Notice of Funding Opportunity (NOFO): PS19-1906
Award Number: 6 NU65PS923709-01-01
Award Type: Cooperative Agreement
Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

ADDITIONAL TERMS AND CONDITIONS

PURPOSE: The purpose of this amended notice of award is to approve **Budget Revision** as submitted on October 01, 2019. The activities have been reviewed and found to be appropriate and consistent with program objectives. Therefore, the request is incorporated by reference.

These funds have been approved by cost categories as follows:

Budget Category	Original Awarded Budget	Requested Redirection	Revised Award
Salaries and Wages	$54,353	-$54,353	$0
Fringe Benefits	$28,828	-$28,828	$0
Consultants	$0	$0	$0
Equipment	$0	$0	$0
Supplies	$0	$0	$0
Travel	$0	$0	$0
Other	$0	$0	$0
Contractual	$278,231	$96,769	$375,000
Total Direct Costs	$361,412	$13,588	**$375,000**
Indirect costs	$13,588	-$13,588	$0
Total Award	**$375,000**	**$0**	**$375,000**

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Please be advised that grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary and reasonable.

Grants Management Specialist Contact:

Wayne Woods, Ph.D., Grants Management Specialist (GMS)
Contractor, Chenega Government Consulting, LLC
Centers for Disease Control and Prevention (CDC)
Office of Grants Services (OGS)
Email: kuv1@cdc.gov
Telephone: 770-488-2948

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE

OMB Number: 4040-0004
Expiration Date: 12/31/2019

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City & County of San Francisco - San Francisco Dept of Publi

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000417

* c. Organizational DUNS: 1037173360000

d. Address:

* Street1: 25 Van Ness, 5th Floor
Street2:
* City: San Francisco
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94102-6012

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:

Organizational Affiliation:

* Telephone Number: 415-437-6223

Fax Number:

* Email: tracey.packer@sfdph.org

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Centers for Disease Control - NCHHSTP

11. Catalog of Federal Domestic Assistance Number:

93.118

CFDA Title:

Acquired Immunodeficiency Syndrome (AIDS) Activity

*** 12. Funding Opportunity Number:**

CDC-RFA-PS19-1906

* Title:

Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States

13. Competition Identification Number:

CDC-RFA-PS19-1906

Title:

Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States

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

Add Attachment | Delete Attachment | View Attachment

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

Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

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

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/30/2019 | * b. End Date: 09/29/2020

18. Estimated Funding ($):

* a. Federal	534,139.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	534,139.00

*** 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 in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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 Divison

* Telephone Number: 415-787-2583 | Fax Number:

* Email: tomas.aragon@sfdph.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. | * Date Signed: Completed by Grants.gov upon submission.

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

Project Abstract Summary

Program Announcement (CFDA)

93.118

Program Announcement (Funding Opportunity Number)

CDC-RFA-PS19-1906

Closing Date

07/12/2019

Applicant Name

City & County of San Francisco - San Francisco Dept of Publi

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
$ 534,139	$ 0	$ 0

Federal Share 4th Year	Federal Share 5th Year
$ 0	$ 0

Non-Federal Share Requested (for each year)

Non-Federal Share 1st Year	Non-Federal Share 2nd Year	Non-Federal Share 3rd Year
$ 0	$ 0	$ 0

Non-Federal Share 4th Year	Non-Federal Share 5th Year
$ 0	$ 0

Project Title

Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic

Project Abstract Summary

Project Summary

San Francisco (SF) is at the forefront of HIV-related prevention, clinical, biomedical, and research advances. As a result of hard-fought accomplishments in prevention, care, and treatment services informed by a robust HIV surveillance system, SF is poised to be the first community to achieve the UNAIDS vision of "Getting to Zero": zero new HIV infections, zero HIV deaths, and zero HIV stigma. By implementing a data-driven, high-impact prevention Strategy, new HIV diagnoses have decreased to 221 in 2017 and recent data indicate that the proportion of undiagnosed HIV infections has decreased to 6%. While SF has made strides in decreasing new HIV infections overall, there are persisting racial and socioeconomic disparities that must be the focus of our prevention and care initiatives. Black/African-Americans, Latinx, trans and cis-gender women, people who inject drugs, and people who experience homelessness have not experienced the same improvements along the HV continuum. Hepatitis C (HCV) infection poses a major public health threat in SF and disproportionately affects marginalized populations. HCV co-infection more than doubles the mortality rate among people living with HIV. Sexually transmitted diseases (STDs) continue to increase as new HIV diagnoses decline. Substance use drives new HIV/HCV/STD transmissions in SF. Social determinants of health including access to care, racism, discrimination, poverty, homelessness, and stigma contribute to health disparities and inequities. SF has a rich network of services strong foundation of prevention and care services that must be maintained. At the same time, changes in SF's sociopolitical context and HIV/HCV/STD epidemiologic profiles call on SFDPH to intensify, integrate, and align efforts. Failing to do so will preclude the goals of getting to zero, ending HCV, and turning the curve on STDs. Understanding that it is often the same communities that are highly impacted by HIV, HCV, and STDs, SF cannot achieve the vision of getting to zero and Ending the HIV epidemic (EtHE) without an integrated plan. SFDPH has extensive expertise and success in bringing together broad ranging community partners to develop and implement prevention and treatment plans. SFDPH will collaborate with members of existing initiatives, draw upon their expertise and experience, and coordinate their plans and priorities in order to ensure alignment and maximum impact. The HIV Community Planning Council (HCPC) and Getting to Zero Consortium (GTZ), key partners to successful planning, will co-lead the process. SF will collaborate with the State Office of AIDS and coordinate with Alameda County Public Health Department and the Oakland Transitional Grant Area Planning Council to develop a jurisdictional plan to address Bay Area HIV/HCV/STD disparities. Using a multi-disciplinary, collaborative, results-based approach, SFDPH, HCPC, GTZ and its partners will conduct a rapid planning process that engages a wide sector of community-based, clinical, research, and educational stakeholders and develops new and enhances existing strategic partnerships. Focusing on health disparities and inequities, the planning process will integrate prevention, care, HIV/HCV/STDs, analyze local data, conduct a situational assessment, integrate and expand existing plans, establish accountability and enforcement measures, and synthesize information and strategies. With 19-1906 funding, SF will develop a comprehensive EtHE plan that will facilitate rapid implementation of activities to meet the SF HIV/HCV/STD care and prevention needs that can serve as a blueprint for other US jurisdictions seeking to get to zero new HIV infections and elevate responses to HCV and STDs. SFDPH, in collaboration with its diverse partners, is committed to Ending the HIV Epidemic by 2030 by reducing the number of new HIV infections by 75% in 5 years and 90% in ten years.

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

0

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 02/28/2022

1. * Type of Federal Action:
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

3. * Report Type:
- [x] a. initial filing
- [ ] b. material change

4. Name and Address of Reporting Entity:

[x] Prime [ ] SubAwardee

* Name: City & County of SF - Dept of Public Health
* Street 1: 1380 Howard St, 5th Fl
Street 2:
* City: San Francisco
State: CA: California
Zip: 94102
Congressional District, if known: 12

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:
Center for Disease Control and Preventio

7. * Federal Program Name/Description:
Acquired Immunodeficiency Syndrome (AIDS) Activity
CFDA Number, *if applicable:* 93.118

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*
$

10. a. Name and Address of Lobbying Registrant:

Prefix: * First Name: n/a Middle Name:
* Last Name: n/a Suffix:
* Street 1: n/a Street 2:
* City: n/a State: Zip:

b. Individual Performing Services (including address if different from No. 10a)

Prefix: * First Name: n/a Middle Name:
* Last Name: n/a Suffix:
* Street 1: n/a Street 2:
* City: n/a State: Zip:

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: Completed on submission to Grants.gov
*Name: Prefix: * First Name: Tomas Middle Name:
* Last Name: Aragon Suffix:
Title: Telephone No.: Date: Completed on submission to Grants.gov

Federal Use Only:

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Standard Form - LLL (Rev. 7-97)

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2022

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. Component B: Accelerating Local HIV Planning to End the Epidemic	93.118	$	$	$ 534,139.00	$	$ 534,139.00
2.						
3.						
4.						
5. Totals		$	$	$ 534,139.00	$	$ 534,139.00

Standard Form 424A (Rev. 7- 97)
Prescribed by OMB (Circular A -102) Page 1

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1)	(2)	(3)	(4)	Total (5)
	Component B: Accelerating Local HIV Planning to End the Epidemic				
a. Personnel	$ 54,353.00	$	$	$	$ 54,353.00
b. Fringe Benefits	28,828.00				28,828.00
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual	437,370.00				437,370.00
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	520,551.00				$ 520,551.00
j. Indirect Charges	13,588.00				$ 13,588.00
k. TOTALS (sum of 6i and 6j)	$ 534,139.00	$	$	$	$ 534,139.00
7. Program Income	$	$	$	$	$

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Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8. Component B: Accelerating Local HIV Planning to End the Epidemic	$	$	$	$
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. Component B: Accelerating Local HIV Planning to End the Epidemic	$ 133,535.00	$ 133,535.00	$ 133,535.00	$ 133,534.00
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	$ 133,535.00	$ 133,535.00	$ 133,535.00	$ 133,534.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: 520,551

22. Indirect Charges: 13588

23. Remarks: 25% of total Personnel

Budget Narrative File(s)

*** Mandatory Budget Narrative Filename:** 19-1906 Budget Narrative.pdf

Add Mandatory Budget Narrative | Delete Mandatory Budget Narrative | View Mandatory Budget Narrative

To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative | Delete Optional Budget Narrative | View Optional Budget Narrative

San Francisco Department of Public Health,
Community Health Equity and Promotion (CHEP)
PS19-1906 Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States
Component B: Accelerating Local HIV Planning to End the Epidemic
Budget Justification
09/30/2019-09/29/2020
07.10.19

A. Salaries	$ 54,353
B. Mandatory Fringe	$ 28,828
C. Consultant Costs	$0
D. Equipment	$0
E. Materials and Supplies	$0
F. Travel	$0
G. Other Expenses	$0
H. Contractual	$437,370
Total Direct Costs	**$520,551**
I. Indirect Costs (25% of Total Salaries)	$ 13,588
TOTAL BUDGET	**$534,139**

A. SALARIES **$ 54,353**

Position Title and Name	Annual	Time	Months	Amount Requested
Health Educator/Project Manager H. Hjord. MPH	$108,706	.5	12	$ 54,353
Health Officer/Principle Investigator, Population Health Division T. Aragon, MD, D.Ph.	NA			In Kind
Director of Programs, Primary Care & HIV Health Services B. Blum, MSW	NA			In Kind
Director, Bridge HIV S. Buchbinder, MD	NA			In Kind
Director, Community Health & Equity Promotion Branch (CHEP) T. Packer, MPH	NA			In Kind
Director, Disease Prevention & Control (DPC) S. Philip, MD, MPH	NA			In Kind
Director, HIV Surveillance, ARCHES S. Scheer, PhD, MPH	NA			In Kind

Job Description: Health Educator/Project Manager (H. Hjord)
This position acts as the San Francisco Department of Public Health's (SFDPH) Project Manager on the jurisdiction's Ending the HIV Epidemic (EtHE) processes. The Health Educator will convene internal SFDPH meetings, coordinate overall project planning, monitor all project activities, and report to the Steering Committee. The position will also work closely with the Community Engagement Consultant and will be jointly responsible for facilitating the community input processes that will shape the ultimate direction of the EtHE plan. The Health Educator will be the SFDPH "face" of the project in the community and will represent the Department in public meetings.

Job Description: Principal Investigator, Population Health Division (T. Aragon)
Dr. Aragón is the San Francisco Health Officer and the Director of the Population Health Division (PHD) of SFDPH and Principle Investigator for this project. 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: Director, CHEP (T. Packer)
Project Co-Director for 18-1802 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. Ms. Packer will participate as part of the Steering committee and Project Director for 19-1906.

Job Description: Director, Primary Care (B. Blum)
This position is also the Director of HIV Health Services and will serve as Co-Director on 19-1906 and provide leadership on the Steering Committee. This position is responsible for overseeing the community-based HIV care efforts in San Francisco, including community planning, training capacity building, and service provision.

Job Description: Director, Bridge HIV (S. Buchbinder)
Project Co-Director for 19-1906, member of the Steering Committee, and Director of an SFDPH HIV prevention research unit, Dr. Buchbinder will provide leadership in developing, evaluating, and implementing strategies likely to have the greatest impact in preventing new HIV infections.

Job Description: Director, DCP (S. Philip)
Dr. Philip is a Project Co-Director for 18-1802 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. The Director will participate as part of the Steering committee and Co-Director for 19-1906.

Job Description: Director of HIV Surveillance (S. Scheer)
Dr. Scheer is a Project Co-Director for both Component A and Component B, the *OPT-IN* Demonstration Project will be Co-Director for 19-1906. This position 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, Dr. Scheer plays a role in the CQI activities as well as oversees staff leading the creation of the San Francisco Epidemiology Report and Situational Analysis.

B. FRINGE BENFITS @ 42%	**$ 28,828**
C. CONSULTANT COSTS	**$0**
D. EQUIPMENT	**$0**
E. MATERIALS AND SUPPLIES	**$0**
F. TRAVEL	**$0**
G. OTHER	**$0**
H. CONTRACTUAL	**$437,370**

Contractor	Total Cost
Public Health Foundation Enterprises	$276,000
Facente Consulting	$132,250
University of California San Francisco	$ 29,120

1. **Name of Contractor: Heluna Health dba Public Health Foundation Enterprises, Inc. (PHFE)**
   Method of Selection: Request for Qualifications (RFQ 36-2017)
   Period of Performance: 09/30/2019 - 09/29/2020
   Scope of work:
   I. Service category: Fiscal Intermediary
      (1) Award amount: $141,875
      (2) Subcontractors: tbd
   II. Services provided: PHFE will provide fiscal intermediary services to SFDPH and contractual oversight over consultants selected by CHEP.

      Project 1: CHEP will select five consultants at $40,000 each, to perform community-based research and ethnography on five populations experiencing health disparities (African Americans, Latinx, trans women, people experiencing homelessness, people who use drugs) to inform the EtHE plan development. Qualitative data will be collected and shared between the five consultants, included in the plan and ultimately shared at the EtHE cumulative Summit.

      Project 2: CHEP will select one subcontractor @ $50,000 to work with the Health Educator/Project Manager to convene regional meetings to inform and develop a regional EtHE plan.

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

   Itemized budget and justification: To be provided upon completion of contract negotiations.

Total Direct Costs	$250,000
Total Indirect Costs	$ 26,000
(@ 13% of Modified Total Direct Costs)	
Total Costs	$276,000

2. **Name of Contractor: Facente Consulting**
   Method of Selection: Request for Qualifications (RFQ 36-2017)
   Period of Performance: 09/30/2019 - 09/29/2020
   Scope of work:
   I. Service category: EtHE Plan Development Consultant
      (1) Award amount: $
      (2) Subcontractors: tbd
   II. Services provided: Facente Consulting will work closely with the Health Educator/Project Director to coordinate the stakeholder input processes, facilitate the bulk of community meetings and write the EtHE plan.

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

Itemized budget and justification: To be provided upon completion of contract negotiations.

Total Direct Costs	$115,000
Total Indirect Costs	$ 17,250
(@ 15% of Modified Total Direct Costs)	
Total Costs	$132,250

3. **Name of Contractor:** University of California, San Francisco
Method of Selection: Affiliation Agreement
Period of Performance: 09/30/2019 - 09/29/2020

Scope of work:

I. Service category: Situational Analysis
(1) Award amount: $29,120
(2) Subcontractors: none

II. Services provided: Under the direct oversight of the Director of HIV Epidemiology and Surveillance, UCSF will provide research, data mining and data analysis required to update the epidemiological profile and produce the Situational Analysis.

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

Itemized budget and justification: To be provided upon completion of contract negotiations.

Total Direct Costs	$ 26,000
Total Indirect Costs	$ 3,120
(@ 12% of Modified Total Direct Costs)	
Total Costs	$ 29,120

	TOTAL DIRECT COSTS:	**$ 520,551**
I.	**INDIRECT COSTS** (25% of total salaries)	$ 13,588
	TOTAL BUDGET:	**$ 534,139**

DATE: February 12, 2018

TO: Grants Managers
Naveena Bobba
Jennifer Boffi

FROM: Drew Murrell
Finance Manager

RE: FY18-19 Overhead Costs

Effective immediately, the Indirect Cost rate for Population Health & Prevention-Public Health Division is 25.00% of salaries. This rate was based on FY 2015-16 costs and includes the COWCAP allocation (FY 17-18) reported in the OMB A-87 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	5,216,680
Substance Abuse	1,157,921
Primary Care	4,580,287
Health at Home	615,957
Jail Health	1,363,697
Laguna Honda Hospital	15,076,704
ZSFG	38,842,994

cc: Christine Siador
Stephanie Cushing
Susan Philip
Joshua Nossiter

Project Narrative File(s)

*** Mandatory Project Narrative File Filename:** 19-1906 SFDPH Narrative_ FINAL.pdf

Add Mandatory Project Narrative File | Delete Mandatory Project Narrative File | View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File | Delete Optional Project Narrative File | View Optional Project Narrative File

a. BACKGROUND

San Francisco (SF) is at the forefront of HIV-related prevention, clinical, biomedical, and research advances, and has a rich network of community-based and clinical providers, as well as strong collaborative initiatives and community advocacy. As a result of hard-fought accomplishments in prevention, care, and treatment services informed by a robust HIV surveillance system, SF is poised to be the first community to achieve zero HIV infections, the foundational component of the UNAIDS vision[1] of "Getting to Zero": zero new HIV infections, zero HIV deaths, and zero HIV stigma. By implementing a data-driven, high-impact prevention (HIP) Strategy, which is being expanded through our CDC 18-1802 plan, SF has reduced the number of new infections by approximately 52% from 459 in 2010 to 221 in 2017[2]. The most recent data from the CDC CD4 depletion model indicates that the proportion of undiagnosed HIV infections has decreased to an estimated 6% among all people living with HIV (PLWH). [3]

While SF has made strides in decreasing new HIV infections overall, there are racial and socioeconomic disparities that persist and must be the focus of our prevention and care initiatives. San Francisco Department of Public Health (SFDPH) has a robust and comprehensive public health surveillance system, which informs HIV prevention and care activities. There are approximately 200 new infections per year and nearly 16,000 PLWH in SF and, despite overall improvements across the HIV continuum, data show that there are still significant disparities.

FIG. 1. SF HIV Health Disparities: Viral Suppression

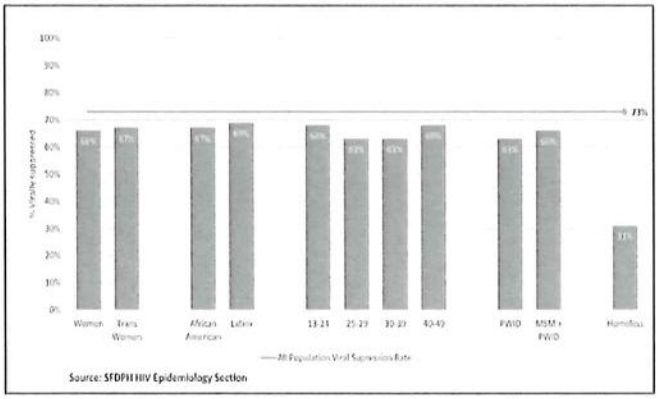
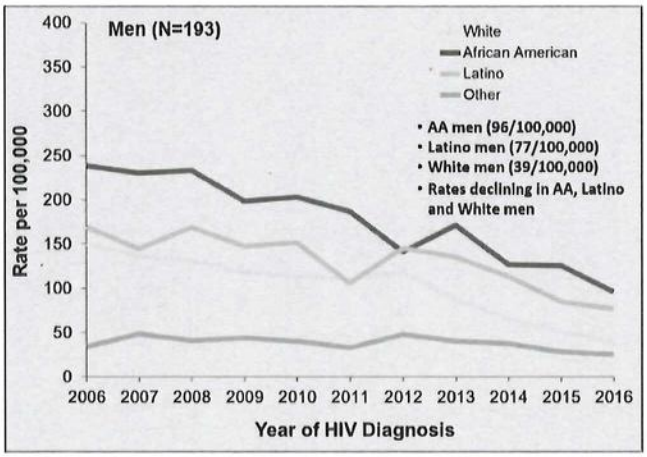


FIG. 2. SF HIV Health Disparities: New Infections



Most new infections continue to occur among gay men and other men who have sex with men (Gay/MSM); however, people of color make up an increasingly higher percentage of new diagnoses and are not decreasing at the same rate as Gay/MSM. Black/African-Americans (B/AA), Latinx, trans and cis-gender women, people who inject drugs (PWID) and people who experience homelessness have not experienced the same rate of declines in new diagnoses and are less likely to be in care and virally suppressed. The proportion of new diagnoses in PWID has increased in recent years. There has been no substantial decline in new diagnoses among women. Trends in race/ethnicity show small increases in the proportion of Asian and Pacific Islanders (API) newly diagnosed with HIV since 2012. It is possible that the

rate of decline in new diagnoses may be leveling off, as it becomes more difficult to reach marginalized populations.

Hepatitis C (HCV) infection poses a major public health threat in San Francisco, where an estimated 12,000 people are living with HCV infection. HCV also disproportionately impacts marginalized populations, specifically PWID, people who are homeless or marginally housed, people of color, and PLWH. For PLWH, HCV and HCV co-infection more than doubles the mortality rate among people living with HIV. [4] HCV transmission in PWID is an important marker of HIV transmission risk. Our syringe access program reduces the risk for both.

Sexually transmitted diseases (STDs) continue to increase as new HIV diagnoses decline. SF has experienced increases in chlamydia, gonorrhea, and syphilis since 2007. The highest rates of chlamydia, gonorrhea, and syphilis are among Gay/MSM, adolescents and young adults (AYA), and transgender people. Early syphilis rates declined moderately from 2015 to 2016 across all race/ethnicity groups except API, among whom there was a 22.4% increase. In order to achieve the goals of the Ending the HIV Epidemic (EtHE) Initiative[5], efforts must include a focus on reversing the trend of increasing STD rates.

The confluence of behavioral health and HIV risk impact outcomes across the care and prevention cascades, including facilitating transmission and creating barriers to testing, linkage, adherence, and retention in care. Substance use continues to drive new HIV, HCV, and STD transmissions in SF. Social determinants of health including access to care, racism, discrimination, poverty, homelessness, and stigma contribute to health disparities and inequities.

SFDPH has extensive expertise and success in bringing together broad ranging community partners to develop and implement prevention and treatment plans. In Fall 2017, SFDPH and the HIV Community Prevention Council (HCPC) launched a planning process (the "HIV/HCV/STD Roadmap" (Roadmap)) for the future of HIV, HCV, and STD programs and services. This was in response to continued disparities in disease transmission, changing needs among affected populations, a decrease in funding that is not proportionate to the scale of the needs, and the continued existence of disease "silos." It was the first time that the HCPC specifically created a policy around partnering with and supporting SFDPH in an integrated approach to HIV, HCV, STD prevention and care. To inform the Roadmap, SFDPH sought input from SFDPH staff and community stakeholders who emphasized that the changing landscape of HIV, HCV, and STDs necessitates new thinking and approaches and an increased focus on person-centered integrated services. SF has a rich network of services and efforts that form a strong foundation and participants in this process recommended that this must be maintained. At the same time, changes in San Francisco's sociopolitical context and HIV/HCV/STD epidemiologic profiles call on SFDPH to intensify, integrate, and align efforts to address HIV, HCV, and STDs. Failing to do so will preclude the goals of getting to zero, ending HCV, and turning the curve on STDs.

SFDPH will collaborate with members of existing SF initiatives throughout the planning process, draw upon their expertise and experience, and coordinate their various plans and priorities in order to ensure alignment and maximum impact. These include:

- **HIV Community Planning Council (HCPC),** which is the regional, collaborative HIV care and prevention planning group.[6] The HCPC formed in 2016 when the two previous

planning groups merged (the CDC-mandated HIV Prevention Planning Council and the HRSA-mandated HIV Health Services Planning Council). The HCPC utilizes a unified approach to develop innovative, effective, and integrated strategies to meet the needs of ending the HIV epidemic.

- **SF Getting to Zero Consortium (GTZ)**, which is a multi-sector independent, collective impact consortium that focuses on four strategic pillars: PrEP expansion, RAPID (Rapid ART Program for HIV Diagnoses), Retention and Re-Engagement in Care, and Ending Stigma; with two crosscutting initiatives focusing on adolescent and young adults and addressing homelessness.[7]
- The **SFDPH Drug User Health Initiative (DUHI)** is a collaborative, department-wide effort to align services and systems to consistently support the health of people who use drugs (PWUD) and alcohol in SF. Initial successes in the DUHI rollout show promise in contributing to the goals of "Getting to Zero," by ensuring equitable access to prevention and care services for people who use drugs.
- **End Hep C SF (EHCSF)** is a multi-sector, collective impact initiative that has mobilized resources, provider expertise, and community leadership to scale up prevention, testing, linkage and treatment in both community-based and clinical settings. It is committed to a vision of a SF in which HCV is no longer a public health threat, and HCV-related health inequities have been eliminated.
- **STD Prevention Strategic Plan:** SFDPH recently completed a six-month strategic planning process and is developing an STD Strategic Plan that dovetails with the Roadmap. The planning process focused on STD prevention and care, and detailed how SFDPH works collaboratively across three main SFDPH branches to address them: Disease Prevention and Control (DPC), Community Health Equity & Promotion (CHEP), and Applied Research, Community Health Epidemiology, and Surveillance (ARCHES).
- **The Black/African American Health Initiative (BAAHI)** is a department-wide, collective impact initiative to address B/AA health disparities. In 2018 BAAHI released the Black/African American Health report.[8]
- SFDPH and **Alameda County (AC) Public Health Department** have collaborated on HIV prevention and care issues for several years to coordinate services for clients who receive services in both counties and cross the Bay Bridge for social activities. Through this collaboration, we developed an arrangement to link clients to care across the counties. In addition, ARCHES collaborates with AC surveillance staff to monitor trends in HIV surveillance.
- SF also partners with **State Office of AIDS (OA)**, part of the **California Department of Public Health (CDPH)** for HIV, STD, and HCV prevention and care. We have collaborated with the State on their Ending the Epidemic plan and a state representative is a member of the HCPC We work closely with the State to develop our HIV/STD/HCV test counselor training program, which they review and authorize. The OA also authorizes our syringe programs and provides support and technical assistance as needed.

Together, these innovative and collaborative approaches have contributed to SF's progress towards these goals. Understanding that it is often the same communities that are highly impacted by HIV, HCV, and STDs, SF cannot achieve the vision of getting to zero and EtHE without focusing on the health and well-being of these populations, including people who experience discrimination, homelessness, incarceration, poverty, stigma and/or who use drugs

and alcohol. SFDPH, in collaboration with its diverse partners, is committed to Ending the HIV Epidemic by reducing the number of new HIV infections by 75% in five years and 90% in ten years. Our goal is to get to zero new HIV infections by 2030. Some of the existing groups have overlapping memberships but there are no formal communication pathways between the initiatives. This planning process will provide an opportunity to formally collaborate and integrate, honor the Roadmap process's findings, and build on the foundation of SF's existing efforts to develop an EtHE plan. By continually engaging and leveraging the expertise of broad-based stakeholders, SF will focus its planning process on SF's 18-1802 HIP Strategy, 2018-2022: addressing health disparities, mobilizing communities of color, addressing social determinants of health, lessening impact of HIV-related stigma, and focusing on vulnerable populations. SF will leverage this EtHE planning process to address health disparities, co-occurring epidemics, and overlapping vulnerabilities by maintaining existing successful prevention and care strategies and developing enhanced strategies to be more responsive to our most vulnerable communities' needs.

b. APPROACH

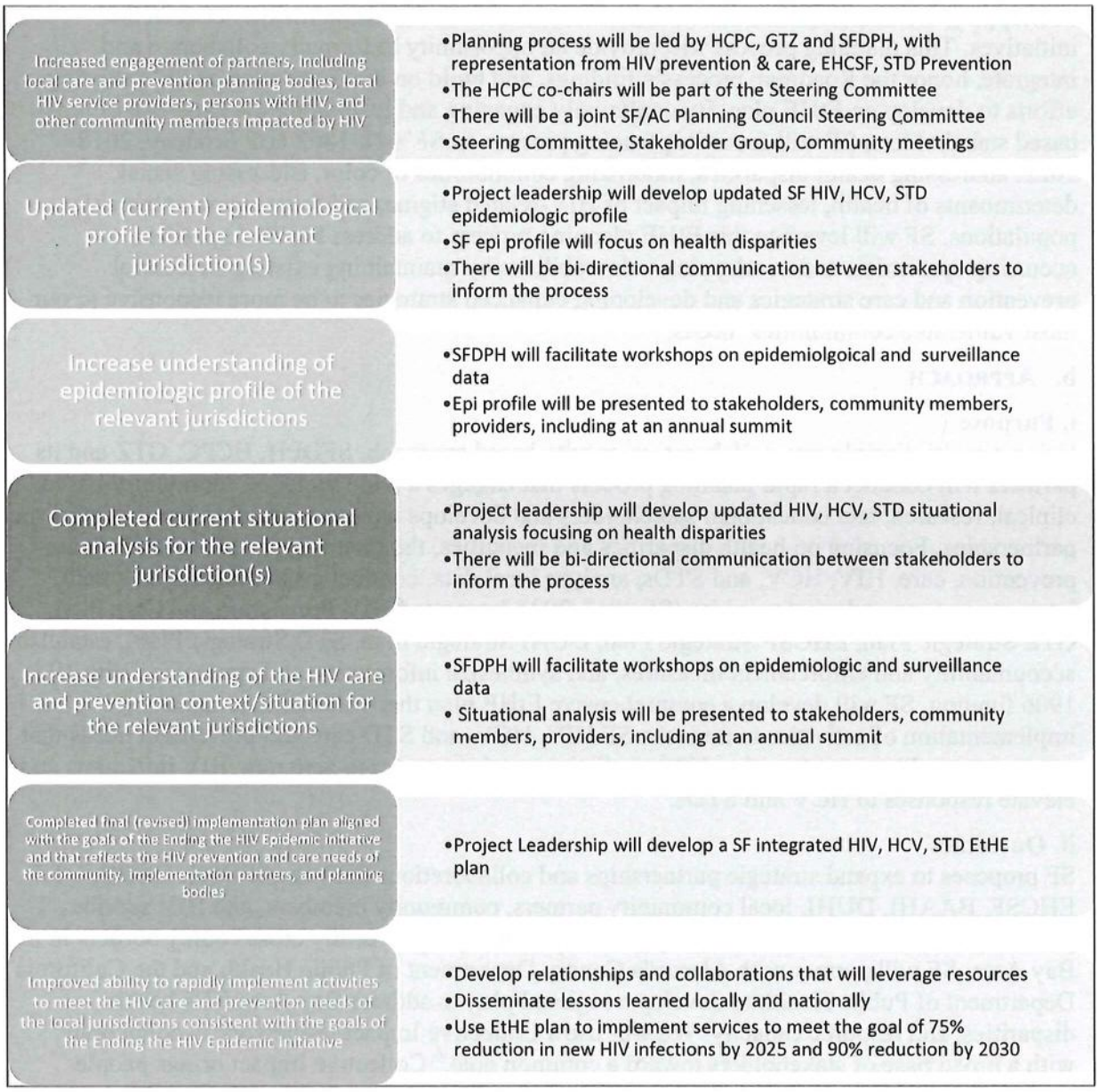
i. Purpose

Using a multi-disciplinary, collaborative, results-based approach, SFDPH, HCPC, GTZ and its partners will conduct a rapid planning process that engages a wide sector of community-based, clinical, research, and educational stakeholders and develops new and enhances existing strategic partnerships. Focusing on health disparities and inequities, the planning process will integrate prevention, care, HIV, HCV, and STDs, analyze local data, conduct a situational assessment, integrate and expand existing plans (SF 2017-2021 Integrated HIV Prevention and Care Plan, GTZ Strategic Plan, EHCSF Strategic Plan, DUHI Strategic Plan, STD Strategic Plan), establish accountability and enforcement measures, and synthesize information and strategies. With 19-1906 funding, SF will develop a comprehensive EtHE plan that will facilitate rapid implementation of activities to meet the SF HIV, HCV, and STD care and prevention needs that can serve as a blueprint for other US jurisdictions seeking to get to zero new HIV infections and elevate responses to HCV and STDs.

ii. Outcomes

SF proposes to expand strategic partnerships and collaborations between SFDPH, HCPC, GTZ, EHCSF, BAAHI, DUHI, local community partners, community members, and HIV service providers. We will also identify new partners. Because people readily cross county borders in the Bay Area, SF will partner with Alameda County Department of Public Health and the California Department of Public Health to develop a regional plan to address Bay Area HIV health disparities, and resource capacity. We will use a Collective Impact framework to collaborate with a broad base of stakeholders toward a common goal.[9] Collective Impact brings people together in a structured way to achieve social change. The proposed one-year planning process will result in: 1) An updated SF epidemiological profile; 2) A brief situational analysis that highlights SF's HIV-related strengths, challenges, and needs; and 3) A final San Francisco Integrated Ending the HIV Epidemic Plan. The strategic partnerships will address the complex and interwoven health and social needs of individuals, particularly persons of color, affected by HIV, HCV, STDs, substance use, mental illness, homelessness, and incarceration. The long-term outcomes are to increase the effectiveness of SF's programs, reduce new infections, increase access to care, improve health outcomes for people living with HIV, HCV, and STDs, address the underlying causes, and reduce health disparities and inequities.

FIG. 3. Project Period Outcomes



iii. Strategies and Activities

Project leadership will facilitate a rapid planning process that increases engagement of key partners and also increases understanding of the local HIV/HCV/STD context and data. SFDPH will hire two consultants to assist with analyzing and synthesizing existing HIV/HCV/STD strategic plans and developing an EtHE plan that is simplified and facilitates implementation of proposed activities. The strategies will focus on social determinants of health and population-based and geographical health disparities. Below is the proposed framework for the SF EtHE planning process. This framework is flexible and will be adapted and updated based on the input from the community engagement process.

Proposed San Francisco Integrated EtHE Planning Process

Use data to address overlapping vulnerabilities, health disparities and inequities in a community- and person-centered approach that integrates services and leverages partnerships to develop sustainable strategies to end the epidemic.

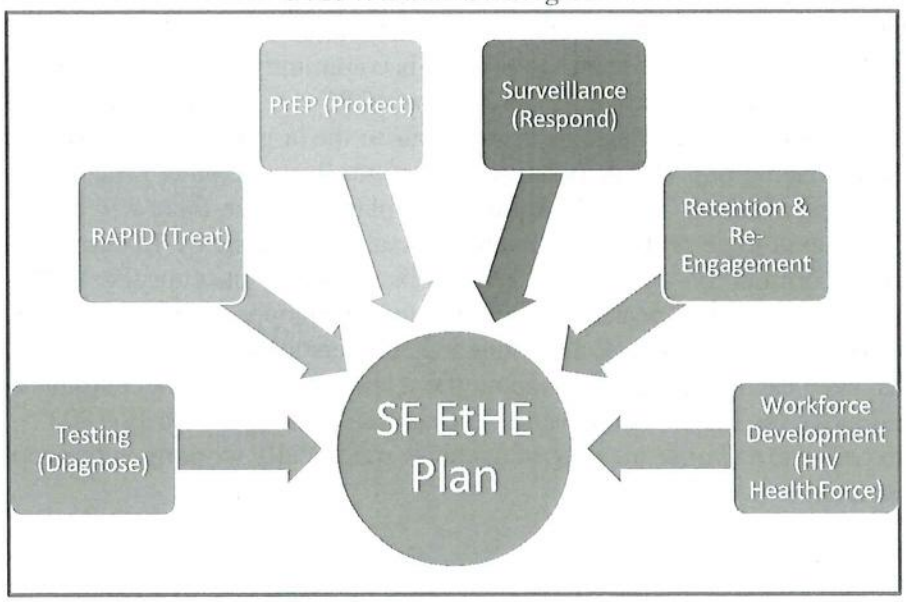
Crosscutting Initiatives:

- Racial and Social Justice
- Social determinants of health with emphasis on housing, mental health, and substance use
- Integration of prevention, care, HIV, HCV, STD, harm reduction
- Stigma: eliminate prejudice and discrimination against people living with and at risk for HIV/HCV/STDs

Focus on populations experiencing HIV Health Disparities and PLWH:

- Black/African Americans (B/AA)
- Latinx
- Trans women
- People who use drugs, including injecting drugs (PWUD/PWID)
- People experiencing homelessness
- People experiencing incarceration
- Gay men and other men who have sex with men (Gay/MSM)
- Men who have sex with men who inject drugs (MSM-IDUs)
- Asian/Pacific Islanders (API)
- Adolescents and Young Adults (AYA)
- Cis-Women
- Native Americans

FIG. 4. EtHE Strategies



San Francisco's efforts are aligned with:

1. EtHE Strategies

- Diagnose
- Treat
- Protect
- Respond
- HIV HealthForce

2. Local GTZ plan:

- RAPID
- PrEP
- Retention & Re-Engagement

Guiding Principles for Planning Process:

This rapid, strategic planning process will bring together multiple cultures, organizational practices, clinics, and programs under one coordinated effort. The following five Guiding Principles will inform the process in order for communication, coordination, and project management to be successful:

1. Relentless focus on equity and results

For the first time, SF will bring together the key stakeholder groups working with HIV, HCV, and STDs to develop shared measurements with specific measurable outcomes that we will collectively be accountable for and track. Breaking down disease silos is paramount in order to get to zero, eliminate HCV, and turn the curve on STDs. The regional plan with Alameda County is also a new endeavor that will allow SF to respond to the local epidemic and take into account migration patterns in the Bay Area.

SF will use the structure of Collective Impact to bring stakeholders together to achieve the vision of EtHE, EHCSF, and the STD Strategic Plan. Collective Impact is a commitment of a group of stakeholders from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration. SFPDH and its partners agree that integration of care, prevention, HIV, HCV, and STD is necessary to meet the needs of our communities and we have already begun developing a common agenda. The planning process will provide an opportunity for the stakeholders to collectively define the problem and establish shared measures that focus on health disparities and health equity. Through the EtHE plan, we will be able to track progress the same way and utilize it for continuous quality improvement. Project leadership will include the Project Director, Project Manager, and consultants (with expertise in public health, collective impact, health disparities, HIV, HCV, STD prevention, care, and surveillance) who will provide strong backbone support and work closely with the Steering Committee to coordinate the efforts. SF plans to use an equity lens, include community members in all "levels" of the collaborative, and co-create a planning process that meets the needs of different stakeholders. We will use data to continuously learn, adapt, and improve our program and system strategies that are customized for our local context. Communication and community engagement strategies will focus on building trust and relationships among stakeholders. There will also be a strong focus on cultivating community leadership to ensure that the process is community-led. This structure fosters mutually reinforcing activities and, while each group (HCPC, GTZ, EHCSF, and STD Prevention) will be autonomous, they will also be accountable to the larger collective group in order to maximize results. Each group will include representatives from the other groups to encourage continuous communication. Toward the end of the planning year, there will be a Summit to present the epidemiologic profile, the situational analysis, and the SF Integrated EtHE Plan. This summit will be community- and SFDPH-led and facilitated by the consultants. Post-planning process, this summit will be repeated annually to provide an opportunity for diverse planning groups, collective impact initiatives, and other stakeholders to coalesce around current data, trends, and needs; keep each other informed about the work being done; and continue to collectively update and move the EtHE plan forward. The summit will align with 18-1802 Component B plans to convene a similar meeting of agencies specifically working with people experiencing homelessness.

It will not be an easy process to navigate the different cultures of service provision and disease silos but SF is ready to fully integrate our services. The stakeholders rally around addressing health disparities, with the understanding that we will continue what works while adjusting funding and priorities to respond to communities where the disparities remain. "Collective impact takes us from common goals to uncommon results."[9]

2. Centralized coordination and oversight is needed, but must be balanced with autonomy
The planning process will have centralized coordination with administrative oversight by the Steering Committee. It is important that the various stakeholder and community-based groups participating in the planning process also have autonomy. They know what will work the best in their planning groups, agencies, and community, and any planning process must honor that expertise. This balance between centralized coordination and stakeholder group autonomy has the ability to establish a strong and continuous process of communication and collaboration.

3. Team based problem solving and decision-making will facilitate collaborative process
In order to streamline the decision-making process and increase communication and coordination among staff and across the multiple stakeholders involved in the project, the following coordination/communication structure will be implemented:

4. Consistent and frequent communication is essential
Since stakeholders will be from various sectors of the systems of care and communities served, clear, concise and consistent communication will be crucial for the success of the planning process. This broad-based planning process will ask stakeholders to think differently and not expect services and strategies to stay the same. Good communication is key to support change facilitation.

5. Broad stakeholder involvement to ensure that process meets the needs of all affected communities.

The planning process will build on existing partnerships with and between SFDPH, HCPC, GTZ, EHCSF, DUHI, BAAHI, San Francisco Health Improvement Partnership (a citywide initiative designed to improve the health and wellness of all San Franciscans (SFHIP)), community-based programs, Kaiser Permanente, other service providers, and community members. These partnerships will enhance the project and facilitate collective decision-making and problem-solving to ensure a consistent and efficient planning process.

Strategy 1: Engage with existing local prevention and care integrated planning bodies

Outcome: Increased engagement of partners, including local care and prevention planning bodies, local HIV service providers, persons with HIV, and other community members impacted by HIV.

The **HCPC** is the collaborative regional planning body consisting of volunteers and government appointees from SF, Marin, and San Mateo counties, including persons living with HIV, community members, and representatives of private and public agencies providing a wide range of HIV-related services and programs. It utilizes a unified approach to develop innovative, effective, and integrated strategies to meet the needs of ending the HIV epidemic. The HCPC oversees the prioritization and allocation of federal Ryan White Part A, Part B and Minority AIDS Initiative (MAI) funds allocated to the San Francisco Eligible Metropolitan Area (EMA), which includes SF, Marin and San Mateo counties. The group collaborates with SFDPH to set priorities for HIV prevention. As a merged prevention and care council, the group also conducts needs assessments, planning, and program development related to HIV prevention services in the three-county region. The Council continually reviews and assesses emerging data related to the HIV epidemic and the availability of HIV prevention and care services, and develops new approaches to meeting regional HIV prevention and care needs.

GTZ is a multi-sector independent, collective impact consortium with committees that focuses on PrEP expansion, RAPID (Rapid ART Program for HIV Diagnoses), Retention and Re-Engagement in Care, and Ending Stigma; with two crosscutting initiatives focusing on adolescent and young adults and addressing homelessness. GTZ created a strategic plan in 2015, which has not yet been updated. This plan is also for the HCPC, highlighting the need for a new strategic plan that is more comprehensive and updated to reflect the broader mission that is part of EtHE.

For this planning process, HCPC and GTZ will collaborate with SFDPH, including with representatives from HIV prevention and care, surveillance, EHCSF, and STD Prevention. The HCPC co-chairs will be part of the Steering Committee and utilize the HCPC standing work groups, task groups and committee structure to communicate with the full council about the work of the planning group and get input from the council on the process. The HCPC will provide input and guidance on the epidemiologic profile, situational analysis, and the final EtHE plan. Under the leadership of HCPC, GTZ, and SFDPH, the project leadership will facilitate planning meetings, synthesize existing SF strategic plans, conduct formative research that includes looking at other jurisdictional EtHE plans, and conduct a structural assessment and GAP analysis to determine strengths, challenges and needs in SF. The planning process will provide an

opportunity for HCPC, GTZ, and SFDPH to formally collaborate and develop a shared plan and strategies.

SF EtHE Steering Committee:

The Steering Committee (SC) will build on the foundation of the 18-1802 Steering Committee and will include HIV, HCV, STD prevention and care representatives from SFDPH, GTZ, EHCSF, the co-chairs from HCPC and EtHE Project Leadership. It will be facilitated by project leadership, including the consultants. There will be monthly meetings and the SC will provide oversight, vision, and expertise for the project, ensure that strategies align with vision make decisions about overall direction, funding priorities, and timeline. The SC will also include leadership from:

- **DUHI** to provide important insight into strategies and best practices designed for PWUDs. The DUHI strategic plan identifies four priority areas: (1) harm reduction education and systems capacity building, (2) overdose prevention, education, and naloxone distribution, (3) syringe access and disposal, and (4) HIV/HCV prevention, screening, and treatment. Members have close connections to different communities of PWUD and frequent communication pathways that will assist this planning process.
- **EHCSF** recently completed the initial planning process for SF's HIV/HCV micro-elimination plan, which has positioned SF to eliminate HCV among PLWH. The plan outlined for micro-elimination supports the following overarching goal: By the year 2023, reduce HCV among PLWH in SF by 90% and ensure prompt identification and rapid treatment of any new HCV cases occurring in PLWH. Throughout the development of this plan, it was increasingly clear that SF cannot meaningfully address HCV without addressing HIV, and vice versa. The lessons learned from the planning process will inform long-term planning processes and help implementation of both the EtHE plan and the goal of HCV elimination.
- **STD Prevention:** Many of the key sites and services in SF that are part of SF's EtHE strategies are also strongly STD focused, which further supports the essentialness of integrated planning. These sites/programs include City Clinic (SF's community STD clinic) and Linkage, Integration, Navigation, Comprehensive Services (LINCS), which is SFDPH's program that provides linkage to care for people newly diagnosed with HIV, patient navigation for PLWH not-in-care, and partner services.
- **BAAHI** has five workgroups: Heart Health, Women's Health, Behavioral Health, Sexual Health, Cultural Humility, and Workforce Development. It facilitates a learning community to increase awareness of structural racism and city-wide health disparities and build capacity among staff and leadership. This group will provide important insights as to the underlying causes of disparities, and the most effective strategies for addressing them.

SF EtHE Stakeholder/Advisory Group:

There will be quarterly Stakeholder/Advisory Group meetings, led by HCPC, GTZ, SFDPH, and facilitated by the consultants, to obtain input on the plan and process. Representatives from various community groups, initiatives, SFDPH branches, and community members will be invited to participate. Workshops will be provided on topics including epidemiology and

surveillance data, budgets, HIVHCV/STDs, and harm reduction to increase understanding of the epidemiologic profile and situational analysis.

SF EtHE Annual Summit:
This final summit will be led and facilitated by Project Leadership, including consultants and community. Post-planning process, this summit will be repeated annually to provide an opportunity for diverse planning groups, collective impact initiatives, and other stakeholders to coalesce around current data, trends, and needs; keep each other informed about the work being done; and continue to collectively update and move the EtHE plan forward.

Joint collaboration with Alameda County and the State Department of Public Health:
HCPC, GTZ, HCPC, and SFDPH project leadership will coordinate with Alameda County Public Health Department and the Oakland Transitional Grant Area Planning Council to develop a jurisdictional plan to address Bay Area HIV/HCV/STD disparities. The HCPC co-chairs will meet with the co-chairs of the Oakland Transitional Grant Planning Council (formerly the Collective Community Planning Council) to collaborate on developing a jurisdictional portion of the EtHE plan.

- **California Department of Public Health:** SFDPH will partner with the State Office of AIDS (see attached letter) to develop local and statewide approaches. As we proceed in implementing our Ending the HIV Epidemic efforts, collaborating with the other counties and the state will enhance our ability to efficiently and effectively deliver services regionally as well as locally.
- **Alameda County:** SFDPH will collaborate with Alameda County to develop a jurisdictional approach to EtHE (see attached letter of support). This planning process will provide an opportunity to leverage resources to help clients who access services in the Bay Area. It will improve our existing collaboration and strengthen the partnership between the two counties and HIV community Planning Groups. HIV prevention and care leadership from the two counties have worked together over the last 10 years to coordinate services for clients who receive services in both counties and cross the Bay Bridge for social activities. Through this collaboration, we developed an arrangement to link clients to care across the counties. In addition, ARCHES collaborates with AC surveillance staff to monitor trends in HIV surveillance. Both counties have GTZ initiatives and have shared best practices and supported each other in the challenges related to these initiatives. Currently we are working together to plan and implement the 2020 International AIDS Conference that will be held in both AC and SF in July 2020. One of the committees of AIDS 2020 is the Equity Committee that is working to balance activities in both counties and to ensure the legacy of the conference is to have a shared Ending the Epidemic Plan.

Strategy 2: Prepare current epidemiologic profile for jurisdiction

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Output: Updated (current) epidemiological profile for the relevant jurisdiction(s).
Under the leadership of HCPC, GTZ, EHCSF, and SFDPH, the project leadership will work closely with SFDPH's epidemiology and surveillance branch (ARCHES) to analyze current HIV, HCV, and STD data using a health equity and racial justice lens. The epidemiologic profile will synthesize a comprehensive overview of the local epidemic, focusing on health disparities related to race (in particular B/AA and Latinx), substance use including injection drug use, mental health, homelessness, and incarceration. Geographic disparities within SF will also be

taken into account, as these often reflect social determinants of health. SF will also take a deeper look at molecular HIV surveillance (MHS) data among specific subgroups to help identify patterns of new infections and affected populations more quickly. This will allow us to intervene and stop further transmission among vulnerable populations. We are also interested in looking at migration patterns to see how that can assist in determining how in- and out-migration relates to HIV transmission rates and new diagnoses in SF. The planning process will also help to determine data needs related to SF's various electronic medical record databases and our collaboration with larger private institutions such as Kaiser. The goal will be to enhance and strengthen those relationships to improve access to health care data and better meet our clients' needs. Data modeling will also be explored. In addition, SF will identify improved ways to share data with partners and the larger community, using more frequent updates and dashboards, and look at opportunities to improve data to care and prevention efforts.

Outcome: Increase understanding of epidemiologic profile of the relevant jurisdictions.

- The epidemiologic profile will be **developed in partnership** with the stakeholders and will be **presented** to the various planning groups, CBOs, providers, and community members.
- **Workshops** will be provided on topics including epidemiology and surveillance data, budgets, HIV/HCV/STDs, and harm reduction to increase understanding of the epidemiologic profile, situational analysis, and proposed EtHE strategies.
- There will be a **summit** at the end of the planning process to bring together all of the partners, stakeholders, and communities to present the final epidemiologic profile, situational analysis and EtHE plan.

Strategy 3: Prepare a brief situational analysis for jurisdiction

Output: Completed current situational analysis for the relevant jurisdiction(s).

Under the supervision of ARCHES, a consultant will be hired to lead research efforts for the epidemiologic profile and situational analysis. The project leadership will synthesize the information from the SF epidemiologic profile and the various community engagement activities to develop a brief situational analysis for SF. It will be a community-driven analysis to identify goals and inform recommendations for how to improve HIV/HCV/STD prevention and care in SF. The collective impact structure will provide an opportunity for multiple stakeholders to agree on what needs to be changed and recognize how each stakeholder group plays a role in closing the gaps to get to zero. Input from local partners including HIV/HCV/STD prevention and care CBOs, SAMHSA funded behavioral health programs, and the SF Unified School District (SFUSD) will inform the analysis. Project leadership will collaborate with SFDPH Behavioral Health Services (BHS) to fully integrate HIV/HCV/STD, overdose prevention and behavioral health services, using a harm reduction approach. Project leadership will also incorporate and synthesize information and strategies from SF's Integrated Prevention and Care Plan, GTZ Strategic Plan, EHCSF Strategic Plan, STD Strategic Plan, DUHI Strategic Plan, HCV and congenital syphilis micro-elimination plans, and the Roadmap. In addition, project leadership will conduct a structural assessment, looking at SFDPH's challenges hiring staff and sharing data, since these factors greatly influence SFDPH's ability to rapidly implement strategies. The analysis will present data to justify our approach to community and motivate partners.

Outcome: Increase understanding of the HIV care and prevention context/situation for the relevant jurisdictions.

- ❖ Workshops will be provided on topics including epidemiology, data, and surveillance, budgets, HIVHCV/STDs, and harm reduction to increase understanding of the epidemiologic profile, situational analysis, and proposed EtHE strategies.
- ❖ The situational analysis will be presented to the stakeholders and community at large, including during the annual summit.

Strategy 4: Engage with local community partners

Outcome: Increased engagement of partners, including local care and prevention planning bodies, local HIV service providers, persons with HIV, and other community members impacted by HIV.

Working with the leadership of HCPC, GTZ, and SFDPH, the project leadership will engage directly with local community partners. The focus will be on including community members who are not part of existing groups to ensure a broader community perspective and bi-directional communication with SFDPH. The planning process will be guided by the Roadmap and use similar community engagement tools to include community voices and qualitative lived experiences in all aspects of planning, program design and implementation, and delivery. The process will build on community strengths and go beyond listening groups and focus groups to **promote community leadership and community-led processes**. It will provide technical assistance, if needed, to support community facilitation of the community planning processes and meetings. The planning process will support capacity building for B/AA, Latinx, and API CBOs to lead the planning in their communities. We aim to hold community engagement activities quarterly, but will adjust strategy to best suit the target population. The engagement process will include Stakeholder/Advisory Group community meetings as well as smaller meetings.

SF EtHE Stakeholder/Advisory Group:

The Stakeholder/Advisory Group will meet quarterly to discuss the EtHE plan, and will include community members representing populations highly impacted by HIV/HCV/STDs in San Francisco. SF will strengthen collaboration with the Mayor's Office of Housing and Community Development (MOHCD, which has a planning group that focuses on HIV) and SFUSD. Representatives will also be invited to participate in the planning process and Stakeholder Group.

Strategy 5: Engage with local HIV service provider partners

Outcome: Increased engagement of partners, including local care and prevention planning bodies, local HIV service providers, persons with HIV, and other community members impacted by HIV.

Working with the leadership of HCPC, GTZ, and SFDPH, the project leadership will engage with local HIV Service provider partners. It will strengthen collaborations with HIV/AIDS Provider Network (HAPN, a coalition of community-based, non-profit agencies that serve people living with and at risk of HIV/AIDS in SF), Kaiser Permanente, Mayor's Office of Housing and Community Development (MOHCD) and SFDPH Whole Person Care initiative. The MOHCD is conducting a planning process to develop a citywide, interagency Ending Homelessness strategy, which includes an HIV Housing work group and plan. The proposed strategies include developing and maintaining affordable and safe housing; providing supportive services for

people to stay housed; promote workforce development; enhance facilities and spaces; eliminate causes for racial disparities; and instill racial equity and trauma-informed practices in their work. Project leadership participate in the HIV work group and will facilitate the partnership and collaboration.

We aim to hold community engagement activities quarterly, but will adjust our strategy to best suit the target population. The engagement process will include Stakeholder/Advisory Group community meetings as well as smaller meetings.

SF EtHE Stakeholder/Advisory Group:
The engagement process will include Quarterly Stakeholder/Advisory Group meetings as well as smaller meetings and HIV service providers will be invited to participate.

Strategy 6: Reach concurrence on an Ending the HIV Epidemic plan with local HIV planning groups

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Outcome: Increased engagement of partners, including local care and prevention planning bodies, local HIV service providers, persons with HIV, and other community members impacted by HIV.
The HCPC will collaborate with GTZ and SFDPH to provide leadership and direction throughout the planning process. The project leadership will make frequent updates to, and solicit feedback from the co-chairs. The HCPC co-chairs will be actively involved in the planning group and act as conduits for sharing and bringing back input from the full council. The feedback will be incorporated into the final EtHE plan. The final plan will be presented to the full council for concurrence and will follow the same process to reach concurrence as the existing Integrated Care and Prevention Plan.

Strategy 7: Prepare a final/revised Ending the HIV Epidemic plan for jurisdiction

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Output: Completed final (revised) implementation plan aligned with the goals of the Ending the HIV Epidemic initiative and that reflects the HIV prevention and care needs of the community, implementation partners, and planning bodies.
Outcome: Improved ability to rapidly implement activities to meet the HIV care and prevention needs of the local jurisdictions consistent with the goals of the Ending the HIV Epidemic Initiative.
Under the leadership of HCPC, GTZ, and SFDPH, the project leadership will integrate the process findings into a final comprehensive, integrated EtHE plan for SF. It will be guided by current data with a focus on racial justice, social determinants of health, stigma, and health disparities and will integrate prevention, care, HIV, HCV, and STDs, using a harm reduction approach.

The SF EtHE plan will build on existing efforts and strengthen relationships and engagement with key stakeholders and communities. It will take existing efforts to the next level by focusing on molecular data, addressing outcomes by health disparities, and include behavioral health, incarceration, homelessness and race. It will help us better understand migration patterns in the Bay Area and the impact of biomedical advantages, such as long-term injectables, and PrEP access (including on-demand PrEP). It will also facilitate micro-elimination approaches for HCV

and congenital syphilis, and work to reduce STDs among both people living with and at risk for HIV. The final EtHE plan will include strategies, performance and accountability measures, and goals for the collective partners: HCPC, GTZ, STD Prevention, EHCSF, DUHI, and the collaboration with Alameda County and the State. The final plan will not replace existing planning groups and initiatives; they will continue to be autonomous entities. However, the EtHE plan will be harmonized with individual group's strategic plans and provide guidance on our collective efforts, a framework to understand each group's contributions to the broader HIV/HCV/STD goals, and an opportunity to continue collaboration, hold each other accountable, and achieve the EtHE goals.

The Center for Learning and Invitation branch (CLI) is a CDC-funded capacity building assistance provider. Lessons learned from our experience can be readily disseminated broadly through participation in the national CBA Provider Network.

1. Collaborations

SFDPH's HIV/HCV/STD surveillance, care and prevention work occurs across various health department branches: 1) Applied Research Community Health Epidemiology & Surveillance (ARCHES); 2) Community Health Equity & Promotion (CHEP); 3) Disease Prevention & Control (DPC); and 4) HIV Health Services (HHS). Together, we maintain strong collaborations with federal funders including CDC, HRSA, and SAMHSA, and we are members of UCHAPS and NASTAD. Our prevention and care services are informed by the research expertise of Bridge HIV and Center for Public Health Research (CPHR). We also have a longstanding history of successful collaborations with a broad array of community partners to develop and implement our HIV prevention and treatment plans, without which we would not have been able to achieve the dramatic declines we have seen in new HIV diagnoses, and HIV-related deaths. To ensure the communication, collaboration, and coordination needed to deliver a comprehensive EtHE plan, **SFDPH has already engaged the following partners through initial planning meetings and they are supportive of the efforts**: HCPC, GTZ, EHCSF, BAAHI, DUHI, California Department of Public Health (see attached letter), and Alameda County Department of Public Health (see attached letter).

SFDPH ARCHES, CHEP, DPC, and HSH branch staff serve on the leadership and committees of GTZ and EHCSF, providing input on programmatic strategy and data on key metrics and progress towards their achievement. This allows GTZ and EHCSF to identify gaps in services and seek funding. SFDPH also partners with Tenderloin Health Improvement Partnership to address environmental stress in this poor SF neighborhood related to substance use, homelessness, and other social determinants of health.

The ARCHES, CHEP, DPC, and HHS branches collaborate with other programs in the SF Health Network (SFHN), which is the service delivery section of SFDPH, on several systems change initiatives, such as increasing routine HIV screening, strengthening HCV primary care treatment capacity, and expanding harm reduction approaches in substance use treatment. We also support direct services within SFHN, such as clinic-based PrEP, the PHAST team (for newly diagnosed persons) at Zuckerberg SF General Hospital, and retention navigation services. LINCS (a team that links newly diagnosed or persons who have fallen out of HIV care with comprehensive services) has strong connections with SFHN providers, which enhances

navigation effectiveness. BHS offers a full range of specialty behavioral health services provided by a culturally diverse network of community behavioral health programs, clinics and private psychiatrists, psychologists, and therapists to residents of San Francisco who receive Medi-Cal benefits, San Francisco Health Plan members, and to other San Francisco residents with limited resources. Whole Person Care is a five-year, multimillion-dollar Medi-Cal waiver program awarded to San Francisco to improve outcomes for adults experiencing homelessness and high users of healthcare service.[10] EtHE will work closely with leadership of this program to ensure alignment and sharing of resources. SFDPH has a rich network and robust collaborations with dozens of funded and non-funded HIV prevention and care CBOs throughout SF, for service planning, implementation, and evaluation. CBOs and community members will also be meaningfully engaged and included in the planning process.

2. Target Populations and Health Disparities

This application proposes to reach people living with and at greatest risk for HIV in SF, as described in our Integrated Prevention and Care Plan. The focus continues to be on **high-prevalence populations** using a strong equity lens and strategies to address identified health disparities and their underlying social determinants. Members and leadership from the communities experiencing health disparities, including disproportionately high rates of HIV, HCV, and STDs, will be invited to participate in and provide leaderships to the planning process and provide input on the EtHE plan.

c. Applicant Evaluation and Performance Measurement Plan – See Attachment.

d. Organizational Capacity of Applicants to Implement the Approach

PHD Branch	Planning Process Role
Community Health Equity & Promotion (CHEP)	Oversees community-based HIV/STD/HCV services; co-chairs the HCPC, participates on GTZ Steering Committee, EHCSF, DUHI coordinator, members of BAAHI. Role: **Project Leadership and Project Management.**
Disease Prevention & Control (DPC)	Oversees clinically-based services including LINCS; houses City Clinic and the Public Health Laboratory; STD Strategic Plan. Role: **Project Leadership.**
Applied Research Community Health Epidemiology & Surveillance (ARCHES)	HIV, STD and HCV surveillance; HIV DTC activities; data analysis and dissemination. Role: **Project Leadership.**
HIV Health Services (HHS; part of SFHN)	Oversees Ryan White services; co-chairs the HCPC, Role: **Project Leadership and Project Management. HHS leadership are also part of MOHCD**
Center for Learning & Innovation (CLI)	Capacity-building and communications. CDC CBA provider
Center for Public Health Research (CPHR) & BridgeHIV	Clinical trials and intervention research; GTZ Steering Committee. Role: **Project Leadership.**
Office of Equity & Quality Improvement (OEQI)	Policy branch for SFDPH. Role: **Project Leadership.**

HIV Community Planning Council (HCPC)	Local HIV Planning body. Role: **Project Leadership and key partner.**
SF Getting to Zero Consortium (GTZ)	Multi-sector, independent consortium. Role: **Project Leadership and key partner.**
End Hep C SF (EHCSF)	Micro-elimination plan. Role: **Project Leadership and key partner.**
Black/African American Health Initiative (BAAHI)	Health Disparities. Role: **Project Leadership and key partner.**
Drug User Health Initiative (DUHI)	HIV/HCV prevention guides the initiative's activities and provides a common set of performance measures and outcomes. This will help inform the larger EtHE plan. Role: **Project Leadership.**

SFDPH's mission is to protect and promote the health of all San Franciscans. We have two primary divisions: 1) the Population Health Division (PHD), where the ARCHES, CHEP, and DPC Branches are located; and 2) the San Francisco Health Network (SFHN), which includes HIV Health Services (which oversees Ryan White funding), the hospitals and clinics, whole person care, behavioral health, and other direct health services. CLI will facilitate with capacity building and communications disseminated lessons learned.

We have broad capacity and expertise across PHD and the health department to engage in the proposed rapid planning process to develop a plan to end the HIV epidemic. We maintain strong collaborations across the Branches to ensure a unified approach to HIV prevention and care, and use communication technology such as Sharepoint, GroupSite, and Zoom to ensure we are all aware of each other's efforts and are in sync. In addition to biweekly Directors meetings, the Branches meet monthly to focus on cross-Branch HIV-related prevention and treatment efforts. All our work is conducted under strict security and confidentiality guidelines and procedures. All PHD branches accessing data with personal identifiers are required to adhere to the security and confidentiality guidelines of the CDC, the State Office of AIDS and the SFDPH. In addition, PHD has strong collaborations with the Department's Information Technology leadership and staff in order to manage the physical and technological infrastructure needed to support and maintain all PHD activities, including creating, modifying, and maintaining data systems to inform decisions across the Division.

i. Workforce Capacity

The SFDPH workforce is extremely experienced and culturally competent with leading and participating in the planning process and implementing proposed activities to eliminate HIV, HCV, and turn the curve on STDs. SFDPH tries to ensure that the work force represents the communities that we serve. For example, on staff are gay men, including gay men of color; African Americans; Latinos/as; trans women; PLWH; and former substance users. Our leadership and staff have extensive experience in community engagement, strategic planning and implementation of services. SFDPH also has a strong track record of integrated prevention, care, and surveillance program development, as demonstrated by our excellent Data to Care and, more recently, Data to PrEP programs that have resulted in improved re-linkage to care and increased pathways for identifying people who might benefit from PrEP. This planning process will give us an opportunity to strengthen our hiring processes with the communities that we serve as well as our peer leadership programs.

ii. Training and capacity building

SFDPH will provide training and capacity building to strengthen our HIV/HCV/STD Health Force. In order to increase understanding of the epidemiologic profile, situational analysis, and EtHE plan, we will offer workshops on epidemiology and surveillance data:

SFDPH will also provide the following trainings to all stakeholders and staff as part of our continuous HIV/HCV/STD capacity building efforts:

- HIV/HCV/STD Skills Certification Training
- Harm Reduction Training
- Overdose Prevention Training
- Training on STD specimen collection
- Training on Clear Impact Results Scorecard
- Racial Humility Training
- Trauma informed systems (TIS)
- Training on Syringe Access and Disposal
- Cultural competence working with people who experience homelessness and who may use drugs

iii. Staffing

The Principal Investigator (PI) will be **Tomás Aragón, MD, DrPH**. Dr. Aragón is the Health Officer of the City and County of San Francisco, and the Director of PHD. He will be accountable for overall planning, implementation, monitoring, and reporting. **Tracey Packer, MPH** will serve and Project Director and **Susan Scheer, PhD, MPH, Susan Philip, MD, MPH, Bill Blum, LCSW, and Susan Buchbinder, MD** will serve as Project Co-Directors.

- Ms. Packer, CHEP Director, is responsible for community-based HIV prevention services. She is a recognized community leader, serves on the GTZ Steering Committee, and has over 20 years of experience in HIV prevention.
- Dr. Scheer is the Director of HIV Epidemiology and Surveillance within ARCHES, with over 20 years of experience in HIV research including over 10 years in HIV surveillance. She served as an original member of the CDC DTC Working Group and as an expert advisor on the CDC DHAP external review panel that recommended that CDC integrate the surveillance and prevention grants and funding.
- Dr. Philip, DPC Director, is a public health physician who is board certified in internal medicine and infectious diseases and has 12 years of experience in STD/HIV clinical, biomedical and disease intervention prevention strategies. She serves on the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC) and is co-Chair of the CHAC STD Workgroup.
- Mr. Blum, HIV Health Services Director, has worked in the HIV field for the past thirty years. He has served as the Director of HSH since 2011. Since 2013, Mr. Blum has also served as the Director of Programs for SFDPH Primary Care. From 1996-2006, he worked at San Mateo County AIDS Program serving in a variety of roles and he served on the San Francisco EMA Ryan White Planning Council from 2001 through 2015. Mr. Blum has extensive experience providing direct case management and mental health services to diverse individuals and communities impacted by HIV.

- Dr. Buchbinder, Director of Bridge HIV, is a co-founder and co-chair of GTZ and internationally recognized leader in HIV prevention. She has over 30 years of experience in evaluating determinants of HIV acquisition and disease progression. She leads the SFDPH HIV Working Group.
- Key project implementation staff include: CHEP - **Hanna Hjord, MPH,** HIV/HCV/STD Behavioral Health Coordinator.

While these staff represent the leadership of the project, there will be a whole team of staff involved, providing expertise on HCV, STDs, PWID, PWUD, and working with communities of color. Please see **Project Org Chart** for additional staff involved.

Further details on project staff, their expertise, and roles are available in the *Budget Narrative.*

e. WORK PLAN – See Attachment.

PS19-1906 SFDPH Component B

Work Plan

San Francisco Department of Public Health

CDC-RFA-PS19-1906 Component B

Project Period: September 29, 2019 – September 30, 202

A. One-YEAR PROJECT OVERVIEW

Strategy 1: Engage with existing local prevention and care integrated planning bodies

In collaboration with HCPC and Getting to Zero, SFDPH will engage in a rapid, strategic planning process. The HCPC co-chairs will be part of the project Steering Committee and lead the planning process with Alameda County Department of Public Health. The HCPC will provide input and guidance on the epidemiologic profile, situational analysis, and the final EtHE plan. Under the leadership of HCPC, GTZ, and SFDPH, the project leadership will facilitate planning meetings, synthesize existing SF strategic plans, conduct formative research that includes looking at other jurisdictional EtHE plans, and conduct a structural assessment and GAP analysis to determine strengths, challenges and needs in SF. There will be a join planning council co-chair steering committee with representatives from SF and AC.

Strategy 2: Prepare current epidemiologic profile for jurisdiction

Project leadership, led by ARCHES, will develop an updated San Francisco HIV, HCV, STD epidemiologic profile that focuses on health disparities. There will also be a focus on migration patterns and molecular data to support the San Francisco/Alameda County regional portion of the plan. There will be bi-directional communication between the stakeholders to inform the process and there will be presentations and workshops to help disseminate the information and support stakeholders in understanding the data.

Strategy 3: Prepare a brief situational analysis for jurisdiction

Under the leadership of HCPC, GTZ, and SFDPH, project leadership, will synthesize the information from the epidemiologic profile and develop and disseminate a San Francisco San Francisco HIV, HCV, STD situational analysis. SFDPH will facilitate workshops on epidemiology ,data, and surveillance to build stakeholder understanding of the analysis. The Situational analysis will be presented to stakeholders, community members, providers during separate presentations and an annual summit.

Strategy 4: Engage with local community partners

Under the leadership of HCPC, GTZ, and SFDPH, the project leadership will engage directly with local community partners. The focus will be on including community members who are not part of existing groups to ensure a broader community perspective and bi-directional communication with SFDPH. will provide technical assistance, if needed, to support community facilitation of the community planning processes and meetings. The planning process will support capacity building for B/AA, Latinx, and API CBOs to lead the planning in their communities. We aim to hold community engagement activities quarterly, but will adjust strategy to best suit the target population. The engagement process will include Stakeholder/Advisory Group community meetings as well as smaller meetings.

Strategy 5: Engage with local HIV service provider partners

Under the leadership of HCPC, GTZ, and SFDPH, the project leadership will engage with local HIV Service provider partners. It will strengthen collaborations with HIV/AIDS Provider Network (HAPN, a coalition of community-based, non-profit agencies that serve people living with and at risk of HIV/AIDS in SF), Kaiser Permanente, and SFDPH Whole Person Care. We aim to hold community engagement activities quarterly, but will adjust strategy to best suit the target population. The engagement process will include Stakeholder/Advisory Group community meetings as well as smaller meetings.

Strategy 6: Reach concurrence on an Ending the HIV Epidemic plan with local HIV planning groups

The HCPC will provide leadership and direction throughout the planning process. The project leadership will make frequent updates to, and solicit feedback from, the co-chairs and Community Engagement Committee. The feedback will be incorporated into the final EtHE plan. The final plan will be presented to the full council for concurrence.

Strategy 7: Prepare a final/revised Ending the HIV Epidemic plan for jurisdiction

Under the leadership of HCPC, GTZ, and SFDPH, the project leadership will integrate the process findings into a final comprehensive, integrated EtHE plan for SF. It will be guided by current data with a focus on racial justice, social determinants of health, stigma, and health disparities and will integrate prevention, care, HIV, HCV, and STDs, using a harm reduction approach. The SF EtHE plan will build on existing efforts and strengthen relationships and engagement with key stakeholders and communities. It will take existing efforts to the next level by focusing on molecular data, addressing outcomes by health disparities, and include behavioral health, incarceration, homelessness and race. It will help us better understand migration patterns in the Bay Area and the impact of biomedical advantages, such as long-term injectables, PrEP access (intermittent PrEP). It will also facilitate micro-elimination approaches for HCV, Congenital syphilis. The final EtHE plan will include strategies, performance and accountability measures, and goals for the collective partners: HCPC, GTZ, STD Prevention, EHCSF, DUHI, and the collaboration with Alameda County and the State. The final plan will not replace existing planning groups and initiatives, they will continue to be autonomous entities. The EtHE plan will provide guidance on our collective efforts, a framework to understand each group's contributions to the broader HIV/HCV/STD goals, and an opportunity to continue collaboration, hold each other accountable, and achieve the EtHE goals.

B. Work Plan

Strategy 1: Engage with existing local prevention and care integrated planning bodies.

Outcome (from NOFO): Increased engagement of partners, including local care and prevention planning bodies, local HIV service providers, persons with HIV, and other community members impacted by HIV

SFDPH SMART Objectives

1.1 By December 31, 2019, convene two (2) joint co-chair planning meetings with SF HCPC and Alameda County HIV Planning Council co-chairs.

1.2 By September 29, 2020, convene ten (10) planning meetings with new EtHE Steering Committee members, including local HIV Community Planning Council, Getting to Zero Initiative, End Hep C SF, STD Prevention leadership, and SFDPH HIV prevention, care, and surveillance staff.

Strategies & Activities	*Process Measures*	*Responsible Position/Party*	*Completion Date*
1.a. Develop final work plan and timeline for jurisdictional planning process	*Updated work plan and timeline* *Meeting minutes*	*HCPC CO-chairs, Project Leadership and Consultant*	*October 2019*
1.b. Convene 19-1906 Integrated SF/AC Steering Committee for planning	*Meeting minutes* *Updated work plan*	*HCPC CO-chairs, Project Leadership and Consultant*	*December 2019*

1.c. Convene 19-1906 Steering Committee to develop planning strategy	*Meeting minutes* *Updated work plan*	*Project Leadership and Consultant*	*October 2019- August 2020*
1.d. Convene 19-1906 Stakeholder Group to develop planning strategy	*Meeting minutes* *Updated work plan*	*Project Leadership and Consultant*	*October 2019- August 2020*
1.e. Work with HCPC and other key stakeholders to develop innovative strategies for collaborating and partnering with communities of color	*Meeting minutes* *Updated work plan*	*HCPC CO-chairs, Project Leadership and Consultant*	*October 2019- August 2020*
1.f. Continue to maintain partnership with the HCPC members to participate in integrated planning	*Meeting minutes* *Updated work plan*	*HCPC CO-chairs, Project Leadership and Consultant*	*October 2019- August 2020*

Strategy 2: Prepare current epidemiologic profile for jurisdiction

Output: Updated (current) epidemiological profile for the relevant jurisdiction(s)

Outcome: Increase understanding of epidemiologic profile of the relevant jurisdictions

SFDPH SMART Objectives

2.1 By June 30, 2020, develop and disseminate an updated San Francisco HIV, HCV, STD epidemiological profile, focusing on health disparities.

2.2 By September 29, 2020, provide two (2) workshops on epidemiology, data, and surveillance to strategic planning partners and community members to increase understanding of San Francisco epidemiological profile.

Strategies & Activities	*Process Measures*	*Responsible Position/Party*	*Completion Date*
2.a. Complete gap analysis to determine strengths, challenges, and needs in SF	*Gap analysis summary report*	*Consultant*	*December 2019*
2.b. Analyze current surveillance data	*Data report to stakeholders*	*Susan Scheer Tracey Packer*	*May 2020*
2.c. Write updated epidemiologic profile	*Updated epidemiologic profile*	*Susan Scheer Tracey Packer*	*June 2020*
2.d. Convene workshops to key stakeholders, staff and community members on epidemiology and data	*Sign in sheets and notes*	*Susan Scheer Tracey Packer*	*September 2020*
2.e. Disseminate epidemiologic profile to stakeholders, including presentations and summit	*Sign in sheets and notes*	*Susan Scheer Tracey Packer*	*September 2020*

Strategy 3: Prepare a brief situational analysis for jurisdiction

Output: Updated current situational analysis for the relevant jurisdiction(s)

Outcome: Increase understanding of the HIV care and prevention context/situation for the relevant jurisdictions

SFDPH SMART Objectives

3.1 By July 31, 2020, develop an updated San Francisco HIV, HCV, STD situational analysis, focusing on health disparities.

3.2 By September 29, 2020, provide two (2) workshops on epidemiology, data, and surveillance to strategic planning partners and community members to increase understanding of San Francisco situational analysis.

Strategies & Activities	*Process Measures*	*Responsible Position/Party*	*Completion Date*
3.a. Synthesize data from epidemiologic profile	*Stakeholder reports and feedback*	*Consultant and ARCHES*	*December 2019*
3.b. Write situational analysis for SF	*Final situational analysis*	*Susan Scheer Tracey Packer Consultant*	*July 2020*
3.c. Convene workshops with key stakeholders, staff and community members to discuss epidemiology and data	*Sign in sheets and notes*	*Susan Scheer Tracey Packer*	*September 2020*
3.d. Disseminate epidemiologic profile to stakeholders, including presentations and summit	*Sign in sheets and notes*	*Susan Scheer Tracey Packer*	*September 2020*

Strategy 4: Engage with local community partners

Outcome: Increased engagement of partners, including local care and prevention planning bodies, local HIV service providers, persons with HIV, and other community members impacted by HIV

SFDPH SMART Objectives

4.1 By January 31, 2020, conduct up to five (5) ethnographic studies of the populations experiencing the highest HIV, HCV, STD health disparities in SF.

4.2 By September 29, 2020, convene at least five (5) large community sessions to solicit feedback and input from community on the plan.

Strategies & Activities	*Process Measures*	*Responsible Position/Party*	*Completion Date*
4.a. Conduct 5 ethnographic studies with target populations	*Ethnography report*	*Consultant and project leadership*	*January 2020*
4.b. Convene community sessions with stakeholders	*Meeting notes*	*Project Leadership and Consultant*	*July 2020*
4.c. Convene annual summit led by community	*Sign in sheets and notes*	*HCPC CO-chairs, GTZ, Project Leadership and Consultant*	*September 2020*

Strategy 5: Engage with local HIV service provider partners

Outcome: Increased engagement of partners, including local care and prevention planning bodies, local HIV service providers, persons with HIV, and other community members impacted by HIV

SFDPH SMART Objectives

5.1 By September 29, 2020, convene at least four (4) Stakeholder Group sessions to collaborate with HIV service providers.

Strategies & Activities	*Process Measures*	*Responsible Position/Party*	*Completion Date*
5.a. Convene stakeholder group meetings	*Meeting notes*	*Project Leadership and Consultant*	*September 2020*
5.b. Convene annual summit led by community	*Sign in sheets and notes*	*HCPC CO-chairs, GTZ, Project Leadership and Consultant*	*September 2020*

Strategy 6: Reach concurrence on an ending the HIV Epidemic plan with local HIV planning groups

Outcome: Increased engagement of partners, including local care and prevention planning bodies, local HIV service providers, persons with HIV, and other community members impacted by HIV

SFDPH SMART Objectives

6.1 By September 29, 2020, HCPC will provide concurrence on final SF HIV, HCV, CTD EtHE plan.

Strategies & Activities	*Process Measures*	*Responsible Position/Party*	*Completion Date*
6.a. Convene stakeholder group meetings	*Meeting notes*	*Project Leadership and Consultant*	*September 2020*
6.b. Present final EtHE plan to the full HCPC for concurrence	*Concurrence letter*	*HCPC CO-chairs, GTZ, Project Leadership and Consultant*	*August 2020*

Strategy 7: Prepare a final/revised Ending the HIV Epidemic plan for jurisdiction

Output: Completed final (revised) implementation plan aligned with the goals of the Ending the HIV Epidemic initiative and that reflects the HIV prevention and care needs of the community, implementation partners, and planning bodies

Outcome: Improved ability to rapidly implement activities to meet the HIV care and prevention needs of the local jurisdictions consistent with the goals of the Ending the HIV Epidemic Initiative.

SFDPH SMART Objectives

7.1 By September 29, 2020, develop and disseminate final EtHE plan.

7.2 By September 30, 2020, implement activities proposed in the plan.

Strategies & Activities	*Process Measures*	*Responsible Position/Party*	*Completion Date*
7.a. Develop and disseminate EtHE plan	*Final Plan*	*Project Leadership and Consultant*	*September 2020*
7.b. Convene annual summit led by community	*Sign in sheets and notes*	*HCPC CO-chairs, GTZ, Project Leadership and Consultant*	*September 2020*

PS19-1906 SFDPH Component B

Evaluation and Performance Measurement Plan

San Francisco Department of Public Health

CDC-RFA-PS19-1906 Component B

Project Period: September 29, 2019 – September 30, 2020

Section 1: Description of the Project Being Evaluated

San Francisco (SF) is at the forefront of HIV-related prevention, clinical, biomedical, and research advances, and has a rich network of community-based and clinical providers, as well as strong collaborative initiatives and community advocacy. As a result of hard-fought accomplishments in prevention, care, and treatment services informed by a robust HIV surveillance system, SF is poised to be the first community to achieve the UNAIDS vision of "Getting to Zero": zero new HIV infections, zero HIV deaths, and zero HIV stigma. By implementing a data-driven, high-impact prevention (HIP) Strategy, new diagnoses have decreased to 221 in 2017 and recent data indicate that the proportion of undiagnosed HIV infections has decreased to an estimated 6%. While SF has made strides in decreasing new HIV infections overall, there are racial and socioeconomic disparities that persist and must be the focus of our prevention and care initiatives. Black/African-Americans (B/AA), Latinx, trans and cis-gender women, people who inject drugs (PWID) and people who experience homelessness have not experienced the same improvements along the HV continuum. Hepatitis C (HCV) infection poses a major public health threat in SF and also disproportionately impacts marginalized populations. For PLWH, HCV and HCV co-infection more than doubles the mortality rate among people living with HIV. Sexually transmitted diseases (STDs) continue to increase as new HIV diagnoses decline. Substance use continues to drive new HIV, HCV, and STD transmissions in SF. Social determinants of health including access to care, racism, discrimination, poverty, homelessness, and stigma contribute to health disparities and inequities. SF has a rich network of services strong foundation of prevention and care services that must be maintained. At the same time, changes in San Francisco's sociopolitical context and HIV/HCV/STD epidemiologic profiles call on SFDPH to intensify, integrate, and align efforts to address HIV, HCV, and STDs. Failing to do so will preclude the goals of getting to zero, ending HCV, and turning the curve on STDs. Understanding that it is often the same communities that are highly impacted by HIV, HCV, and STDs, SF cannot achieve the vision of getting to zero and EtHE without an integrated plan.

SFDPH has extensive expertise and success in bringing together broad ranging community partners to develop and implement prevention and treatment plans. SFDPH will collaborate with members of existing SF initiatives, draw upon their expertise and experience, and coordinate their various plans and priorities in order to ensure alignment and maximum impact. The HIV Community Planning Council (HCPC) and Getting to Zero Consortium (GTZ) are key partners and will co-lead the planning process with SFDPH. Using a multi-disciplinary, collaborative, results-based approach, SFDPH and its partners will conduct a rapid planning process that engages a wide sector of community-based, clinical, research, and educational stakeholders and develops new and enhances existing strategic partnerships. Focusing on health disparities and inequities, the planning process will integrate prevention, care, HIV, HCV, and STDs, analyze local data, conduct a situational assessment, integrate and expand existing plans, establish accountability and enforcement measures, and synthesize information and strategies. With 19-1906 funding, SF will develop a comprehensive EtHE plan that will facilitate rapid implementation of activities to meet the SF HIV, HCV, and STD care and prevention needs that can serve as a blueprint for other US jurisdictions seeking to get to zero new HIV infections and elevate responses to HCV and STDs. SFDPH, in collaboration with its diverse partners, is committed to Ending the HIV Epidemic by reducing the number of new HIV infections by 75% in 5 years and 90% in ten years. Our goal is to get to zero new HIV infections by 2030.

Section 2: Outcomes

With 19-1906 funding, SFDPH and its partners will:

- *Increase engagement of partners, including the SF HIV Community Planning Council and Getting to Zero Consortium.*
- *Update and develop an HIV, HCV, STD epidemiological profile for SF.*
- *Increase understanding of epidemiologic profile in SF.*
- *Completed current situational analysis for SF.*
- *Increase understanding of the HIV care and prevention context/situation for SF.*
- *Increase engagement of persons with HIV and other community members impacted by HIV.*
- *Increase engagement of local HIV service providers.*
- *Complete final implementation plan aligned with the goals of the Ending the HIV Epidemic initiative and that reflects the HIV prevention and care needs of the community, implementation partners, and planning bodies and has the concurrence from HCPC.*
- *Improve ability to rapidly implement activities to meet the HIV care and prevention needs of the SF consistent with the goals of the Ending the HIV Epidemic Initiative.*

Section 3: Stakeholder Engagement in Evaluation:

Ongoing engagement of stakeholders is critical for ensuring that the evaluation plan and data collected are relevant, useful, and non-duplicative of other efforts. In addition, the evaluation findings will inform practice changes within the SFDPH Systems of Care, among our stakeholders, as well as inform systems changes in how these different partners work together to provide patient-centered services that improve health outcomes.

Table 1: Stakeholder Engagement

Name	Role in Evaluation
Steering Committee (Project PI; Project Director; Project Co-Directors; Project Manager; HCPC Co-Chairs, EHCSF; GTZ, BAAHI; Consultants)	Finalize program and evaluation design; review evaluation data & performance measures quarterly; implement changes as needed (continuous quality improvement)
Project Leadership team (Project Director, Project Manager, Consultants)	Propose evaluation design, performance measures, and QI plans to Steering Committee; implement evaluation; track evaluation data & performance measures and use data visualization to make data accessible to all stakeholders
ARCHES Team	Analyze all quantitative and qualitative project data; provide analyses to Project Leadership and Steering Committee for synthesis and presentation
HIV Community Planning Council (HCPC)	Co-chairs will collaborate on a leadership level. Full council will assist in identifying gaps that need to be addressed, make recommendations for improvement, participate in development of EtHE plan.

Getting to Zero Consortium	Collaborate on a leadership level. Assist in identifying gaps that need to be addressed, make recommendations for improvement, participate in development of EtHE plan.
End Hep C SF (EHCSF)	Assist in identifying gaps that need to be addressed, make recommendations for improvement, participate in development of EtHE plan.
Black/African American Health Initiative (BAAHI)	Collaborate on a leadership level. Assist in identifying gaps that need to be addressed, make recommendations for improvement, participate in development of EtHE plan.
Communities, consumers, CBOs, HIV service providers	Engage with SFDPH to help Identify HIV, HCV, STD prevention and care needs of the priority populations and give input on strategies for reaching them and providing services

Section 3: Purpose

The purpose of the evaluation is to:

- Assess the feasibility and acceptability of the proposed strategic activities;
- Evaluate the feasibility, acceptability, and impact of practice and systems transformations for the service system, the direct services providers, and the priority populations; and

Table 2: Primary Users of the Evaluation

Name	How Evaluation Findings Will Be Used
SFDPH Population Health Division Branches: • Community Health Equity & Promotion (CHEP) • Applied Research Community Health Epidemiology (ARCHES) • Disease Prevention and Control (DPC)	To improve service delivery, and to inform and implement systems and practice changes
SFDPH San Francisco Health Network (SFHN) Divisions: • HIV Health Services • Primary Care • Behavioral Health Services • Jail Health Services • Street Medicine	To improve service delivery, and to inform and implement systems and practice changes
SF-based collective impact initiatives: • Getting to Zero (GTZ) • End Hep C SF (EHCSF)	To identify promising practices that can be disseminated and replicated in SF. To inform updated EtHE plan, continue collaboration with GTZ and SFDPH

• Black/African American Health Initiative (BAAHI)	
HIV Community Planning Council (HCPC)	To inform updated EtHE plan, continue collaboration with GTZ and SFDPH
CDC	To identify promising practices that can be disseminated and replicated in the U.S.

Section 4: Evaluation Questions

- Are the proposed EtHE strategies feasible to implement?
- Are the proposed EtHE strategies welcomed by the focus population, and will strategies meet client needs?
- What are the promising practices developed by other jurisdictions to integrate HIV, HCV, STD prevention and care?
- What systems and practice changes are implemented as a result of the EtHE, and what are their impacts on service delivery and the focus population ability to access appropriate care and their care experience?
- Are there indications of changes in health outcomes related to the implementation of the EtHE strategies?

Section 5: Evaluation Methods and Design

Routine monitoring, evaluation, and quality improvement of activities are necessary to ensure a successful demonstration project. The evaluation will use a variety of methods depending on the evaluation question and available resources for data collection.

- **GAP analysis and ethnographic studies** from the focus population is needed to inform what services are needed and what would be the most effective ways to deliver those services.
- **Process evaluation** will be conducted to measure the engagement of stakeholders and input from community.
- **Formative evaluation** methods will be used to assess the feasibility and acceptability of services among the focus population.
- **Outcome evaluation** will be used to ensure that the outcomes and outputs are achieved.

OMB Number: 0930-0367
Expiration Date: 06/30/2020

CHECKLIST

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.

Type of Application: ☒ New ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

	Included	NOT Applicable
1. Proper Signature and Date on the SF 424 (FACE PAGE)	☐	
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)		
☐ Civil Rights Assurance (45 CFR 80)		
☐ Assurance Concerning the Handicapped (45 CFR 84)		
☐ Assurance Concerning Sex Discrimination (45 CFR 86)		
☐ Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)		
3. Human Subjects Certification, when applicable (45 CFR 46)	☐	☐

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	☐	☒
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	☒	
3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?.....	☒	
4. Have biographical sketch(es) with job description(s) been provided, when required?.....	☒	☐
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	☒	
6. Has the 12 month narrative budget justification been provided?	☒	☐
7. Has the budget for the entire proposed project period with sufficient detail been provided?	☒	☐
8. For a Supplemental application, does the narrative budget justification address only the additional funds requested?	☐	☒
9. For Competing Continuation and Supplemental applications, has a progress report been included?	☐	☒

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Prefix: | First Name: Sajid | Middle Name:
Last Name: Shaikh | Suffix:
Title: Sr Admin Analyst
Organization: City and County of SF - Dept of Public Health
Street1: 1380 Howard St, 4th Fl
Street2:
City: San Francisco
State: CA: California | ZIP / Postal Code: 94103 | ZIP / Postal Code4: 2614
E-mail Address: sajid.shaikh@sfdph.org
Telephone Number: 415-255-3512 | Fax Number:

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix: | First Name: Tracey | Middle Name:
Last Name: Packer | Suffix:
Title: Director of CHEP
Organization: City and County of SF - Dept of Public Health
Street1: 25 Van Ness Ave, 5th Fl
Street2:
City: San Francisco
State: CA: California | ZIP / Postal Code: 94102 | ZIP / Postal Code4: 6012
E-mail Address: tracey.packer@sfdph.org
Telephone Number: 415-437-6223 | Fax Number:

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.

☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.

☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.

☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of HHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: *(Agency)* on *(Date)*

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the Federal Register on June 24, 1983, along with a notice identifying the Department's programs that are subject to the provisions of Executive Order 12372. Information regarding HHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

BY SIGNING THE FACE PAGE OF THIS APPLICATION, THE APPLICANT ORGANIZATION CERTIFIES THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF THE SIGNER'S KNOWLEDGE, AND THE ORGANIZATION ACCEPTS THE OBLIGATION TO COMPLY WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' TERMS AND CONDITIONS IF AN AWARD IS MADE AS A RESULT OF THE APPLICATION. THE SIGNER IS ALSO AWARE THAT ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS OR CLAIMS MAY SUBJECT THE SIGNER TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.

THE FOLLOWING ASSURANCES/CERTIFICATIONS ARE MADE AND VERIFIED BY THE SIGNATURE OF THE OFFICIAL SIGNING FOR THE APPLICANT ORGANIZATION ON THE FACE PAGE OF THE APPLICATION:

Civil Rights – Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended, and all the requirements imposed by or pursuant to the HHS regulation (45 CFR part 80).

Handicapped Individuals – Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 84).

Sex Discrimination – Title IX of the Educational Amendments of 1972 (P.L. 92-318), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 86).

Age Discrimination – The Age Discrimination Act of 1975 (P.L. 94-135), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 91).

Debarment and Suspension – Title 2 CFR part 376.

Certification Regarding Drug-Free Workplace Requirements – Title 45 CFR part 82.

Certification Regarding Lobbying – Title 32, United States Code, Section 1352 and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 93).

Environmental Tobacco Smoke – Public Law 103-227.

Program Fraud Civil Remedies Act (PFCRA)

Other Attachment File(s)

*** Mandatory Other Attachment Filename:** 19-1906 SFDPH Table of Contents_FINAL.pdf

Add Mandatory Other Attachment | Delete Mandatory Other Attachment | View Mandatory Other Attachment

To add more "Other Attachment" attachments, please use the attachment buttons below.

Add Optional Other Attachment | Delete Optional Other Attachment | View Optional Other Attachment

Notice of Funding Opportunity (NOFO)
PS19-1906: Strategic Partnership and Planning to Support Ending the HIV Epidemic in the United States

Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic

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