

File No. 230600

Committee Item No. 7

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date June 9, 2023

Board of Supervisors Meeting Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

- CADPH Additional Budget Detail Confirmation 3/24/2023
- Project Workplan
- DPH Memo on Retroactivity 5/23/23
- Committee Report Request Memo 6/5/2023
- _____
- _____
- _____
- _____
- _____

Completed by: Brent Jalipa Date June 1, 2023

Completed by: Brent Jalipa Date _____

1 [Accept and Expend Grant - Retroactive - California Department of Public Health - Physicians
2 for a Healthy California - COVID-19 Test to Treat Equity Grant - \$500,000]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant in the amount of \$500,000 from the California Department of Public**
5 **Health through the Physicians for a Healthy California for participation in a program,**
6 **entitled “COVID-19 Test to Treat Equity Grant,” for the period of December 1, 2022,**
7 **through June 30, 2023.**

8
9 WHEREAS, The California Department of Public Health (CDPH), through the
10 Physicians for a Healthy California (PHC) has agreed to fund the Department of Public Health
11 (DPH) in the amount of \$500,000 for participation in a program, entitled “COVID-19 Test to
12 Treat Equity Grant,” for the period of December 1, 2022, through June 30, 2023; and

13 WHEREAS, Whole Person Integrated Care (WPIC) provides health care service and
14 population health (disease prevention and treatment) for people experiencing homelessness
15 (PEH); and

16 WHEREAS, PEH often delay seeking testing for Coronavirus Disease-19 (COVID) due
17 to barriers accessing the health care system, and do not always have access to antivirals; and

18 WHEREAS, WPIC is uniquely positioned to provide testing, education and treatment
19 for COVID to both ensure PEH have access to care, and to mitigate future COVID outbreaks
20 in a population at high risk for hospitalization due to comorbidities or increased mortality; and

21 WHEREAS, WPIC will utilize the funds to support the following activities: 1) testing
22 supplies for PEH; 2) increase hours of currently hired “As Needed” nurses to provide training
23 to Shelter health and Street Medicine staff on COVID treatments including antivirals; 3)
24 increase medical provider time to provide education about antivirals and antiviral
25 prescriptions; 4) Purchase of a vehicle to bring staff, supplies, education, and antivirals to

1 community based organizations; 5) Purchase of cellphones to allow staff in field-based
2 settings to access telehealth resources, and to improve care coordination in the field; 6)
3 Modifications to electronic health record system to better track testing and care provided in
4 the community at WPIC sites; 7) Modifications to WPIC's upcoming new Urgent Care clinic
5 (the Maria X Martinez Health Resource Clinic) to allow for COVID screening, education and
6 testing to be provided in a dedicated space on-site; and

7 WHEREAS, An Annual Salary Ordinance Amendment is not required; and

8 WHEREAS, A request for retroactive approval is being sought because DPH received
9 the award on October 29,2022, for a project start date of December 1, 2022; and

10 WHEREAS, The grant budget includes a provision for indirect costs in the amount of
11 \$75,000; now, therefore, be it

12 RESOLVED, That DPH is hereby authorized to accept and expend a grant in the
13 amount of \$500,000 from the CDPH through PHC; and, be it

14 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
15 expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

16 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
17 Agreement on behalf of the City; and, be it

18 FURTHER RESOLVED, That within 30 days of the Agreement being fully-executed by
19 all parties, the Department of Public Health shall provide the final Agreement to the Clerk of the
20 Board for inclusion into the official file.

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1 Recommended:
2
3 _____ /s/ _____

Approved: _____ /s/ _____
Mayor

4 Dr. Grant Colfax
5 Director of Health

Approved: _____ /s/ _____
Controller

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File Number: 230600
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

- 1. Grant Title: **COVID-19 Test to Treat Equity Grant**
- 2. Department: **Department of Public Health
Whole Person Integrated Care**
- 3. Contact Person: **Dara Papo** Telephone: **415-558-1320**

- 4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$500,000**

- 6a. Matching Funds Required: **\$0**
- b. Source(s) of matching funds (if applicable): **N.A.**

- 7a. Grant Source Agency: **California Department of Public Health**
- b. Grant Pass-Through Agency (if applicable): **Physicians for a Healthy California**

8. Proposed Grant Project Summary:
Whole Person Integrated Care (WPIC) will utilize the funds to support the following activities: Testing supplies for people experiencing homelessness, especially focusing on individuals staying in congregate shelters.
Increase hours of currently hired "As Needed" Nurses to allow for staff time to provide training to Shelter Health and Street Medicine staff on COVID-19 treatments including antivirals. Medical provider time to provide education about antivirals and antiviral prescriptions, either in person or through telehealth. Telehealth will augment ability to connect PEH in community settings with antivirals, including outside of normal business hours.
Purchase of a vehicle to bring staff, supplies, education, and antivirals to community-based sites. Purchase of cell phones to allow staff in field-based settings to access telehealth resources and to improve care coordination in the field.
Modifications to electronic health record system to better track testing and care provided in the community at WPIC sites
Modifications to WPIC's upcoming new Urgent Care clinic (the Maria X Martinez Health Resource Clinic) to allow for COVID-19 screening, education and testing to be provided in a dedicated space on-site.

- 9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **12/01/2022** End-Date: **06/30/2023**

10a. Amount budgeted for contractual services: **\$0**

b. Will contractual services be put out to bid? **N.A.**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N.A.**

d. Is this likely to be a one-time or ongoing request for contracting out? **N.A.**

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? **\$75,000**

b2. How was the amount calculated? **15% of Grant Funding**

c1. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **N.A.**

12. Any other significant grant requirements or comments:

The grant does not require an ASO amendment and partially reimburses the department for the existing positions:

No.	Class	Job Title	FTE	Start Date	End Date
1	2320	Registered Nurse	0.20	12/01/2022	06/30/2023
2	2320	Registered Nurse	0.20	12/01/2022	06/30/2023
3	2320	Registered Nurse	0.20	12/01/2022	06/30/2023
4	2230	Physician Specialist	0.03	12/01/2022	06/30/2023
5	P103	Special Nurse	0.02	12/01/2022	06/30/2023

We respectfully request for approval to accept and expend these funds retroactive to December 1, 2022. The Department received the agreement on October 29, 2022.

FSP contract: CTR00003505

Project Description: PC108 FY 2223 COVID19 Test to Treat Equity Grant

Project: 10039976

Activity: 0001

Fund: 11580

Authority: 10001

Dept.: 210705

****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 4/7/2023 | 12:41 PM PDT

DocuSigned by:
Toni Rucker
764292F7331F44D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 4/11/2023 | 9:47 AM PDT

DocuSigned by:
Greg Wagner
20527524752848F...
(Signature Required)
Greg wagner, COO for

San Francisco Department of Public Health (SFDPH)
 Whole Person Integrated Care
 COVID-19 Test to Treat Equity Grant
BUDGET JUSTIFICATION
 December 1, 2022 to June 30, 2023

A. PERSONNEL

- 1. 0.20 2320 – Registered Nurse
 Annual Salary \$170,508 x 0.20 FTE for 12 months = \$34,101.60
- 0.20 2320 – Registered Nurse
 Annual Salary \$170,508 x 0.20 FTE for 12 months = \$34,101.60
- 0.20 2320 – Registered Nurse
 Annual Salary \$170,508 x 0.20 FTE for 12 months = \$34,101.60
- 0.03 2230 – Physician Specialist
 Annual Salary \$250,406 x 0.03 FTE for 12 months = \$7,512.18
- 0.02 P103 – Special Nurse
 Annual Salary \$213,122 x 0.02 FTE for 12 months = \$5,066.55

B. MANDATORY FRINGE

- 2. Mandatory Fringe Benefits (@ 30.6%) = \$35,116.47

Total Salaries	\$114,883.53
Total Fringe	\$ 35,116.47

TOTAL PERSONNEL: \$150,000

C. TRAVEL \$0

D. EQUIPMENT \$265,000

E. SUPPLIES \$10,000

F. CONTRACTUAL \$0

G. OTHER \$0

TOTAL DIRECT COSTS \$425,000

H. INDIRECT COSTS \$75,000

TOTAL BUDGET: \$500,000

COVID-19 Test to Treat Equity Grant Agreement

This Grant Agreement ("Agreement") between the California Department of Public Health ("CDPH") and (insert institution name) ("Grantee") is made effective on the date signed below by the Grantee ("Effective Date"). CDPH has designated Physicians for a Healthy California ("PHC") as administrator of the **COVID-19 Test to Treat Equity Grant** ("Program").

1. Purpose. The State of California's **COVID-19 Test to Treat Equity Grant** is committed to improving access to COVID-19 therapeutics in communities disproportionately affected by COVID-19 and with the greatest barriers to care by supporting and incentivizing safety net providers to operationalize or improve "test to treat" pathways. One such support shall be a grant of funds ("Grant(s)") to providers that are in need of financial support to create "test to treat" pathways (collectively, "Grantees").
2. Grant Details.
 - a. **COVID-19 Test to Treat Equity Grant** Grantees are eligible for a grant of \$50,000.00 to \$1,000,000.00.
 - b. Grantee has been selected to receive the following funds as a Grant from the State of California:

Total Grant Amount
\$500,000

- c. Grantee will receive payments, based on the completion of milestones as follows:

Grant amount of \$50,000 - \$200,000
 - Milestone 1: Signed Grant, 90% of grant total
 - Milestone 2: Interim Report, 0% of grant total
 - Milestone 3: Final Report, 10% of grant total
Grant amount of \$200,000 - \$1,000,000
 - Milestone 1: Signed Grant, 75% of grant total
 - Milestone 2: Interim Report, 20% of grant total
 - Milestone 3: Final Report, 5% of grant total
3. Grantee Requirements. Receipt of grant funds is dependent on Grantee's compliance with certain requirements. Grantee must:
 - a. Participate in informational webinars and if applicable, engage with technical assistance programming;
 - b. Create project plan to increase access to COVID-19 therapeutics;
 - c. Develop an approach to track utilization of therapeutics to include patient demographics and equity impact. Report metrics will be co-designed with technical assistance providers and grantees, and could include:
 - Number of patients treated with COVID-19 therapeutics, stratified by race/ethnicity, age group, HPI quartile

- Average length of time from patients testing positive to:
 - Meeting with a physician
 - Starting treatment
 - Average completion rate of patients getting from testing positive to starting medication
- d. Submit Interim and Final Reports; and
- e. Respond to all PHC, CDPH and Center for Care Innovation (CCI) requests within three business days.
4. Term. This Agreement shall commence on the Effective Date and continue for 10 months ("Term") unless terminated earlier pursuant to Section 5.
5. Early Termination or Withdrawal. CDPH may terminate this Agreement early upon ten (10) days written notice to Grantee. Grantee may withdraw from the Program early if it submits thirty (30) calendar days advanced written notice to PHC and only then, if PHC agrees in writing to the early withdrawal. Should Grantee withdraw from the Program prior to Term, Grantee may be required to pay back some or all of grant funds to PHC on behalf of CDPH.
6. Audit. Grantee shall be subject to audit by the State of California and/or CDPH for up to 3 years after the conclusion of the Term. Further, PHC will audit Grantees under the COVID-19 Test to Treat Equity Grant on an ongoing basis. If any audit reveals that Grantee has not exhausted the funds granted on permitted expenditures following the termination or expiration of this Agreement, Grantee may be required to pay back all remaining amounts to PHC on behalf of CDPH.

Grantee shall comply promptly with any audit conducted by PHC or a state agency regarding the Grantee's compliance with the program requirements or the Grantee's submitted application materials. Prompt compliance includes providing all requested documentation within the date requested by PHC or CDPH.

The Grantee acknowledges that all documentation submitted by or on behalf of the Grantee, including but not limited to the Application, Allowable Expenses, the Interim and Final Report and any other documentation, is subject to audit by PHC, CDPH or their representatives. The Grantee is solely responsible for the accuracy of the information submitted. The Grantee's Award may be reduced or terminated in the event an audit reveals any inaccuracies.

7. Information Ownership and Availability. Information regarding this Agreement, its terms, and the parties hereto shall be considered public information owned by CDPH. The State of California and CDPH have the right to reproduce, publish, and use all data and reports produced regarding or during the performance of this Agreement. The State of California and CDPH further have the exclusive right to delegate such reporting or publication to other parties as they deem such delegation appropriate.
8. Disputes. In the event of a Dispute, the resolution process is outlined below:
- a. Grantee will discuss the issue(s) by phone or email with their Point of

Contact in the COVID-19 Test to Treat Equity Grant.

- b. If the Grantee's Point of Contact cannot resolve the issue(s), they will forward it to the COVID-19 Test to Treat Equity Grant Program Director.
 - c. If the Program Director cannot resolve the issue(s), the Program Director will forward the issue(s), in writing by email, as a dispute to the PHC Chief Executive Officer (PHC CEO) stating the issue(s) in dispute, basis for the Grantee's position and their recommendation.
 - d. The PHC CEO will work with the Program Director and submit a recommendation to CDPH. CDPH will provide PHC with a final decision and PHC will communicate CDPH's decision in writing by email to the Grantee no later than ten business days from receiving the dispute.
9. Breach. Failure to comply with the terms and conditions of this Agreement will be considered a breach. In the event of any breach or potential breach, PHC will review the surrounding circumstances and make a recommendation to CDPH. CDPH has final authority to determine whether a breach occurred. If CDPH determines a Grantee breached this Agreement, this Agreement will be terminated immediately, and the Grantee will no longer be eligible to participate in the Program and may be required to repay Award payments at the sole discretion of CDPH. CDPH and PHC expressly reserve the right to disqualify the Grantee from any future Program awards for failure to comply with the terms of this Agreement.
10. Recoupment of Funds. Grants made under this Agreement are subject to recoupment. CDPH, or PHC on behalf of CDPH, may recoup grant funds awarded under this Agreement for the following reasons:
- a. If Grantee receives an overpayment, in which case Grantee must notify PHC as soon as Grantee becomes aware, or should have reasonably become aware, of the overpayment. Grantee shall immediately repay PHC for the excess funds received;
 - b. If Grantee fails to exhaust funds granted on permitted expenditures, in which case Grantee shall return the unspent funds;
 - c. If Grantee withdraws from the Program early, in which case CDPH, or PHC on behalf of CDPH, reserves the right to determine the amount to be repaid by Grantee.
 - d. If CDPH determines Grantee is in breach of this Agreement, in which case CDPH, or PHC on behalf of CDPH, reserves the right to determine the amount to be repaid by Grantee.

The Grantee will be instructed by CDPH, or PHC on behalf of CDPH, in writing of the amount to be repaid and the method and timeline for repayment.

11. Compliance with Laws. Grantee must comply with any and all local, state, and federal regulations, including all laws specifically regarding COVID-19 testing, prescribing and dispensing. For the Term of this Agreement, Grantee must be properly licensed, in good standing with the applicable licensing authority, authorized to administer "test to treat" pathways in the State of California, the State's Third-Party Administrator, or local health jurisdiction, and must be adequately trained on the proper state and federal requirements for testing, prescribing and/or dispensing.

12. Hold Harmless. Grantee shall indemnify, defend, and hold CDPH, the State of California, and PHC, and their respective officers, agents, and employees, harmless from any and all claims and losses accruing or resulting from or in connection with the performance of this Agreement, including any losses suffered by third parties.
13. Taxes. PHC and CDPH will not withhold any taxes from the Grant. It shall be Grantee's exclusive responsibility to seek advice from a tax professional if it is necessary to determine the tax liability for this Grant. PHC and CDPH do not provide tax advice, and nothing herein shall be construed as such.
14. Miscellaneous.
 - a. Waiver. No provision of this Agreement shall be modified, waived, or discharged unless the modification, waiver, or discharge is agreed to in writing and signed by representatives of CDPH and Grantee. No waiver by either part of any breach of or non-compliance with this Agreement by the other Party shall be considered a waiver of any other condition or provision or of the same condition or provision at another time.
 - b. Assignment. Grantee may not assign the rights, interests, or obligations hereunder. Any attempts of Grantee to assign this Agreement shall constitute a material breach.
 - c. Agency. This Agreement does not constitute or create a joint venture, partnership, agency relationship, employment relationship, or formal business organization of any kind between Grantee, CDPH, and/or PHC.
 - d. Force Majeure. In the event either party is unable to perform its obligations under the terms of this Agreement because of acts of God, strikes, equipment or transmission failure, or damage or clauses reasonably beyond its control, such party shall not be liable for damages to the other and shall not be deemed in breach of this Agreement. The party affected shall be excused, upon prompt notice to the other party, from such performance on a day-to-day basis to the extent of such prevention, restriction, or interference.
 - e. Severability. If any clause in this Agreement is found to be invalid or unenforceable, such provision(s) shall be null and void; provided, however, that the remaining provisions of this Agreement shall be unaffected thereby and shall continue to be valid and enforceable.
 - f. Controlling Law, Jurisdiction, and Venue. This Agreement and its terms shall be governed by the laws of the State of California. Any claims or actions regarding this Agreement shall be brought in the state courts located in Sacramento, California.
 - g. Authority. This Agreement and the accompanying STD 204 must be signed by an individual authorized to bind Grantee.
 - h. Entire Agreement. This Agreement and any exhibits referenced and incorporated

herein shall constitute the entire agreement between the parties with respect to the subject matter hereof and supersedes all other prior agreements and understandings, both written and oral, between the parties.

- i. Change of Terms. Change of terms are subject to the limitations of Applicable Law. CDPH and PHC may at any time change or remove any of the terms and conditions of or add new terms or conditions to this Agreement. CDPH or PHC will notify Grantee in writing of any such changes. As of the effective date included in any notice, the changed or new terms will apply to the existing Grantee Agreement. Grantees are responsible for checking for such notifications. Notwithstanding the foregoing, advance notice of any change may not be given if it is necessary to make any such change immediately to comply with Applicable Law. If such a situation does arise, then Grantee will be given notice as soon as reasonably possible in the circumstances.
- j. Budget Contingency Clause. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for this program, this Agreement shall be of no further force and effect. In this event, CDPH or PHC shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, PHC on behalf of CDPH shall have the option to either cancel this Agreement with no liability occurring to CDPH or PHC or offer an amendment to Grantee to reflect the reduced amount.

By signing this Agreement, Grantee expressly acknowledges and agrees that it has carefully read and will comply with each of the terms and conditions herein.

GRANTEE
Signature:
Institution:
Name: whole Person Integrated Care
Title:
Date:

From: [Murrell, Drew \(DPH\)](#)
To: [Wong, Greg \(DPH\)](#)
Subject: FW: COVID-19 Test to Treat Equity Grant Workplan and Baseline Data – due in two weeks!
Date: Wednesday, November 30, 2022 3:55:03 PM
Attachments: [image001.jpg](#)
[image002.png](#)
[image003.jpg](#)
[image004.jpg](#)

Drew Murrell

Controller

San Francisco Department of Public Health
101 Grove St, 104, San Francisco, CA 94102
☎ 415-554-2539

From: Test to Treat <T2T@Phcdocs.org>
Sent: Wednesday, November 30, 2022 3:16 PM
To: Papo, Dara (DPH) <dara.papo@sfdph.org>; Test to Treat <T2T@Phcdocs.org>
Cc: Kwan, Elizabeth (UCSF) <Elizabeth.Kwan@ucsf.edu>; O'Shea, Margaret (DPH) <margaret.oshea@sfdph.org>; Mercer, Mary (UCSF) <Mary.Mercer@ucsf.edu>; Murrell, Drew (DPH) <drew.murrell@sfdph.org>
Subject: RE: COVID-19 Test to Treat Equity Grant Workplan and Baseline Data – due in two weeks!

Good afternoon,

Your organization was approved for the full \$500,000.

Best,

Covid-19 Test to Treat Equity Grant/KM

Physicians for a Healthy California
Office: (916) 894-6111 | T2T@phcdocs.org



From: Papo, Dara (DPH) <dara.papo@sfdph.org>
Sent: Monday, November 28, 2022 9:57 AM
To: Test to Treat <T2T@Phcdocs.org>
Cc: Kwan, Elizabeth (UCSF) <Elizabeth.Kwan@ucsf.edu>; O'Shea, Margaret (DPH) <margaret.oshea@sfdph.org>; Mercer, Mary (UCSF) <Mary.Mercer@ucsf.edu>; Murrell, Drew (DPH)

<drew.murrell@sfdph.org>

Subject: RE: COVID-19 Test to Treat Equity Grant Workplan and Baseline Data – due in two weeks!

Good morning, hoping everyone had a restful holiday! Sending a follow up about how I might receive a copy of the initial award email that had been sent and which I understand includes the specifics of our award amount?

With appreciation,

Dara

Dara Papo, LCSW she | her | hers
Director of Whole Person Integrated Care
Dara.Papo@sfdph.org
[San Francisco Health Network](#)
[SF Department of Public Health](#)

From: Papo, Dara (DPH)

Sent: Wednesday, November 9, 2022 9:43 AM

To: Test to Treat <T2T@Phcdocs.org>

Cc: Kwan, Elizabeth (UCSF) <Elizabeth.Kwan@ucsf.edu>; O'Shea, Margaret (DPH) <margaret.oshea@sfdph.org>; Mercer, Mary (UCSF) <Mary.Mercer@ucsf.edu>; Murrell, Drew (DPH) <drew.murrell@sfdph.org>

Subject: FW: COVID-19 Test to Treat Equity Grant Workplan and Baseline Data – due in two weeks!

Good morning, thank you for the below information about that contract sign date for SF DPH's Whole Person Integrated Care's grant. Also wondering how I might receive a copy of the initial email that had been sent and which I understand includes the specifics of our award amount?

With appreciation,

Dara

Dara Papo, LCSW she | her | hers
Director of Whole Person Integrated Care
Dara.Papo@sfdph.org
[San Francisco Health Network](#)
[SF Department of Public Health](#)



CONFIDENTIALITY NOTICE: This e-mail is intended for the recipient only. If Protected Health Information (PHI) is contained in this email, unauthorized disclosure may subject the discloser to civil or criminal penalties under state and federal privacy laws. If you received this email in error, notify me and destroy the email immediately.

From: Test to Treat <T2T@Phcdocs.org>
Sent: Tuesday, November 1, 2022 2:00 PM
To: Papo, Dara (DPH) <dara.papo@sfdph.org>
Cc: Hammer, Hali (DPH) <hali.hammer@sfdph.org>; Zevin, Barry (DPH) <barry.zevin@sfdph.org>
Subject: RE: COVID-19 Test to Treat Equity Grant Workplan and Baseline Data – due in two weeks!

Hello,

Thank you for your question. Your contract sign date is 9/30/2022.

Thank you kindly,

Covid-19 Test to Treat Equity Grant/MS
Practice Support Team
Physicians for a Healthy California
Office: (916) 894-6111 | T2T@phcdocs.org



From: Papo, Dara (DPH) <dara.papo@sfdph.org>
Sent: Monday, October 31, 2022 10:38 AM
To: Test to Treat <T2T@Phcdocs.org>
Cc: Hammer, Hali (DPH) <hali.hammer@sfdph.org>; Zevin, Barry (DPH) <barry.zevin@sfdph.org>
Subject: RE: COVID-19 Test to Treat Equity Grant Workplan and Baseline Data – due in two weeks!

Thank you so much, we are excited and appreciative to receive the Test to Treat Equity Grant!

The below email references a contract, can you please let me know who in the SF DPH that was sent to so I can track down whether or not it has been signed?

With appreciation,

Dara

Dara Papo, LCSW she | her | hers
Director of Whole Person Integrated Care
Dara.Papo@sfdph.org
[San Francisco Health Network](#)
[SF Department of Public Health](#)



CONFIDENTIALITY NOTICE: This e-mail is intended for the recipient only. If Protected Health Information (PHI) is contained in this email, unauthorized disclosure may subject the discloser to civil or criminal penalties under state and federal privacy laws. If you received this email in error, notify me and destroy the email immediately.

From: Test to Treat <T2T@Phcdocs.org>
Sent: Saturday, October 29, 2022 9:23 AM
To: Hammer, Hali (DPH) <hali.hammer@sfdph.org>; Papo, Dara (DPH) <dara.papo@sfdph.org>; Zevin, Barry (DPH) <barry.zevin@sfdph.org>
Subject: COVID-19 Test to Treat Equity Grant Workplan and Baseline Data – due in two weeks!

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hello,

Congratulations again on being approved for the COVID-19 Test to Treat Equity Grant. Please see attached for the Project Workplan and Data Collection for Reports. Within the document on the Instructions tab, you will see that the T2T Workplan, Data Capabilities and Assessment, and the T2T Baseline data collection tabs are due two weeks after contract signing. However, since you received your approval notification/contract prior to this email, please see the

modified deadlines below:

If you have **already signed your contract**, please submit these two weeks from Monday, October 31st (Due **November 14th, 2022**).

If you have **not signed your contract**, please complete the required tabs (three total) **two weeks after signing** the contract.

Attached you will also find instructions for completing the Project Workplan and Data Collection for Reports. Next week, you will receive a separate email from PHC with information on an informal office hour session, where you will have the opportunity to ask questions regarding the Project Workplan and Data Collection for Reports. However, please do not hesitate to reach out to us with any questions you may have prior or after the office hours.

Thank you,

Covid-19 Test to Treat Equity Grant/LB

Physicians for a Healthy California

Office: (916) 894-6111 | T2T@phcdocs.org

Logo, company name Description automatically generated



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From: [Papo, Dara \(DPH\)](#)
To: [Wong, Greg \(DPH\)](#); [Murrell, Drew \(DPH\)](#)
Cc: [Kwan, Elizabeth \(UCSF\)](#); [Grimes, John \(DPH\)](#); [Hammer, Hali \(DPH\)](#)
Subject: RE: T2T budget/documents
Date: Wednesday, December 14, 2022 11:31:07 AM
Attachments: [image001.png](#)

Hi Greg,

Grant funds may be used to cover expenses incurred between December 1, 2022 and June 30, 2023 for retrospective or prospective community outreach/education efforts.

And more info can be located: <https://www.phcdocs.org/covid-equity#:~:text=%E2%80%9CT2T%20Grantees%E2%80%9D%20are%20clinical%20entities,to%20the%20CBO%2FFBO%20partner.>

Dara Papo, LCSW she | her | hers
Director of Whole Person Integrated Care
Dara.Papo@sfdph.org
[San Francisco Health Network](#)
[SF Department of Public Health](#)



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From: Wong, Greg (DPH) <greg.wong@sfdph.org>
Sent: Tuesday, December 13, 2022 10:26 AM
To: Murrell, Drew (DPH) <drew.murrell@sfdph.org>; Papo, Dara (DPH) <dara.papo@sfdph.org>
Cc: Kwan, Elizabeth (UCSF) <Elizabeth.Kwan@ucsf.edu>; Grimes, John (DPH) <john.grimes@sfdph.org>; Hammer, Hali (DPH) <hali.hammer@sfdph.org>
Subject: RE: T2T budget/documents

Would there be anything in writing from them with a performance period? Such as Dec 2022 to Jan 2023?

Sincerely,

Greg

From: Murrell, Drew (DPH) <drew.murrell@sfdph.org>
Sent: Monday, December 12, 2022 3:54 PM
To: Papo, Dara (DPH) <dara.papo@sfdph.org>; Wong, Greg (DPH) <greg.wong@sfdph.org>
Cc: Kwan, Elizabeth (UCSF) <Elizabeth.Kwan@ucsf.edu>; Grimes, John (DPH) <john.grimes@sfdph.org>; Hammer, Hali (DPH) <hali.hammer@sfdph.org>
Subject: RE: T2T budget/documents

Confirming these are state funds

Drew Murrell

Controller

San Francisco Department of Public Health
101 Grove St, 104, San Francisco, CA 94102
☎ 415-554-2539

From: Papo, Dara (DPH) <dara.papo@sfdph.org>
Sent: Sunday, December 11, 2022 8:16 PM
To: Wong, Greg (DPH) <greg.wong@sfdph.org>; Murrell, Drew (DPH) <drew.murrell@sfdph.org>
Cc: Kwan, Elizabeth (UCSF) <Elizabeth.Kwan@ucsf.edu>; Grimes, John (DPH) <john.grimes@sfdph.org>; Hammer, Hali (DPH) <hali.hammer@sfdph.org>
Subject: RE: T2T budget/documents

Hi Greg, I received an email confirming the amount of the grant but have not (despite asking T2T a couple of times) received a copy of the award letter. I believe this to be state funds but defer to Liz/Drew if they understand differently.

Dara

Dara Papo, LCSW she | her | hers
Director of Whole Person Integrated Care
Dara.Papo@sfdph.org
[San Francisco Health Network](#)
[SF Department of Public Health](#)



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From: Wong, Greg (DPH) <greg.wong@sfdph.org>
Sent: Friday, December 9, 2022 11:24 AM
To: Murrell, Drew (DPH) <drew.murrell@sfdph.org>; Papo, Dara (DPH) <dara.papo@sfdph.org>
Cc: Kwan, Elizabeth (UCSF) <Elizabeth.Kwan@ucsf.edu>; Grimes, John (DPH) <john.grimes@sfdph.org>; Hammer, Hali (DPH) <hali.hammer@sfdph.org>
Subject: RE: T2T budget/documents

Hello,

Do we have an award letter or agreement that states the performance period for the grant? Please also specify if the grantor is a federal or state grantor.

Sincerely,

Greg

From: Murrell, Drew (DPH) <drew.murrell@sfdph.org>
Sent: Wednesday, November 9, 2022 11:52 AM
To: Papo, Dara (DPH) <dara.papo@sfdph.org>; Wong, Greg (DPH) <greg.wong@sfdph.org>
Cc: Kwan, Elizabeth (UCSF) <Elizabeth.Kwan@ucsf.edu>; Grimes, John (DPH) <john.grimes@sfdph.org>; Hammer, Hali (DPH) <hali.hammer@sfdph.org>
Subject: RE: T2T budget/documents

Dara,

I don't see any expenses we'd need to confirm under the affiliation agreement so I think we are all green lights to pursue the A&E, adding [@Wong, Greg \(DPH\)](#) to assist. **Specific responses inline**

Greg, FYI this will one of two T2T grants. We're waiting on the spending plan for the other which is anticipated to be an expense against the UC affiliation agreement

From: Papo, Dara (DPH) <dara.papo@sfdph.org>

Sent: Wednesday, November 9, 2022 9:58 AM

To: Murrell, Drew (DPH) <drew.murrell@sfdph.org>

Cc: Kwan, Elizabeth (UCSF) <Elizabeth.Kwan@ucsf.edu>; Grimes, John (DPH) <john.grimes@sfdph.org>; Hammer, Hali (DPH) <hali.hammer@sfdph.org>

Subject: T2T budget/documents

Hi Drew, following up on yesterday's Test to Treat meeting, providing you with the following documents:

1. WPIC draft T2T workplan
2. WPIC Proposed budget justification
3. WPIC Impact Template (application)

I'd love your help to start to think through is how to start the process of moving forward with the proposed expenditures, noted below with my questions in green. Let me know if helpful to schedule a conversation to discuss and if there is anyone else that I should include?

Thank you!

Dara

- **Vehicle** to bring staff, testing supplies, and antiviral medication to shelters and community based sites \$60,000 – any sense if this follows the same procurement process we've used for the SORT vehicle (now on month 18 😞) or any hope this might move quicker since grant funded? This is a true risk, suggest connecting John with David Borgognoni who has done a lot of these, we can support to confirm funding immediately
- **Cell phones and data plans** to allow shelter health nurses staff to access this COVID-19 clinical consultation or telehealth and other clinical support
- \$17,000 – will there be funding codes to use when ordering these? There will be once we have the A&E approved, if charges need to incur now we can move the charges after the fact
- **Modifications to EPIC** client record system in order to track data on COVID care and treatment
- \$138,000 - anything needed before I reach out to Jeff Scarafia? No, but the question will be how would EPIC segregate and invoice for these costs
- **Modifications** to WPIC's new **urgent care clinic** to develop a space where individuals with possible COVID-19 symptoms can be isolated instead of waiting in the general waiting room.
- \$50,000 - will there be funding codes to use when ordering these supplies? There will be once we have the A&E approved, if charges need to incur now we can move the charges after the fact

Director of Whole Person Integrated Care
Dara.Papo@sfdph.org
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[SF Department of Public Health](#)



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From: Papo, Dara (DPH)
Sent: Tuesday, November 8, 2022 12:51 PM
To: Kwan, Elizabeth Elizabeth.Kwan@ucsf.edu; Jain, Vivek (UCSF) Vivek.Jain@ucsf.edu; Chapman, Carol (DPH) carol.chapman@sfdph.org; Williams, Spencer (DPH) spencer.williams@sfdph.org
Cc: Hammer, Hali (DPH) hali.hammer@sfdph.org
Subject: RE: T2T follow up and alignment

Hi Liz and Vivek,

Attached is WPIC's draft T2T workplan. Carol and Spencer have been looking over the data points in advance of this afternoon's conversation.

[@Kwan, Elizabeth](#), I can't see the entire invite list, feel free to forward this to others who are joining.

Looking forward to talking this afternoon,

Dara

Dara Papo, LCSW she | her | hers
Director of Whole Person Integrated Care
Dara.Papo@sfdph.org
[San Francisco Health Network](#)
[SF Department of Public Health](#)



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-----Original Appointment-----

From: Kwan, Elizabeth <Elizabeth.Kwan@ucsf.edu>

Sent: Friday, November 4, 2022 11:27 AM

To: Kwan, Elizabeth

Cc: Papo, Dara (DPH)

Subject: T2T follow up and alignment

When: Tuesday, November 8, 2022 4:30 PM-5:00 PM (UTC-08:00) Pacific Time (US & Canada).

Where: <https://ucsf.zoom.us/my/lizkwan>

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<https://ucsf.zoom.us/my/lizkwan>

Proposed Agenda:

1. Review prelim objectives/plan for each funded SFHN project (ID telehealth and WPIC) to optimize access
2. Finance/budget planning
3. Action items/next steps

[@Jain, Vivek](#) [@Marquez, Carina](#) and [@Papo, Dara \(DPH\)](#) can you please share your prelim plans with this group before the meeting? Thank you!

I was unable to schedule a time that all were available. Given the deadline for initial deliverables, wanted to get this on the calendar ASAP.

From: [Test to Treat](#)
To: [Papo, Dara \(DPH\)](#); [Test to Treat](#)
Cc: [John Gilvar](#); [Wong, Greg \(DPH\)](#)
Subject: RE: T2T staffing FTE shifts?
Date: Friday, March 24, 2023 2:09:41 PM
Attachments: [image002.jpg](#)
[image003.png](#)

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hey Dara,

Budget shifts are acceptable if they are not drastic or change the scope of the proposal! This is ok and will just be logged in your final reports financial reporting tab.

Thank you kindly,

Covid-19 Test to Treat Equity Grant/KM

Physicians for a Healthy California

Office: (916) 894-6111 | T2T@phcdocs.org



From: Papo, Dara (DPH) <dara.papo@sfdph.org>
Sent: Thursday, March 23, 2023 6:08 PM
To: Test to Treat <T2T@Phcdocs.org>
Cc: John Gilvar <john@gilvarconsulting.com>; Wong, Greg (DPH) <greg.wong@sfdph.org>
Subject: FW: T2T staffing FTE shifts?

Hi T2T, checking to see if it would be helpful to set up a time to talk through the below request?

Thank you,

Dara

From: Papo, Dara (DPH) <dara.papo@sfdph.org>
Sent: Tuesday, March 21, 2023 3:17 PM
To: Test to Treat <T2T@Phcdocs.org>
Cc: Wong, Greg (DPH) <greg.wong@sfdph.org>; John Gilvar <john@gilvarconsulting.com>
Subject: T2T staffing FTE shifts?

Greeting T2T,

We have identified a budget neutral shift in T2T staffing FTE's that remains within the budgeted \$150k for grant staffing.

The attached proposed budget has 0.3 FTE for the RNs and 0.01 FTE for physician time as well as some admin time.

Instead we are proposing to breakdown the \$150k to cover: 0.6 FTE for the RNs and 0.03 FTE for physician time and some "as needed RN" time.

Please let us know of any follow up questions or if this change is approved?

Thank you!

Dara



Job Class	Job Desc	Step 5 Salary	FTEs	Total
2320	Registered Nurse	\$170,508	0.2	\$ 34,101.60
2320	Registered Nurse	\$170,508	0.2	\$ 34,101.60
2320	Registered Nurse	\$170,508	0.2	\$ 34,101.60
2230	Physician Specialist	\$250,406	0.03	\$ 7,512.18
P103	As Needed Nurse			\$ 5,066.55
		Total Salaries		\$ 114,883.53
		Benefits	30.6%	\$ 35,116.45
		Total		\$149,999.98
		Difference	\$150,000	\$0.02

COVID-19 Test to Treat Equity Grant

Impact Template

Please read each of the questions below carefully and provide your answers in the fields. Once you complete all the required fields within the Impact Template, **you will save and upload it into the application.**

Organization Name

BHCMIS HRSA number (If applicable)

In addition to the contact information provided within the application, please provide the contact information for the following individuals:

Grant Manager

Name

Last Name

Title

Telephone Number

Email

Team Lead

Name

Last Name

Title

Telephone Number

Email

Executive Summary – (100 words)

Summary of Proposed Activities – (200 words)

Population Served - What patient population will be served by this grant? 2) Why is this population at high risk for COVID-19 hospitalization and death? 3) Comment on this population's current access to COVID-19 therapeutics (150 words)

Top Five SMARTIE Objectives (Specific, Measurable, Attainable, Realistic, Time-Bound, Inclusive, and Equitable.)

- By October 31, 100% of patient entry points (e.g., phone triage line, website, waiting room fliers) will be updated to direct patients to same-day clinical assessment if they test positive for COVID-19 and translations will be available in Spanish and Chinese.
- By December 31, 2022, 90% of in-bound callers who express a COVID-19 symptom will receive testing and access to a prescriber if they test positive within 48 hours of their initial call.
- By March 1, the percentage of COVID-19 therapeutics prescribed across race/ethnicity will mirror the demographics of our clinic's patient panel (within a 5% deviation).

Post Grant - Please describe how your organization will sustain its test to treat activities after the grant concludes- (100 words)

Population Served (continued) - What is the approximate racial/ethnic breakdown of your population served? (percentages)

Hispanic or Latino/a

Black/African American, not Hispanic or Latino/a

Asian, not Hispanic or Latino/a

Native Hawaiian/Pacific Islander, not Hispanic or Latino/a

White, not Hispanic or Latino/a

American Indian/Alaskan Native, not Hispanic or Latino/a

Other, not Hispanic or Latino/a

Telehealth (only required for those that selected to participate) - If you marked that your organization would like to participate in the telehealth opportunity, please select how the service will be deployed (this information will be used to forecast visit volume and you may select more than one option):

Bridge support while other interventions and improvements are pursued to make COVID-19 therapeutics more accessible to patients

Increased support when existing telehealth services are not available due to limited supply/surging demand

After-hour support during hours when clinics are closed and Sesame Care is operational

Please fill out the additional information requested below. Please note that these are estimates only.

Number of patients served	
What percent of your patients are 18-64?	%
What percent of your patients are 65+?	%
Approximately what percent of your patients are Medi-Cal?	% Medi-Cal
Approximately what percent of your patients are Uninsured?	% Uninsured
Approximately what percent of your patients have limited English proficiency?	%
Currently, how easy is it for a symptomatic COVID-19 patient in your clinic(s) to access testing, a prescriber, and dispensed therapeutics within one day of requesting care?	
Is your organization (1 or more sites) registered in HPOP (Health Partner Order Portal)?	Yes No
Is your organization (1 or more sites) registered on the federal test to treat locator?	Yes No

Population Served – Will the grant be utilized organization wide or will it benefit a specific site/sites? If the grant is benefiting a specific site/sites, please provide the name street address, and corresponding zip code(s) of the site/sites benefiting from this grant. If you need additional rows, see page five.

Population Served (continued) - if you have additional sites that will benefit from this grant which did not fit into the rows on page four, please use the extra rows below.

COVID-19 Test to Treat Equity Grant

Proposed Budget Justification

Please provide a brief justification for each of the direct expense categories listed in the proposed budget. Do not add a justification for an expense that is not listed in the proposed budget. Once you complete a justification for each listed direct expenses, **you will save and upload it into the application.***

Please note: Applicant expenses may change after an application is submitted. If awarded, grant funds may be used for expenses that were not previously identified within the proposed budget.**

Organization Name:

Amount Requested:

Allowable Expense Categories	Justification
Staffing	
Supplies and Equipment	
Technology	
Capital Improvements and Site Modifications	
Durable Goods and Assets	
Contractor and Consultant Costs	
Administrative Overhead	

*Allowable expense categories and definitions can be found on page 2. An example of a completed table can be found on page 3.

** As long as the expenses are consistent with the purpose and objectives of this grant.

COVID-19 Test to Treat Equity Grant

Allowable Expense Categories and Definitions

Staffing: Funds used for personnel that are involved or support expedited access to COVID-19 treatment. Examples include, required personnel trainings, educational workshops, etc.

Supplies and Equipment: Funds used for supplies and equipment for expedited access to COVID-19 treatment. Examples include gloves, masks, sanitary supplies, supplies for trainings.

Technology: Funds used to support technology needed for expedited access to COVID-19 treatment. Examples include, IT upgrades, electronic health record modifications, etc.

Capital Improvements and Site Modifications: Funds used to modify or enhance existing infrastructure for expedited access to COVID-19 treatment. This includes making additions, improvements, replacements, or alterations of an existing building or facility.

Durable Goods and Assets: Funds used to acquire tangible or intangible objects over time, rather than being completely consumed in one use, and it does not wear out quickly. Generally, durable goods and assets are objects with a higher value. Examples include mobile vans, tents, or computer to support a testing, assessment, and treatment location in a parking lot.

Contractor and Consultant Costs: Funds used for purchasing goods and/or procuring services performed by an individual or organization other than the awardee. Procurement of services must be in direct support and for the purposes of expedited access to COVID-19 treatment.

Administrative Overhead: Funds used for administrative costs including expenditures for general items that support the operational needs of the organization. Includes malpractice insurance and licensing fees. Administrative overhead expenses may not exceed 15 percent of the total funds requested.

COVID-19 Test to Treat Equity Grant

Proposed Budget Justification Example

Allowable Expense Categories	Justification
Staffing	Grant funds will be used to pay for two part-time clinical staff, one full-time physician's salary and one administrative staff for the duration of this project.
Supplies and Equipment	
Technology	Grant funds will be used to upgrade current CRM software to ensure it is functioning properly.
Capital Improvements and Site Modifications	Grant funds will be used to make slight modifications to current office space for the purposes of COVID-19 testing. We are also converting an existing office space to a waiting room for COVID-19 testing patients.
Durable Goods and Assets	
Contractor and Consultant Costs	Grant funds will be used to contract with a tele-health provider for a duration of six months to implement and launch a patient portal for COVID-19 testing and therapeutics.
Administrative Overhead	



IN PARTNERSHIP WITH



COVID-19 | TEST-TO-TREAT EQUITY GRANT

Thank you for participating in the CDPH Test to Treat Equity Grant program. Please work with your team to complete the following:

Due date	Deliverable
Two weeks after contract signing	T2T Workplan - complete with your organization's objectives and related activities, including the milestones referenced in the instructions. See Example Workplan for sample activity detail.
Two weeks after contract signing	Data and Capabilities Assessment - complete scoring section according to project phases: Baseline (Nov 22), Midpoint (Feb 23) and End (June 23)
Two weeks after contract signing	T2T Data Collection Baseline - complete top section of tab for data up to 10/1/2022. This will auto populate percentages in locked cells in lower section.
1/31/2022	T2T Data Collection Interim (Jan) - complete top section of tab. This will auto populate percentages in locked cells in lower section.
6/30/2022	T2T Data Collection Final (June) - complete top section of tab. This will auto populate percentages in locked cells in lower section.

If you have any questions, please email T2T@phcdocs.org.

COVID-19 | TEST-TO-TREAT EQUITY GRANT

Required Program Milestones Must Include (you may include other milestones in addition to the following):

- M1 Develop T2T Workplan
- M2 Develop Team, Identify Roles and Responsibilities
- M3 Communicate Program to Staff
- M4 Develop Provider and Staff Facing Tools & Resources
- M5 Develop Protocols & Procedures
- M6 Develop Patient Communication Plan
- M7 Patient Access Portals are Updated with Pathways to Therapeutics
- M8 Develop Data Collection and Reporting Infrastructure
- M9 Collect and Submit Data (e.g., current state, improvement data, qualitative, and quantitative)
- M10 Assess Impact and Sustainability (e.g., interviews, data evaluation)

Instructions: Sample activities/tasks are included below with milestones highlighted in gray. Please include additional tasks that are critical to your reaching your stated goals for this program. Indicate in which months each task will be active. NOTE: activities/tasks are included as examples only

	Activity/Task (See Above for Categories)	Owner	Status	Start Date	End Date	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023
M1	Develop Workplan															
1.1	Submit T2T Workplan (xls)	Carol Chapman	In progress	10/30/2022	11/14/2022				X							
M2	Develop Team, Identify Roles and Responsibilities															
2.1	Describe Roles and Responsibilities	Dara and Carol	In progress	11/2/2022	11/30/2022				X							
2.2	Hold Project Kick off meeting	Carol Chapman	In progress	11/2/2022	11/30/2022				X							
M3	Communicate Program to Staff															
3.1	Review deliverables with Medical Director and Nurse Managers	Carol Chapman	In progress	11/2/2022	11/30/2022											
3.2	Review deliverables with finance and data teams	Dara Papo	In progress	11/8/2022	12/15/2022				X	X						
3.3	Review deliverables with front line staff	Les Mctire and Gina Bryant	Not yet started	11/15/2022	12/15/2022				X	X						
M4	Develop Provider and Staff facing Tools and Resources															
4.1	Analyze current workflows and staff trainings	Les Mctire and Gina Bryant	Not yet started	11/15/2022	12/15/2022				X	X						
4.2	Identify workflow and training needs	Les Mctire and Gina Bryant	Not yet started	11/15/2022	1/1/2023				X	X	X					
4.3	Conduct ongoing provider and staff training	Les Mctire and Gina Bryant	Not yet started	1/1/2023	6/30/2023						X	X	X	X	X	X
M5	Document Protocols & Procedures															
5.1	Revise and update protocols and procedures as needed	Carol Chapman	Not yet started	12/1/2022	6/30/2023					X	X	X	X	X	X	X
5.2	Ensure security and HIPAA complinace	Carol Chapman	Not yet started	12/1/2022	6/30/2023					X	X	X	X	X	X	X
M6	Patient Communication Plan															
6.1	Develop outreach strategy and communication plan	Gina Bryant	Not yet started	12/1/2022	1/31/2023					X	X					
6.2	Engage congregate shelter community based providers	Gina Bryant	Not yet started	2/1/2023	3/1/2023							X	X			
6.3	Conduct outreach to congregate shelter guests and urgent care clinic patients	Direct service staff	Not yet started	2/1/2023	6/30/2023							X	X	X	X	X
M7	Patient Access Portals are Updated with Pathways to Therapeutics															
7.1	Review clinical documentation processes in Epic (electronic health record)	Les Mctire and Gina Bryant	Not yet started	12/1/2022	1/31/2023											
7.2	Provide any necessary staff training	Les Mctire and Gina Bryant	Not yet started	2/1/2023	6/30/2023							X	X	X	X	X

M8 Develop Data Collection and Reporting Infrastructure																
8.1	Review data and reporting requirements	Carol Chapman and Spencer Williams	In progress	11/1/2022	12/15/2022				X	X						
8.2	Submit requests for any Epic reporting needs	Carol Chapman and Spencer Williams	Not yet started	12/15/2022	1/15/2023					X	X					
8.3	Test reports	Carol Chapman and Spencer Williams	Not yet started	2/1/2023	4/1/2023							X	X	X		
M9 Collect and Submit Data (Baseline, Interim and Final Reports)																
9.1	Collect and submit baseline data	Carol Chapman	In progress	11/1/2022												
9.2	Collect and Submit Interim Report	Carol Chapman	Not yet started													
9.3	Collect and submit final report	Carol Chapman	Not yet started													
M10 Assess Impact																
10.1	Analyze Program Reporting and Feedback	Carol Chapman, Les Mctire and Gina Bryant	Not yet started	3/1/2023	6/30/2023								X	X	X	X
10.2	Develop Leseons Learned	Carol Chapman, Les Mctire and Gina Bryant	Not yet started	5/30/2023	6/30/2023										X	X
10.3	Identify and Incorporate program improvements	Carol Chapman, Les Mctire and Gina Bryant	Not yet started		6/30/2023										X	X
M11 Supply Procurement																
11.1	Work with finance/procurement about vehicle purchase process	Dara Papo and John Grimes	Not yet started	12/1/2022	3/1/2023					X	X	X				
11.2	Work with finance about phone/tables purchase process	Kim Westrick	Not yet started	12/1/2022	3/1/2023					X	X	X				
11.3	Work with finance about clinic modification process	Dara Papo and John Grimes	Not yet started	12/1/2022	3/1/2023					X	X	X				

COVID-19 | TEST-TO-TREAT EQUITY GRANT

Required Program Milestones Must include (you may include other milestones in addition to the following):

- M1 Develop T2T Workplan
- M2 Develop Team, Identify Roles and Responsibilities
- M3 Communicate Program to Staff
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- M9 Collect and Submit Data (e.g., current state, improvement data, qualitative, and quantitative)
- M10 Assess Impact and Sustainability (e.g., interviews, data evaluation)

Instructions: Sample activities/tasks are included below with milestones highlighted in gray. Please include additional tasks that are critical to your reaching your stated goals for this program. Indicate in which months each task will be active. NOTE: activities/tasks are included as examples only

	Activity/Task (See Above for Categories)	Owner	Status	Start Date	End Date	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023
M1	Develop Workplan								X							
1.1	Submit T2T Workplan (xls)		Completed	23-Oct-22	15-Nov-22			X	X							
M2	Responsibilities								X							
2.1	Describe Roles and Responsibilities		In Progress	23-Oct-22	15-Nov-22			X	X							
2.2	Develop Project Charter		In Progress	23-Oct-22	15-Nov-22			X	X							
2.3	Hold Project Kick-Off Meeting		Not Started	15-Nov-22	15-Nov-22				X							
M3	Communicate Program to Staff								X							
3.1	Secure buyin from senior leaders		Complete	1-Oct-22	15-Oct-22			X								
3.2	Inform frontline Staff		In Progress	15-Oct-22	15-Nov-22			X	X							
M4	Develop Provider and Staff facing Tools and Resources									X						X
4.1	Develop and update tool-kit		Not Started	1-Nov-22	30-Jun-23				X	X	X	X	X	X	X	X
4.2	Conduct ongoing provider and staff training		Not Started	1-Nov-22	30-Jun-23				X	X	X	X	X	X	X	X
4.3	Develop website to access materials		Not Started	1-Nov-22	15-Dec-22				X	X						
M5	Document Protocols & Procedures										X					
5.1	Create model workflow prototype		Not Started	1-Nov-22	15-Nov-22				X							
5.2	Consider workflows with community based organizations		Not Started	1-Nov-22	31-Jan-22				X	X	X					
5.3	Ensure security and HIPAA compliance		Not Started	1-Nov-22	31-Dec-22				X	X						
M6	Patient Communication Plan								X							
6.1	Develop outreach strategy and communication plan		Not Started	1-Nov-22	30-Nov-22				X							
6.2	Create awareness materials		Not Started	1-Nov-22	30-Nov-22				X							
6.3	Consider and engage community based Partnerships		Not Started	1-Nov-22	31-Mar-23				X	X	X	X				
6.4	Conduct outreach to patients		Not Started	1-Dec-22	30-Jun-22				X	X	X	X	X	X	X	X
M7	Patient Access Portals are Updated with Pathways to Therapeutics								X							
M7.1	Review and update website		Not Started	1-Nov-22	30-Nov-22				X							
M7.2	Review and update phone tree		Not Started	1-Nov-22	30-Nov-22				X							
M8	Develop Data Collection and Reporting Infrastructure									X						
M8.1	Review data and reporting requirements		Not Started	15-Nov-22	30-Nov-22				X							
M8.2	Design and implement data and reporting updates		Not Started	Nov-30-22	15-Dec-22				X	X						
M8.3	Test updated data collection and reporting		Not Started	15-Dec-22	31-Dec-22					X						
M9	Collect and Submit Data (Baseline, Interim and Final Reports)								X			X				X
9.1	Collect and Submit Baseline Data and Capability Assessment		Not Started	1-Aug-22	15-Nov-22	X	X	X	X							
9.2	Interview Patients, Providers and Partners		Not Started	1-Nov-22	31-Dec-22				X	X						
9.3	Collect and Submit Interim Report		Not Started	1-Nov-22	31-Jan-23				X	X	X					
9.4	Collect and Submit Final Report		Not Started	1-Feb-23	1-Jun-23							X	X	X	X	X
M10	Assess Impact															X
10.1	Analyze Program Reporting and Feedback		Not Started	1-Dec-22	1-Jun-23			X	X	X	X	X	X	X	X	X
10.2	Develop Lessons Learned		Not Started	1-Jan-23	15-Mar-23					X	X	X				
10.3	Identify and Incorporate program improvements		Not Started	15-Mar-23	1-Jun-23							X	X	X	X	X
10.4	Review sustainability plan		Not Started	1-May-23	1-Jun-23									X	X	X

COVID-19 | TEST-TO-TREAT EQUITY GRANT

Test to Treat Equity Grant - CAPABILITY ASSESSMENT TOOL

Organization Name: _____
 Team members/roles that helped complete this: _____

		Test to Treat COVID-19 in Primary Care Continuum			ALL SITES SCORE		
Domains /		Preliminary	Intermediate	Advanced	BASELINE (Oct)	MID-POINT (Jan)	END-POINT (Jun)
Score:		1	2	3	ALL SITES	ALL SITES	ALL SITES
Provider & Staff Education					1.819444444	To be scored	To be scored
P/S E-1	Providers and staff are trained to prescribe COVID-19 therapeutics in the least-restrictive, most clinically appropriate manner (i.e., when assessing patient eligibility)	There are NO or SOME education and training opportunities regarding COVID-19 therapeutics, however the opportunities were one-off sessions with little to no follow up.	There are some education and training opportunities available for providers or staff regarding COVID-19 therapeutics, however there is little to no assessment of training needs, and training is not widespread across the organization.	There is systematic education and training of all providers and staff regarding COVID-19 therapeutics. There are materials available for all departments and roles and responsibilities amongst staff and providers are clear. Periodic assessments are conducted to ensure providers and staff are adequately trained to prescribe COVID-19 therapeutics to all eligible patients.	2		
P/S E-2	There is a systematic approach to: 1) identify disparities in COVID-19 diagnosis and treatment and 2) implement targeted, equity-centering strategies to decrease, and eventually eliminate, these disparities. Providers and staff have adequate training to understand the root causes of the COVID-19 treatment disparities and have clarity in how they can increase equitable access to diagnosis and treatment with COVID-19 therapeutics.	We are not tracking COVID-19 diagnosis and treatment disparities amongst our patient population.	We have identified disparities in COVID-19 diagnosis and treatment amongst our patient population. There is some targeted outreach to impacted patients, however there is no organization-wide effort to address these disparities.	There are organization-wide equity-centering approaches to identify and implement strategies to decrease disparities in COVID-19 diagnosis and treatment amongst our patient population. This includes collecting disaggregated data, understanding root causes of the underlying health inequities, incorporating the voices and input of impacted patients, and implementing targeted strategies with impacted populations.	2		
Patient Engagement & Education					1.583333333	To be scored	To be scored
PaE-1	There are multiple up-to-date and accurate patient access platforms/points of access for patients seeking COVID-19 evaluation and treatment. The points of access enable patients to access subsequent care, including evaluation for COVID-19 therapeutic if appropriate. (Platforms/points of access include Website, Phone, In-person, Telehealth provider, mobile, etc.)	Our platforms or points of access tend to have outdated information or do not connect patients to care if they are seeking evaluation for COVID-19 therapeutics	We have a few platforms or points of access where patients can obtain information about COVID-19 testing and treatment, however these are not coordinated or systematically reviewed and information may not always be accurate or point patients to how to get evaluated for therapeutics.	There are multiple patient access platforms/points of access for patients seeking COVID-19 evaluation and treatment; all access platforms/points of access have up-to-date information about COVID-19 testing and treatment. All portals have clear pathways for patients to access subsequent care, including evaluation for COVID-19 therapeutic if appropriate. All information and resources are regularly assessed and updated.	2		

PaE-2	Outreach, communications, and resources for patients about COVID-19 testing and treatment are in multiple languages sufficient for the patient population and distributed to the entire patient population through multiple channels.	There is some information available for patients about COVID-19 testing and treatment, however it is in English only, there is no assessment of additional needs for patient education.	Information for patients about COVID-19 testing and treatment is available in more than one language, however there is no systematic offering of information through multiple channels to reach as much of patient population as possible, e.g., targeted outreach (via texts, etc.) or in-reach (e.g., scrubbing the schedule to identify high risk patients, etc.).	Comprehensive information is available in multiple languages sufficient for patient population; The materials are distributed throughout entire organization through multiple channels; There are targeted outreach and in reach strategies to reach patients.			
Workflows					1.33333333	To be scored	To be scored
W-1	There are standard, widely distributed workflows and decision trees that are implemented to DIAGNOSE COVID-19. In other words, all those who are: a) close contacts or b) have COVID-19 symptoms that are new or different from the patient's baseline is tested, with consistently applied pathways to treatment if positive for COVID-19.	Testing does occur, however there are no standard workflows to help staff route close contact or symptomatic patients to COVID-19 testing. For example it is not clear what process steps to implement when a patient calls the clinic with symptoms or concern that they are a close contact.	There is a standard workflow for COVID-19 testing, however not all providers and staff are trained and/or routinely implement the workflows. For example, patients who are close contacts or have COVID-19 symptoms that are new or different than their baseline are not always routed to testing consistently	There is a standard workflow with decision trees and standing orders that guide staff and providers to screen and monitor patients who are close contact or who have COVID-19 symptoms, diagnose them through a variety of ways (telehealth visit, home test, drive through, etc.), and implement pathways to treatment evaluation if positive for COVID-19. There is routine training on workflows for all providers and staff and periodic monitoring of compliance with workflows, e.g., pulling charts of any patient with coughs to check if they were tested.	2		
W-2	Once patients are diagnosed with COVID-19 there are standard, widely distributed workflows and decision trees that are implemented to evaluate patients for therapeutics eligibility in the least-restrictive, most clinically appropriate manner (i.e., there are efficient and consistently applied pathways to treatment when appropriate.)	Some of our patients are offered COVID-19 therapeutics, however treatment is not consistently offered and prescribed as there are no standard workflows.	There is a standard workflow for treating COVID-19, however not all providers and staff are trained and/or routinely implement workflows.	There is a standard workflow with decision trees and standing orders that guide staff and providers to treat patients who are positive for COVID-19 in the least-restrictive, most clinically appropriate manner via a variety of ways (telehealth, urgent/same day appointment, mobile clinics, etc.). There is routine training and employee outreach/education on workflows for all providers and staff and periodic monitoring of compliance with workflows.	1 or 2?		
W-3	There is a workflow to ensure seamless DISPENSING of COVID-19 medications (oral therapeutics and connection to monoclonal antibodies (mAbs) or pre-exposure prophylaxis). This may include a handoff between the prescriber and the pharmacy (internal or external) and that medication supply is monitored and sufficient.	There is no standard workflow for ensuring patients will receive the prescribed COVID-19 therapeutic. There is moderate to high risk that patients will not actually obtain the drug after it is prescribed.	There is a standard workflow for help support patients received the prescribed medication, however not all providers and staff are trained and/or routinely implement workflows.	There is a standard workflow that ensures patients receive the prescribed medication, which may include a smooth handoff between prescriber and pharmacy, whether dispensed at clinic pharmacy, retail pharmacy, or mail delivery.	1		
Data Systems / Metric Monitoring					To be scored	To be scored	To be scored
M-1	There is a system for collecting data about therapeutics access and utilization, including designated staff to build automated reports.	Data for therapeutics access and utilization is either NOT collected or is done so sporadically and in pockets of the organization; reports are created manually.	There is a data collection process with an agreed upon set of measures for therapeutics access and utilization that is implemented in some departments.	There is a systematic organization-wide process for collecting data on therapeutics access and utilization with sufficient staffing to build automated reports.			

M-2	<p>Clinics have a process for routinely collecting and reviewing data to help them achieve therapeutics QI and equity goals, e.g., percent of patients who test positive are connected with a provider within 48 hours, percent patients who are eligible for therapeutics is offered a therapeutic; and how these rates vary across race/ethnicity, language proficiency, zip code, etc.</p>	<p>There are no clinic-wide COVID-19 therapeutics QI goals.</p>	<p>Clinic-wide goals for COVID-19 therapeutics exist, however they are not widely communicated nor data collected to monitor progress towards those goals.</p>	<p>There are clinic-wide therapeutics QI goals that are well communicated and monitored. A systematic data collection process exists for the clinic to routinely assess progress towards the therapeutics performance and equity goals.</p>	1		
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Please select yes or no for the questions below.	Yes	No
The organization is registered in Health Partner Ordering Portal (HPOP).		x
The organization is registered as a Test to Treat site on federal locator.		x
The organization is willing to accept new INSURED patients, regardless of the insurance (please note SB 1473 obligates health plans in CA to pay for COVID-19 therapeutics out-of-network care)	x	

COVID-19 | TEST TO TREAT EQUITY GRANT

Data Collection (Baseline Report)

Please fill out the data requested in the blank cells below. If you have any questions, please email T2T@phcdocs.org.

Requested Data:	Total Patients	Payer		Race-ethnicity							Limited English Proficiency	Age
		Uninsured	Medi-Cal	Hispanic or Latino/a	Black/African American, not Hispanic or Latino/a	Asian, not Hispanic or Latino/a	Native Hawaiian, not Hispanic or Latino/a	White, not Hispanic or Latino/a	American Indian, not Hispanic or Latino/a	Other, not Hispanic or Latino/a		50+
Unique patients with POSITIVE COVID-19 test (tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested at home) and sought services	#	#	#	#	#	#	#	#	#	#	#	#
Unique patients with POSITIVE COVID-19 test (positive tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested positive at home) AND are eligible for treatment evaluation (defined as age 12 or older and symptomatic with symptoms starting <8 days ago)												
Number of patients eligible for treatment evaluation who received an appointment with a provider within 24 hours of seeking care												
Number of patients eligible for treatment evaluation who received an appointment with a provider within 48 hours of seeking care												
Number of patients who were prescribed COVID-19 therapeutics												
Number of patients who were prescribed COVID-19 therapeutics and received and completed treatment												

DO NOT FILL OUT. These cells are locked. Based on the data input above, the percentages will automatically calculate below.

Uninsured	Medi-Cal	Hispanic or Latino/a	Black/African American, not Hispanic or Latino/a	Asian, not Hispanic or Latino/a	Native Hawaiian, not Hispanic or Latino/a	White, not Hispanic or Latino/a	American Indian, not Hispanic or Latino/a	Other, not Hispanic or Latino/a	Limited English Proficiency	50+
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COVID-19 | TEST TO TREAT EQUITY GRANT

Data Collection (Interim Report)

Please fill out the data requested in the blank cells below. If you have any questions, please email T2T@phcdocs.org.

Requested Data:	Total Patients	Payer		Race-ethnicity							Limited English Proficiency	Age
		Uninsured	Medi-Cal	Hispanic or Latino/a	Black/African American, not Hispanic or Latino/a	Asian, not Hispanic or Latino/a	Native Hawaiian, not Hispanic or Latino/a	White, not Hispanic or Latino/a	American Indian, not Hispanic or Latino/a	Other, not Hispanic or Latino/a		
Unique patients with POSITIVE COVID-19 test (tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested at home) and sought services	#	#	#	#	#	#	#	#	#	#	#	#
Unique patients with POSITIVE COVID-19 test (positive tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested positive at home) AND are eligible for treatment evaluation (defined as age 12 or older and symptomatic with symptoms starting <8 days ago)												
Number of patients eligible for treatment evaluation who received an appointment with a provider within 24 hours of seeking care												
Number of patients eligible for treatment evaluation who received an appointment with a provider within 48 hours of seeking care												
Number of patients who were prescribed COVID-19 therapeutics												
Number of patients who were prescribed COVID-19 therapeutics and received and completed treatment												

DO NOT FILL OUT. These cells are locked. Based on the data input above, the percentages will automatically calculate below.

COVID-19 | TEST TO TREAT EQUITY GRANT

Data Collection (Final Report)

Please fill out the data requested in the blank cells below. If you have any questions, please email T2T@phcdocs.org.

Requested Data:	Total Patients	Payer		Race-ethnicity							Limited English Proficiency	Age
		Uninsured	Medi-Cal	Hispanic or Latino/a	Black/African American, not Hispanic or Latino/a	Asian, not Hispanic or Latino/a	Native Hawaiian, not Hispanic or Latino/a	White, not Hispanic or Latino/a	American Indian, not Hispanic or Latino/a	Other, not Hispanic or Latino/a		50+
Unique patients with POSITIVE COVID-19 test (tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested at home) and sought services	#	#	#	#	#	#	#	#	#	#	#	#
Unique patients with POSITIVE COVID-19 test (positive tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested positive at home) AND are eligible for treatment evaluation (defined as age 12 or older and symptomatic with symptoms starting <8 days ago)												
Number of patients eligible for treatment evaluation who received an appointment with a provider within 24 hours of seeking care												
Number of patients eligible for treatment evaluation who received an appointment with a provider within 48 hours of seeking care												
Number of patients who were prescribed COVID-19 therapeutics												
Number of patients who were prescribed COVID-19 therapeutics and received and completed treatment												

DO NOT FILL OUT. These cells are locked. Based on the data input above, the percentages will automatically calculate below.

Uninsured	Medi-Cal	Hispanic or Latino/a	Black/African American, not Hispanic or Latino/a	Asian, not Hispanic or Latino/a	Native Hawaiian, not Hispanic or Latino/a	White, not Hispanic or Latino/a	American Indian, not Hispanic or Latino/a	Other, not Hispanic or Latino/a	Limited English Proficiency	50+
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COVID-19 | TEST TO TREAT EQUITY GRANT

Data Collection (EXAMPLE)

Please fill out the data requested in the blank cells below. If you have any questions, please email T2T@phcdocs.org.

Requested Data:	Total Patients	Payer		Race-ethnicity							Limited English Proficiency	Age
		Uninsured	Medi-Cal	Hispanic or Latino/a	Black/African American, not Hispanic or Latino/a	Asian, not Hispanic or Latino/a	Native Hawaiian, not Hispanic or Latino/a	White, not Hispanic or Latino/a	American Indian, not Hispanic or Latino/a	Other, not Hispanic or Latino/a		50+
Unique patients with POSITIVE COVID-19 test (tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested at home) and sought services	#	#	#	#	#	#	#	#	#	#	#	#
	350	15	67	13	65	75	7	8	10	12	40	55
Unique patients with POSITIVE COVID-19 test (positive tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested positive at home) AND are eligible for treatment evaluation (defined as age 12 or older and symptomatic with symptoms starting <8 days ago)												
	150	15	67	13	65	75	7	8	10	12	40	55
Number of patients eligible for treatment evaluation who received an appointment with a provider within 24 hours of seeking care												
	150	15	67	13	65	75	7	8	10	12	40	55
Number of patients eligible for treatment evaluation who received an appointment with a provider within 48 hours of seeking care												
	150	15	67	13	65	75	7	8	10	12	40	55
Number of patients who were prescribed COVID-19 therapeutics												
	268	15	67	13	75	7	8	10	12	14	69	32
Number of patients who were prescribed COVID-19 therapeutics and received and completed treatment												
	250	15	67	13	65	75	7	8	10	12	52	55

DO NOT FILL OUT. These cells are locked. Based on the data input above, the percentages will automatically calculate below.

Uninsured	Medi-Cal	Hispanic or Latino/a	Black/African American, not Hispanic or Latino/a	Asian, not Hispanic or Latino/a	Native Hawaiian, not Hispanic or Latino/a	White, not Hispanic or Latino/a	American Indian, not Hispanic or Latino/a	Other, not Hispanic or Latino/a	Limited English Proficiency	50+
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Unique patients that WERE TESTED for COVID-19 (tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested at home) and sought services	%	%	%	%	%	%	%	%	%	%	%
	4%	19%	4%	19%	21%	2%	2%	3%	3%	11%	16%
Unique patients with POSITIVE COVID-19 test (positive tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested positive at home) AND are eligible for treatment evaluation (defined as age 12 or older and symptomatic with symptoms starting <8 days ago)	10%	45%	9%	43%	50%	5%	5%	7%	8%	27%	37%
Number of patients eligible for treatment evaluation who received an appointment with a provider within 24 hours of seeking care	10%	45%	9%	43%	50%	5%	5%	7%	8%	27%	37%
Number of patients eligible for treatment evaluation who received an appointment with a provider within 48 hours of seeking care	10%	45%	9%	43%	50%	5%	5%	7%	8%	27%	37%
Number of patients who were prescribed COVID-19 therapeutics	6%	25%	5%	28%	3%	3%	4%	4%	5%	26%	12%
Number of patients who were prescribed COVID-19 therapeutics and received and completed treatment	6%	27%	5%	26%	30%	3%	3%	4%	5%	21%	22%

Member, Board of Supervisors
District 1




City and County of San Francisco

CONNIE CHAN

陳詩敏

第一區市參事

DATE: June 5, 2023
TO: Angela Calvillo
Clerk of the Board of Supervisors

FROM: Supervisor Chan 
Chairperson

RE: Budget and Appropriations Committee
COMMITTEE REPORT

Pursuant to Board Rule 4.20, as Chair of the Budget and Finance Committee, I have deemed the following matters to be of an urgent nature and request that each be considered by the full Board on June 13, 2023, as Committee Reports:

230597 [Contract Amendment – Regents of the University of California - Behavioral Health Services for Children, Youth and Families - - Not to Exceed \$20,098,073]

230598 [Contract Amendment – Retroactive - The Regents of the University of California - Mental Health Services for Infant Parent Program - Not to Exceed \$14,647,481]

230599 [Accept and Expend Grant - Retroactive - Centers for Disease Control and Prevention - San Francisco Project INVEST - \$9,818,147]

230600 [Accept and Expend Grant - Retroactive - California Department of Public Health - Physicians for a Healthy California - COVID-19 Test to Treat Equity Grant - \$500,000]

230601 [Accept and Expend Grant - Retroactive - California Department of Public Health - Syphilis Outbreak Strategy (SOS) Grant - \$2,668,251]

These matters will be heard at a special Budget and Finance meeting on June 9, 2023, at 9:30 am.



London N. Breed
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors Dr.
FROM: Grant Colfax
Director of Health
DATE: 3/30/2023
SUBJECT: Grant Accept and Expend
GRANT TITLE: COVID-19 Test to Treat Equity Grant - \$500,000

Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes

No



San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

City and County of San Francisco
London N. Breed
Mayor

Memorandum

To: Honorable Members of the Board of Supervisors

From: San Francisco Department of Public Health

Date: Tuesday, May 23, 2023

Re: Accept and Expend COVID-19 Test to Treat Equity Grant

This Resolution seeks authorization for the Department of Public Health to retroactively accept and expend funds in the amount of \$500,000 from the California Department of Public Health (CDPH) through the Physicians for a Healthy California. Due to the delay in receiving grantor approval for the budget draft, the review and approval from the Controller's office and the Mayor's office, we are requesting the accept and expend to be scheduled for the next Budget and Finance committee.

We humbly request retroactive authorization as we received the notice of award on October 29, 2022, for a project start date of December 1, 2022. When the notice of award was received on October 29, 2022, we had submitted the budget for a pre-review to the grantor on January 18, 2023, as well as resolving any ownership issues for vehicles and equipment. After the revised budget was approved on March 24, 2023, the accept and expend packet was packaged and forwarded to the Controller's office on March 30, 2023. On January 11, 2023, a copy of the contract was forwarded to the City Attorney's office (CAO) and the Contracts unit for review. After discussions with the CDPH on various terms of the contract, the changes were made and accepted. The revised contract was forwarded to CDPH, our COO, Greg Wagner and CAO for signatures on May 2, 2023. Please contact Greg Wong, grants analyst, at greg.wong@sfdph.org for any questions about this request for retroactive authorization.