

San Francisco Department of Public Health (SFDPH)
HRSA FY 2020 Ending the HIV Epidemic: A Plan for America (HRSA-20-078)
BUDGET NARRATIVE
MARCH 1, 2022 - FEBRUARY 28, 2023

BUDGET JUSTIFICATION

A.	PERSONNEL	\$78,091
B.	MANDATORY FRINGE	\$37,483
C.	TRAVEL	\$0
D.	EQUIPMENT	\$0
E.	SUPPLIES	\$0
F.	CONTRACTUAL	\$1,884,826
G.	OTHER	\$0
	TOTAL DIRECT COSTS	\$2,000,400
H.	INDIRECT COSTS	\$0
	TOTAL BUDGET:	\$2,000,400

A. SALARIES AND WAGES

\$78,091

Salaries and Wages: City and County of San Francisco Personnel

Position Title and Name	Annual	Time	Months	Amount Requested
2593 Health Program Coordinator III (HIV Health Services)- TBD	\$133,870	100%	7 months	\$78,091

Job Description: 2593 Health Program Coordinator III (HIV Health Services) - The Health Program Coordinator III will focus on the coordination, administration, evaluation and operation of health programs funded by HIV Health Services with federal funding provided by Health Resources & Services Administration (HRSA) Ryan White Part A (RWPA) Ending the HIV Epidemic (EHE) program.

EHE funding prioritizes innovative programs to work with communities impacted by health disparities to improve HIV related health outcomes including Viral Load Suppression. Important and essential job duties would include:

Coordinates the development planning, execution and evaluation of HIV related health services and programs and the of the work of the facilities, agencies and/or community groups with which they work; initiates plans and assignments, and reviews the regular and special work of assigned EHE staff; trains, instructs and evaluates members of staff as necessary, with a focus on the social work, case management and behavioral health services provided, including reviewing of case coordination provided by EHE programs to these staff; coordinates activities, develops and implements systems necessary for service delivery and grant deliverables: initiates policy and plans overall operations; assesses and recommends grant related goals and priorities; liaises with outside agencies and their departments/programs on program policies, maintenance of facilities, service delivery of related grant funded activities, and other related functions; researches, gathers data and prepares written reports, budget documents and data reports required by funder (HRSA) on the services provided by EHE funded programs, under direction of the HHS Assistant and in coordination with other HHS staff; oversees coordination of grant related training for contract staff various and evaluates its effectiveness; if assigned, represents the administration at high level meetings, conferences, and seminars; performs other HHS related work as required. (HRSA funding)

B. FRINGE BENEFITS (48%)

\$37,483

C. CONSULTANT COSTS

\$0

D. EQUIPMENT	\$0
E. MATERIALS AND SUPPLIES	\$0
F. TRAVEL	\$0
G. OTHER	\$0
F. CONTRACTUAL	\$1,884,826

Contractor	Amount
San Francisco Community Health Center-API (HHOME & TransAccess)	\$610,166
SFDPH Ward 86 Pop Up - MOU	\$279,780
UCSF Outpatient Mental Health	\$327,172
San Francisco AIDS Foundation – Contingency Management	\$80,000
SFDPH Street Medicine	\$78,673
SFDPH LINC – Navigation at TWUWC	\$132,900
SFDPH Gender Health	\$49,737
SFDPH JHS/HIVIS	\$49,737
SFDPH Primary Care	\$276,661
Total	\$1,884,826

San Francisco Community Health Center (HHOME) to provide a mobile-based engagement program to focus on HIV+ Homeless persons to connect/ re-connect them with medical care and provide the medical case management, peer navigation and behavioral support group services to help clients successfully remain in engaged in care and reach and sustain viral load suppression while also addressing health disparities experienced by homeless persons living with HIV. Budget \$275,083

San Francisco Community Health Center (TransAccess) to provide medical case management and behavioral support for Trans Women, especially Trans Women of Color out of care or at risk of being out of care to help them remain engaged in care, reach viral load suppression and begin to address the many health disparities experienced by this significantly impacted population. Budget \$275,083

San Francisco Community Health Center (HHOME) to provides direct nursing services and panel management (where clinical staff review routine chronic disease care tasks for a group of patients such as: medical appointments, prescription renewal, lab panels to be

conducted, other tests or care takes to be performed, analyzing results of these test results, outreach and scheduling of the patient for initial and follow-up appointments). \$60,000

SFDPH Ward 86 POP-UP - MOU at San Francisco General Hospital to support the POP-UP clinic working with HIV+ Homeless. POP-UP (Positive-health Onsite Program for Unstably-housed Populations) is a primary care clinic combined with a multi-component set of interventions for HUH-PLWH with poor primary care visit adherence (<75% visit attendance rate), virologic non-suppression (viral load >200copies/ml). and high drop-in care utilization (>2 visits/year). Budget \$279,780

UCSF Alliance Health Project (AHP) to provide outpatient mental health services to homeless persons living with HIV who are clients at Ward 86 POP-UP. We know that access to mental health services is essential to ensuring that homeless clients who experience mental health challenges will remain engaged in primary care services and be more likely to reach viral load suppression and better able to address all aspects of their physical and mental health. Budget \$327,172

San Francisco AIDS Foundation – Contingency Management will pilot mobile contingency management with people experiencing homelessness to decrease overdose cases. M-HAPS will also provide HIV/HCV/STI prevention and care services, integrated with behavioral health and housing referral and linkage services. Community-based organizations will provide low-threshold access to contingency management services to address meth use. Cellphones will be provided to clients to support retention in care, provide educational and support groups, and access to medical staff. Budget \$80,000

SFDPH Street Medicine Team Lead will provide direct services and panel management to homeless clients living with or at risk of HIV and will have a coordinating role between Street Medicine, EtE Steering Committee/implementation, and other homeless services. Budget \$78,673

SFDPH LINCS (Navigation at TWUWC) – works to improve the health outcomes of HIV positive patients by facilitating access to medical care and health insurance coverage by providing assertive system navigation support, care coordination, and linkage to medical and social services provided by primary care clinics, including Tom Waddell Urban Health Center (TWUHC), and community-based organizations. LINCS navigation seeks to support and help patients address barriers standing in the way of HIV care and treatment. LINCS Navigation specifically helps persons with known or longstanding HIV infections re-link and re-engage with medical care. LINCS Navigators work closely with medical providers and community-based organizations to ensure that HIV patients are offered appropriate navigation services. \$132,900

SFDPH JHS - Basic case management, referrals, and linkages to medical, behavioral health, and support services for people exiting SF County Jail system and connecting/ re-connecting to essential HIV care and supportive services. \$49,737

SFDPH Gender Health - Basic case management, referrals, and linkages for HIV+ EHE clients who Trans Women who are seeking gender-affirming surgery by providing peer leadership, support, and motivation to develop, monitor and evaluate treatment plans working toward improving their health outcomes, stabilizing their lives and connecting and retaining them to care. to support admission and retention in Gender Health programs. \$49,737

SFDPH Primary Care - Provides primary care direct services and panel management (where clinical staff review routine chronic disease care tasks for a group of patients such as: medical appointments, prescription renewal, lab panels to be conducted, other tests or care tasks to be performed, analyzing results of these test results, outreach and scheduling of the patient for initial and follow-up appointments) with a specific focus upon long-term injectable ART ("LTI"). Program will allocated funding to existing PHP contract. \$276,661

G.	OTHER	\$0
	TOTAL DIRECT COSTS:	\$2,000,400
H.	INDIRECT COSTS	\$0
	TOTAL BUDGET:	\$2,000,400