Total Served = **140** | Total Served = **140** | Total Served = **540** |

The San Francisco Fire Department (SFFD) aims to decrease opioid overdose deaths in San Francisco by providing additional training in buprenorphine and substance use disorders (SUDs) to pre-hospital Emergency Medical Services (EMS) providers. SFFD and SFDPH strongly believe that increasing the training and knowledge of EMS responders will result in the following outcomes: 1) an increased number of individuals who receive pre-hospital buprenorphine from EMS providers, 2) an increased number of individuals referred by community paramedicine and alternative response teams to drug sobering centers, treatment programs, and buprenorphine and methadone clinics, and 3) a measurable reduction in "compassion fatigue" amongst first responders, resulting in improved care for the target population.

To meet these objectives, SFFD will design and implement a yearly training for all paramedic level members, including anticipated new hires. Training modules between one and six hours will be provided based on the paramedic assignment. Additional grant funds will be used to backfill compensation for staff participating in shadow training days at San Francisco's treatment and community centers. This will ensure that SFFD can retain the necessary staff on duty to maintain 911 system integrity while building community capacity and partnerships.

The SFFD currently employs over 350 paramedics working in a variety of roles: Firefighter Paramedics, Single-function Paramedics (ambulance), Community Paramedics (alternative response teams), and Paramedic Captains. All roles engage daily with patients experiencing substance use and opioid use disorders.

The table above shows the number of unique, unduplicated, paramedics we intend on providing training to each year. Through this program, 100% of paramedics will receive training modules ranging between one hour and a full shift (10 to 12 hours) depending on their assignment and work focus. The total number of 400 includes anticipated new-hires or promotions.

In addition, these grant funds will be used to support training and capacity building for residents in SROs given the high rates and risk of overdose in these facilities. Each year of this grant program, SFDPH, will lead two cohorts of at least 20 SRO residents for 10 training sessions. Throughout these trainings, ongoing curriculum and participation will be utilized to ensure that residents are well-informed on how to respond and reverse an overdose, have access to a supply of naloxone or know where to get it, and are informed on the continuum of substance use services available to individuals in San Francisco. While SFDPH will directly train between 20-40 SRO residents per year, the intent of this program is to build capacity for individuals to train and share knowledge with their SRO neighbors and peers. SFDPH will encourage all participants to train a minimum of five additional SRO residents, leading to 700 trainings in SROs over the 4-year grant period. Recognizing that additional SRO residents not officially participating in the cohort-based training may wish to take a training, an additional six sessions will be offered each year that are open to all SRO residents.

Prior to beginning training with the first SRO resident cohort, SFDPH will complete four months of groundwork and relationship building with the SRO community, in addition to completing a needs assessment to better understand the most impacted SRO residents and facilities to inform program design and implementation.

To measure the impact of this SRO training model, SFDPH will conduct a data collection follow-up activity after each training activity. A post-session survey will be administered to gather feedback on the training, any increase in knowledge around substance use and recognizing and responding to an overdose, and other useful information for program development. The same assessment with be given to SRO residents prior to the training activity to measure baseline knowledge. Participants will receive a $30 incentive for their participation in each post-session survey.

**B-2:** SFDPH is especially poised to address overdose disparities as it includes a robust system of care for people who use drugs. This includes Zuckerberg San Francisco General Hospital, and ten primary care sites that have built the capacity to treat substance use disorder within hospital and primary care sites. Additionally, the Behavioral Health Services section of SFDPH contracts with numerous providers to provide the entire continuum of substance use disorder services, including harm reduction, opioid treatment programs, and residential substance use treatment. Existing networks and partnerships within SFDPH will be leveraged when developing training materials for SRO sites.

Funds will be used for SFDPH staff and traditional first responders to train and build the capacity of community SRO residents to respond to overdoses and educate neighbors on naloxone, overdose response, and opioid use safety planning. Trainings, meetings, and discussion groups on safety planning and responding to overdoses will be conducted in SRO settings. These sessions will include but not be limited to discussion of fentanyl, barriers to overdose response and reversal in SROs, and data collection.

Trainings will be focused on areas of high-risk, including SROs that are disproportionately affected by overdoses. Outreach will include the Black and African American community living in SROs and the high-burdened Tenderloin and SOMA neighborhoods, with a specific series designed to better understand the impact of overdoses in these communities.

**Example Training Series: Community SRO First Responder Cohort**

| | |
|---|---|
| **Week 1** | Welcome Session |
| **Week 2** | Overdose Prevention, Recognition and Response |
| **Week 3** | Training Others to Reverse an Overdose |
| **Week 4** | Drug 101: Understanding the Local Drug Landscape in the Context of Overdose |
| **Week 5** | Harm Reduction Part 1 – Foundations of Harm Reduction, Safer Use, and Overdose Prevention |
| **Week 6** | Harm Reduction Part 2 – Continuum of Substance Use Services and Stages of Change |
| **Week 7** | Self-Care for First Responders |
| **Week 8** | Training Others Part 1 – Overdose Prevention, Recognition, and Response |
| **Week 9** | Training Others Part 2 – Overdose Prevention, Recognition, and Response |
| **Week 10** | Closing Session, Feedback, Reflections, and Program Highlights |

Recognizing that overdose materials can be particularly difficult to obtain for our high-risk communities, in addition to training, all SRO residents who are participating will receive an Overdose Responder and Educator's Bag, including cardiopulmonary resuscitation (CPR) face shields, nitrile gloves, sanitizer wipes, alcohol pads, nasal naloxone training device, a nasal naloxone kit, a "palm card" with information on substance use disorder (SUD) services, and a Community SRO First Responder identification card. In accordance with the National Culturally and Linguistically Appropriate Services Standards (CLAS), tools and resources provided by SFDPH through this grant program will be translated when appropriate, recognizing the diverse languages and cultures represented in our population focus.

Grant funds for the San Francisco Fire Department (SFFD) will be used to build training capacity for Emergency Medical Services (EMS) workers in overdose response and community engagement. Funds will be used to compensate EMS workers while they do site visits to San Francisco's extensive network of community centers, health clinics, and treatment centers. SFFD will complete training on buprenorphine administration, overdose training, and understanding the needs of people who use drugs in the City. While SFFD currently requires new EMS workers to complete training related to overdose recognition and response, SFDPH and SFFD will partner to refine and expand these training materials through this grant program.

SFFD is uniquely positioned to improve overdose recognition and response in the City and support our community of people who use drugs. SFFD EMS personnel have demonstratable contact with underserved populations that are being disproportionately impacted by the overdose epidemic. SFFD data show that 60% of individuals who have died of an overdose have had contact with EMS personnel within the 2-years prior to their death. Further, while approximately 1% of the San Francisco population is unhoused, 30% of overdose deaths are among people without a fixed address and presumed to be experiencing homelessness. According to SFFD data, over 20% of the individuals served by SFFD EMS personnel are unhoused.

Given SFFD strong demonstratable contact with individuals experiencing an overdose, people who use drugs and our unhoused community, SFDPH and SFFD feel it is of the utmost importance that our EMS personnel and first responders be trained and familiar in how to work with this vulnerable community.

**B-3:** While funds from this program will not be used to purchase field-initiated buprenorphine, the San Francisco Fire Department intends to include a training module on field-initiated buprenorphine in the proposed program model. In recent years, the SFFD has coordinated with the San Francisco Emergency Medical Services (EMS Agency) and the California Emergency Medical Services (EMS) Agency to expand paramedics' scope of practice to include administration of buprenorphine. This effort includes a pilot program that SFFD will be completing with the goal to increase pre-hospital buprenorphine administration by EMS workers, and capture data to better understand the barriers and rates at which pre-hospital buprenorphine is being administered.

**C-1:** SFDPH and SFFD have long agreed that our overdose response work be rooted in evidence-based, harm-reductionist strategies. SFDPH has found multi-agency coordination (MAC) to be an important approach to addressing the opioid epidemic. In line with this approach, SFDPH has long believed that a strong partnership and shared intent with our public safety and first responders is critical to successful overdose intervention. In response to the high overdose death rates seen in 2020 and early 2021, SFDPH launched the Street Overdose Response Team (SORT) in partnership with the SFFD. One of the first programs of its kind, SORT includes specialists, peer counselors, a street medicine clinician, and a community parametric. This team responds to individuals immediately following an overdose and follows up again within 72 hours to help link individuals to care and treatment. In November of 2022 alone, SORT responded to more than 98 calls, 54 of which included an overdose. SFDPH recognizes the importance of continuing to build capacity for programs such as SORT that bridge the gap between our public health systems, first responders, and public safety officers and believes that the EMS training program in this proposal is an important step in expanding this partnership.

As the World Health Organization notes that family, friends, neighbors, peer educators, and people who use opioids are most likely to be the first on the scene of an overdose, SFDPH firmly believes that community members and workers in high-risk spaces are key first responders, and that building capacity for peer training and advisory is a key strategy to overdose prevention and response. A 2021 systemic review found that utilizing peers in overdose prevention strategies led to increase the success of these interventions and models across the U.S. (see citation 1, "Grant Narrative Citation"). SFDPH has also found the peer advisory strategy to be successful in other San Francisco programs and intends to use this model to train SRO residents who are in a space of high-overdose risk in order to build capacity for SRO residents to train and engage with their neighbors.

SFDPH recognizes the key role that naloxone distribution plays in curbing overdose deaths. San Francisco currently provides over 40 programs, treatment centers, hospitals, and community-based organizations (CBOs) with thousands of kits of naloxone annually. Tens of thousands of doses of naloxone are distributed across the city each year, mainly from syringe access programs supported by SFDPH. In 2021, the City distributed over 33,495 naloxone kits, and community partners reported 9,492 overdose reversals. This community distribution has saved lives and remains a key piece of the City's overdose prevention strategy.

Despite this progress, SFDPH recognizes that significant gaps persist in naloxone availability. CBOs are not able to operate in all priority neighborhoods due to limited funding and staffing.

Not all pharmacies regularly stock naloxone and there are barriers, including cost, stigma, and prescription requirements, to obtaining this life-saving medication in them. SFDPH believes it has a) yet to achieve naloxone saturation, especially in areas with fewer programs serving people who use drugs, and b) that naloxone vending machines and naloxone distribution in SROs can fill important gaps in the citywide distribution of naloxone and help meet the City's robust overdose prevention goals.

Public health vending machines that dispense naloxone ("naloxone vending machines") have been introduced as one approach to expanding naloxone availability. While models differ slightly, these machines are often placed in neighborhoods with fewer services and consistently aim to provide low-barrier – in some cases 24/7 – access to the medication. They have been implemented in many cities across the country, including Cincinnati, Las Vegas, Philadelphia, New York, and in San Francisco County's neighboring Marin County. Further, a recent study in Clark County, Nevada found that distributing naloxone in public health vending machines (PHVMs) was associated with an immediate reduction in opioid-involved overdose deaths. Recognizing both the gaps in San Francisco's current naloxone distribution and the success of naloxone vending machines in many cities across the country, San Francisco is eager to install one or more naloxone vending machines or, more broadly, public health vending machines.

Grant funds will be used to purchase at least two naloxone vending machines and SFDPH will partner with paramedics and firefighters to inform community members of the presence of these machines. This program builds upon an existing partnership between SFDPH and End Hep C, a community-based organization that works with people who have lived experiences treating Hep C, and now serve as community navigators and advisors for their peers. These community navigators are completing a needs assessment of the availability and acceptability of naloxone vending machines in high-risk and high-priority neighborhoods around San Francisco. This project is currently underway and will be completed in April 2023. Findings and partnerships from this assessment will be used to site the two naloxone vending machines purchased through this grant.

Further funding from this grant will be used to ensure a consistent low-barrier supply of naloxone in SROs and other community networks, with grant funds being used to purchase approximately 22,000 kits of naloxone over the four-year grant period. SFDPH strongly feels that community distribution of naloxone has been essential in our overdose response and a successful model across the country. A 2019 study found that community distribution of naloxone resulted in a lower overdose death rate than jurisdictions without community naloxone distribution (see citation 2, "Grant Narrative Citation"). The distribution of naloxone purchased through this grant will be driven by community input, with a strong focus on better understanding the gaps and need from SRO staff, CBO leaders, people who use drugs, and additional community partners.

**C-2:** As part of our project plan, each intervention proposed in this grant will be held to a yearly quality improvement (QI) assessment. Our Advisory Committee, as established through this grant, will convene bi-annually to assess the progress of our programs, review outlined goals and outcomes, and propose any necessary programmatic changes. Recognizing the standards set forth in the National Culturally and Linguistically Appropriate Services (CLAS) standards, this Advisory Committee will create a culturally and linguistically competent conflict and grievance process to manage any complaints that arise during this grant period. Further, SFDPH recognizes that programmatic flexibility is an important component to ensuring the fidelity of evidence-based practices. SFDPH will annually review any necessary population changes that would

impact program needs – including annual overdose rates by geographic and demographic breakdown, changes to the drug supply, and state and federal policy changes. Further, the annual assessment will be done as the demand for the programs outlined in this proposal evolve, including the number of interested SRO participants in the training cohort, demand for naloxone, and necessary training for emergency medical service (EMS) providers.

**D-1:** In response to the overdose crisis San Francisco is facing, the San Francisco Department of Public Health (SFDPH) has invested in and created a new Office of Overdose Prevention. This office consists of experts with decades of experience in community engagement, street outreach, case management, and clinical practice. In its new capacity, the Office of Overdose Prevention recently announced the City's first 2022 Overdose Prevention Plan.

Key pillars of the Overdose Prevention Plan include increasing availability and accessibility of the continuum of substance use services, strengthening community engagement and social support for people at high risk of overdose, implementing a "whole city" approach to overdose prevention, and tracking overdose trends and related drug use metrics to measure success and inform program development and change.

Released in October of 2022, the Office of Overdose Prevention is implementing the strategies outlined in the plan, building on decades of work rooted in harm reduction. As the administrator for this grant, the SFDPH Office of Overdose Prevention has extensive experience providing services to the SRO community, unhoused population, and people who use drugs. SFDPH will leverage existing partnerships and knowledge to ensure that programs are designed and implemented with thoughtful community input and partnership.

For this grant, SFDPH will partner with the San Francisco Fire Department (SFFD). SFFD works to provide fire suppression and emergency medical services (EMS) to the residents, visitors, and workers in need of help, day and night, within San Francisco's 49 square miles. SFFD is facing unprecedented challenges providing EMS during the ongoing pandemic health crisis, long-standing homelessness crisis, and overdose epidemic. The city's high population volume, diversity of resident needs and magnitude of critical facilities and infrastructure at-risk to the destructive effects of catastrophic incidents or disasters clarifies the SFFD's high priority need to strengthen and expand patient reach and service capacity of our highly trained EMS workforce.

**D-2:** SFDPH intends to hire a Health Program Coordinator that will serve as the Program Director for this grant, providing 100% effort to completing the deliverables outlined in this application. This includes but is not limited to completing the Naloxone Distribution and Education Plan, establishing an Advisory Committee, and serving as a liaison between the SFFD, SFDPH, the San Francisco Department of Homelessness and Supportive Housing (HSH), and our SRO community partners. SFDPH will prioritize hiring a Program Director that is experienced in serving people who use drugs and our unhoused community and representative of our population of focus, in accordance with the Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) standards.

As the role of Program Director position is not filled yet, Harmony Bulloch, Overdose Response Fellow, will serve as the point of contact and administrative lead for the application of this grant, including managing any eRA Commons certification and requirements.

For the purposes of this application, Jeffrey Hom, MD, current Director of SFDPH's Population Behavior Health Unit, will serve as the Project Evaluator, providing 20% effort to this program. Dr. Hom can provide extensive experience and expertise from a clinical perspective. In addition to being a board-certified physician, Dr. Hom has served as the former director of the

Philadelphia Department of Public Health's Division of Substance Use Prevention and Harm Reduction as well as a faculty member at both Jefferson Health and the University of Pennsylvania, teaching a course focused on substance use as a public health issue. Dr. Hom has also served as the lead for this grant while serving as Director of the Philadelphia Department of Public Health's Division of Substance Use Prevention and Harm Reduction.

Michael Mason, Section Chief of Administration in the San Francisco Fire Department's (SFFD) Community Paramedicine Division, will serve as the lead for SFFD throughout this grant period. Chief Mason was activated during San Francisco's Covid-19 response, during which he led a multi-agency team which assessed and transported over 1,700 unhoused individuals directly from the street into shelter-in-place hotel and congregate shelters over seven months.

In 2021 he helped support the planning and launch of the Street Overdose Response Team (SORT), a collaborative effort with the Department of Public Health to actively reduce drug overdose mortality in vulnerable populations. SORT has received national media attention and has proven itself to be a pioneering model: community paramedics and peer support specialists actively engage overdose survivors, beginning at the scene of the 911 incidents, following them to the hospital, and coordinating follow-up care with our DPH. Since program inception in August of 2021, SORT members have logged over 2600 calls for service and documented a 6.5% pre-hospital buprenorphine connection rate.

Chief Mason's work has focused on cross-agency data integration and sharing, shelter and housing access for EMS patients, and data-driven program development and analysis. His program development experience in the SFFD, particularly the Community Paramedic Division, has led him to pursue a Master of Public Administration at San Francisco State University.

**E-1:**

| Performance Measures | Data Source | Data Collection Frequency | Responsible Staff | Method of Data Analysis |
|---|---|---|---|---|
| Pre-hospital buprenorphine administration | Zuckerberg San Francisco General Hospital | Bi-weekly | Michael Mason, SFFD | National Emergency Medical Information System |
| Knowledge of SFFD EMS providers | San Francisco Fire Department | Bi-Annually | Michael Mason, SFFD | Data will be analyzed from the EMS provider post training assessment |
| Number of SRO residents who participated in training cohorts | San Francisco Department of Public Health | Bi-Annually | Program Director, SFDPH | Data will be analyzed from the post-training knowledge assessment |
| Number of SRO residents who have naloxone post-training | San Francisco Department of Public Health | Bi-Annually | Program Director, SFDPH | Data will be analyzed from the post-training knowledge assessment |

| | | | | |
|---|---|---|---|---|
| Number of SRO residents who are comfortable recognizing and responding to an overdose | San Francisco Department of Public Health | Bi-Annually | Program Director, SFDPH | Data will be analyzed from the post-training knowledge assessment |
| Knowledge of the continuum of services and treatment among SRO residents | San Francisco Department of Public Health | Bi-Annually | Program Director, SFDPH | Data will be analyzed from the post-training knowledge assessment |
| Number of naloxone kits purchased | San Francisco Department of Public Health | Monthly | Program Director, SFDPH | Data will be tracked utilizing a Microsoft Access or SQL database. |
| Number of naloxone kits distributed to SROs and community partners | San Francisco Department of Public Health | Monthly | Program Director, SFDPH | Data will be tracked utilizing a Microsoft Access or SQL database. |
| Fatal and Non-Fatal Overdoses within SROs Pre and Post Intervention | San Francisco Department of Public Health | Yearly | Program Director, SFDPH | Data will be tracked utilizing a Microsoft Access or SQL database. |

Outreach efforts to our SRO community will be measured based on the number of trainings conducted, attendance rates, and a knowledge assessment completed after the training. This post-session survey will be administered by the San Francisco Health Department (SFDPH) to gather feedback on the training, increase knowledge around substance use and recognizing and responding to an overdose, and other useful information for program development. Participants will be given $30 for their participation in a post-session survey for each of the ten training sessions hosted throughout the cohort duration. Data collected from these surveys will be used to inform future locations and topics for training and identify high-risk and high-need communities in our SRO population.

Through the community distribution of naloxone, SFDPH will collect data on the number of boxes purchased and the number distributed to SROs, community partners, and through the naloxone vending machines. This data will be used to identify gaps in naloxone distribution in the City and inform future distribution to increase naloxone saturation in high-priority areas of the City. The Program Director, to be hired by SFDPH, will be responsible for managing the SFDPH performance measures and data, and completing the data reports for SAMHSA and other project partners. Dr. Jeffrey Hom, the Project Evaluator, will be responsible for analyzing the SFDPH data and preparing any necessary program recommendations.

Program data will be collected weekly and stored in a custom-built Microsoft Access or SQL database built on the SFDPH server to store and analyze program data. Program participants will provide informed consent, and SFDPH will store paper and electronic copies of their consent for the duration of the project. The Program Director will enter data weekly to ensure access to real-time data. Program metrics will be developed in collaboration with program participants to ensure the metrics used reflect the norms and values of the priority population. Further, program metrics will include city-wide overdose prevention metrics, and will be reported on the internal SFDPH Opioid Overdose and Treatment Dashboard.

As part of this grant, SFDPH will establish an advisory committee consisting of SRO staff and residents, the San Francisco Fire Department (SFFD), the San Francisco Department of Homelessness and Supportive Housing (HSH), the SFDPH Behavioral Health Clinic, and other relevant community partners and experts. Data will be analyzed bi-annually and shared with the Advisory Board and partners to ensure projects are meeting the goals outlined in this proposal, and to consider any necessary programmatic changes.

Grant funds used to support the training of SFFD Emergency Medical Services (EMS) personnel will be measured by collecting pre-hospital data that will be aggregated from all EMS providers through a bi-weekly quality improvement (QI) process, in coordination with the City's main hospital, Zuckerberg San Francisco General Hospital. Pre-hospital data is collected in a standardized format using the National Emergency Medical Information System. In this data collection process, 100% of pre-hospital buprenorphine administration will undergo a collective QI process to identify any changes to the number of pre-hospital buprenorphine starts after the program start.

Additionally, funds used to support SFFD EMS personnel through training modules and shadowing community organizations and treatment facilities will be measured by EMS personnel completing pre-and post-training knowledge assessments. This assessment will be used to inform the material covered in future trainings, locations of site visits, and additional program development throughout the grant period.