

File No. 240987

Committee Item No. 7

Board Item No. 12

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date November 13, 2024

Board of Supervisors Meeting Date November 19, 2024

#### Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input type="checkbox"/>	<input type="checkbox"/>	Budget and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant Information Form
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Form 126 – Ethics Commission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Award Letter
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

#### OTHER (Use back side if additional space is needed)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DPH Memo on Retroactivity 11/7/2024</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DPH Presentation 11/13/2024</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
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Completed by: Brent Jalipa Date November 7, 2024

Completed by: Brent Jalipa Date November 14, 2024

1 [Accept and Expend Grant - Retroactive - Centers for Disease Control and Prevention - High-  
2 Impact HIV Prevention and Surveillance Programs for Health Departments - \$5,701,459]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**  
4 **expend a grant increase from the Centers for Disease Control and Prevention for**  
5 **participation in a program, entitled “High-Impact HIV Prevention and Surveillance**  
6 **Programs for Health Departments,” in the amount of \$648,354 for a total amount of**  
7 **\$5,701,459 for the period of August 1, 2024, through July 31, 2025.**

8  
9 WHEREAS, The Centers for Disease Control and Prevention (CDC) has agreed to  
10 fund the Department of Public Health (DPH) in the amount of \$5,701,459 for participation in a  
11 program, entitled “High-Impact HIV Prevention and Surveillance Programs for Health  
12 Departments,” for the period of August 1, 2024, through July 31, 2025; and

13 WHEREAS, This grant is a cooperative agreement for health departments to  
14 implement high-impact human immunodeficiency virus (HIV) prevention and surveillance  
15 programs; and

16 WHEREAS, The purpose of grant is to implement a comprehensive HIV prevention and  
17 surveillance program to prevent new HIV infections and improve the health of peoples with  
18 HIV; and

19 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

20 WHEREAS, A grant increase of \$648,354 from \$5,053,105 was approved for the  
21 period of August 1, 2024, through July 31, 2025; and

22 WHEREAS, A request for retroactive approval is being sought because DPH received  
23 the award on July 18, 2024, for a project start date of August 1, 2024; and

24 WHEREAS, The grant budget includes a provision for indirect costs in the amount of  
25 \$588,400; now, therefore, be it

1           RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant  
2 in the amount of \$5,701,459 from the CDC; and, be it

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

5           FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
6 Agreement on behalf of the City.

1 Recommended: Approved: \_\_\_\_\_ /s/ \_\_\_\_\_

2 Mayor

3 \_\_\_\_\_ /s/ \_\_\_\_\_

4 Dr. Grant Colfax Approved: \_\_\_\_\_ /s/ \_\_\_\_\_

5 Director of Health Controller

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**File Number:** 240987  
(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: **High-Impact HIV Prevention and Surveillance Programs for Health Departments**

2. Department: **Department of Public Health (DPH)  
Population Health Division**

3. Contact Person: **Nikole Trainor** Telephone: **(628) 271-6911**

4. Grant Approval Status (check one):

☒ Approved by funding agency

☐ Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$5,701,459**

6a. Matching Funds Required: **\$0**

b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **Centers for Disease Control and Prevention (CDC)**

b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:

**This grant is a cooperative agreement for health departments to implement high-impact human immunodeficiency virus (HIV) prevention and surveillance programs. The purpose of this notice of funding opportunity (NOFO) is to implement a comprehensive HIV prevention and surveillance program to prevent new HIV infections and improve the health of peoples with HIV.**

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Approved Year one project: Start-Date: **08/01/2024**

End-Date: **07/31/2025**

10a. Amount budgeted for contractual services: **\$856,018**

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

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

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

11a. Does the budget include indirect costs?

☒ Yes

☐ No

b1. If yes, how much? **\$588,400**  
**Cost**

b2. How was the amount calculated? **14.964% of Total Personnel**

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

☐ 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:

**We respectfully request for approval to accept and expend these funds retroactive to August 1, 2024. The Department had budgeted an amount of \$5,053,105 though the Annual Appropriations Ordinance File # 240595 for this grant. DPH then received a grant increase of \$648,354 on July 18, 2024, for the period of August 1, 2024, to July 31, 2025. The AL # for this grant is 93.940.**

**This grant does not require an ASO amendment, does not create net new positions, and partially reimburses the Department for the following existing positions:**

No.	Class	Job Title	FTE	Start Date	End Date
1	0922	Manager I	2.00	08/01/24	07/31/25
2	2589	Health Program Coordinator I	2.00	08/01/24	07/31/25
3	2591	Health Program Coordinator II	4.30	08/01/24	07/31/25
4	2593	Health Program Coordinator III	4.50	08/01/24	07/31/25
5	1825	Principal Admin Analyst II	0.10	08/01/24	07/31/25
6	2585	Health Worker I	1.00	08/01/24	07/31/25
7	2587	Health Worker III	6.50	08/01/24	07/31/25
8	1842	Management Assistant	0.50	08/01/24	07/31/25
9	2930	Behavioral Health Clinician	0.10	08/01/24	07/31/25
10	2802	Epidemiologist I	0.40	08/01/24	07/31/25
11	2803	Epidemiologist II	2.13	08/01/24	07/31/25
12	1091	IT Operations Support Admin	0.25	08/01/24	07/31/25
13	2232	Senior Physician Specialist	0.75	08/01/24	07/31/25
14	2806	Disease Control Investigator	0.75	08/01/24	07/31/25
15	2463	Senior Microbiologist	1.25	08/01/24	07/31/25
16	2416	Laboratory Technician II	1.00	08/01/24	07/31/25
17	1406	Senior Clerk	0.50	08/01/24	07/31/25
18	2328	Nurse Practitioner	0.65	08/01/24	07/31/25

**Project Description:**

**HD HIV PD90 2425 SFDPH High Impact Prevention**

**Project ID:**

**10040625**

**Proposal ID:**

**CTR00003820**

**Fund:**

**11580**

**Version ID:**

**V101**

**Authority ID:**

**10001**

**Activity ID:**

**0001**

**\*\*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: 9/26/2024 | 7:44 AM PDT

DocuSigned by:  
Toni Rucker  
A62292F7831F44D  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 9/27/2024 | 12:18 PM PDT

DocuSigned by:  
Jenny Louie for Dr. Colfax  
40CPE23DD6B4404...  
Jenny Louie, COO for



**File 240987: Grant Accept & Expend and  
File 240988: Grant Application**

**Centers for Disease Control and Prevention –  
High Impact HIV Prevention and Surveillance Programs for Health  
Departments**

**BOS Budget & Finance Committee**  
November 13, 2024

**Nikole Trainor, Budget, Contract & Communications Manager  
Community Health Equity & Promotion Branch, Population Health Division**

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**



# Overview of Grant



## High-Impact HIV Prevention and Surveillance Programs for Health Departments:

- **Total Amount:** \$5,701,459
  - **Grant Increase:** \$648,354
- **Timeline:** August 1, 2024 – May 31, 2025 (Year 1, 10 months)
- **Funder:** Centers for Disease Control and Prevention (CDC)
- **Grant Summary:**
  - Recurring cooperative agreement for health departments to implement high-impact HIV prevention and surveillance programs
  - Implement a comprehensive HIV prevention and surveillance program to prevent new HIV infections and improve the health of individuals with HIV, including activities to test, treat, prevent, respond, engage community, and conduct core HIV surveillance

# Retroactivity



We are seeking **retroactive authorization** to accept both this grant application and grant accept and expend.

- DPH applied for the recurring grant by the due date of April 29, 2024.
- DPH budgeted the initial awarded amount of \$5,053,105 though the Annual Appropriations Ordinance File #240595 for this grant.
- DPH then received notice of award for a grant increase of \$648,354 on July 18, 2024, for the period of August 1, 2024, to May 31, 2025.
- DPH brought these items to the BOS after going through the fiscal approvals process, including Controller's Office review and approval.



# Conclusion

**DPH respectfully requests retroactive approval of these items. Thank you!**

**San Francisco Department of Public Health, SF Division**  
**PS24-0047 Integrated HIV Surveillance and Prevention Programs for Health Depts.**  
**Prevention Budget**  
**08/01/2024-05/31/2025 (10 mos)**

<b>A. Salaries</b>	<b>\$1,804,728</b>
<b>B. Mandatory Fringe</b>	<b>\$748,676</b>
<b>C. Travel</b>	<b>\$4,704</b>
<b>D. Equipment</b>	<b>\$0</b>
<b>E. Materials and Supplies</b>	<b>\$36,618</b>
<b>F. Other Expenses</b>	<b>\$47,004</b>
<b>G. Contractual/MOU</b>	<b>\$181,635</b>
<b>Total Direct Costs</b>	<b>\$2,823,366</b>
<b>H. Indirect Costs</b> (22.462% of Total Salaries and Fringe for CHEP Staff)	<b>\$278,699</b>
<b>TOTAL BUDGET</b>	<b>\$3,102,065</b>

A. SALARIES				\$1,804,728
Position Title and Name (CHEP Staff)	Annual	Time	Months	Amount Requested
Manager III-CHEP Branch Director N. Underwood	\$189,306	50%	10 Months	\$0.00 (In Kind)
Manager I -Sexual Health/HIV Program Manager   Vacant (OCT 2024)	\$163,514	100%	7 Months	\$95,383
Health Program Coordinator III-Quality Improvement & Assurance Manager O. Macias	\$131,764	100%	10 Months	\$109,803
Health Program Coordinator II-Program Liaison   CHEP Data Lead L. Hernandez	\$125,346	45%	10 Months	\$47,004
Health Program Coordinator III   Drug User Health Manager H Hjord	\$140,322	50%	10 Months	\$0.00 (In Kind)
Epidemiologist II J. Chin	\$142,428	0%	10 Months	\$0.00 (In Kind)
Principal Admin Analyst II Vice (Carmona) (DEC 2024)	\$178,724	10%	4 Months	\$5,957
Health Program Coordinator III   Budget/Contracts Manager N. Trainor	\$140,322	50%	10 Months	\$58,467
Health Program Coordinator I   Program Liaison K.Wright	\$110,110	50%	10 Months	\$45,879
Health Program Coordinator I   HIV Test Counselor Training Lead T. Watkins	\$110,110	100%	10 Months	\$91,758
Health Worker III   Youth Sexual Health Program S. Deshpande	\$92,846	50%	10 Months	\$38,685

<b>Position Title and Name (CHEP Staff)</b>	<b>Annual</b>	<b>Time</b>	<b>Months</b>	<b>Amount Requested</b>
Health Worker III Vacant vice Moses Vega - Jail Health Services - Estimated hire date : Pending	\$92,846	50%	10 Months	\$0.00 (In Kind)
Management Assistant B. Chan Lew	\$111,280	50%	10 Months	\$46,366
Health Program Coordinator II   HIV Prevention Capacity Building Program Coordinator A. Reynolds	\$125,346	100%	10 Months	\$104,455
Health Program Coordinator II   MSM Sexual Health Coordinator Vacant Vice T. Touhey (OCT 2024)	\$125,346	75%	8 Months	\$62,673
Health Program Coordinator II   Drug User Health & Harm Reduction Coordinator Vacant Vice H. Hjord (OCT 2024)	\$132,314	100%	8 Months	\$88,209
Health Educator   Grant Administration Support   M. Paquette	\$132,314	0%	10 Months	\$0.00 (In Kind)
Health Worker III   Sexual Health Technical Support M. Curry	\$94,957	100%	10 Months	\$79,130

<b>Position Title and Name (DPC Staff)</b>	<b>Annual</b>	<b>Time</b>	<b>Months</b>	<b>Amount Requested</b>
Health Worker III V. Aburto	\$82,616	100%	10	\$68,847
Health Worker III P. Aine	\$86,714	100%	10	\$72,262
Health Worker III F. Garcia	\$91,052	100%	10	\$75,877
Health Worker III A. Mayfield	\$82,616	100%	10	\$68,847
Behavioral Health Clinician R. Bauce	\$114,618	10%	10	\$9,552
Epidemiologist II M. Sankaren	\$139,684	30%	10	\$34,921
Epidemiologist I A. Pena	\$104,228	40%	10	\$34,743
IT Operations Support Admin L. Feng	\$89,097	25%	10	\$18,562
Senior Physician Specialist O. Bacon	\$212,100	20%	10	\$35,350
Senior Physician Specialist J. Janssen	\$212,100	55%	10	\$97,213
Health Program Coord II R. Shaw	\$129,106	100%	10	\$107,588
Disease Control Investigator E. Mendoza	\$99,488	75%	10	\$62,180

<b>Position Title and Name (SF Public Health Staff)</b>	<b>Annual</b>	<b>Time</b>	<b>Months</b>	<b>Amount Requested</b>
2463 Senior Microbiologist <a href="#">J. Lei</a>	\$169,785	100%	10	\$141,488
2463 Microbiologist <a href="#">Hui H. Li</a>	\$120,617	25%	10	\$25,129
2416 Lab Technician II <a href="#">E. Wong</a>	\$94,078	100%	10	\$78,398

**Job Description: Manager III – CHEP Branch Director (N. Underwood)**

The Director of the Community Health Equity and Promotion Branch (CHEP) is at the forefront of San Francisco's efforts to address HIV, STD, and HCV prevention and treatment. The role is multifaceted and involves collaboration with various stakeholders, including Sharon Pipkin, Dr. Stephanie Cohen, Dr. Susan Philip, CHEP staff, and under the direction of Dr. Grant Colfax. Core responsibilities include serving as the Principal Investigator for the SFDPH HIV Prevention Core grant, ensuring that the objectives of the grant are met effectively. This involves overseeing multiple interventions funded by CDC grants, City General Funds, and California State funds to decrease HIV/STI incidence and improve health equity. The Branch Director plays a crucial role in shaping policies and laws related to HIV prevention and treatment, emphasizing the importance of addressing overall health alongside HIV prevention efforts. This includes advocating for structural changes that support these goals. Additionally, the Director oversees a team of staff members who act as primary liaisons for community-based providers, ensuring effective communication and collaboration within the HIV prevention and care network in San Francisco. Direct Involvement in organizations like the HIV Community Planning Council (HCPC), the steering committee for the Getting to Zero Initiative, and membership in UCHAPS and NASTAD ensures that the Director stays connected to broader initiatives and networks focused on HIV prevention and treatment. Overall, The Branch Director's leadership in CHEP is critical to driving forward effective, sustainable, and equitable programs that contribute to the goal of ending new HIV infections and ensuring access to care and treatment for those affected by HIV.

**Job Description: Manager I – Deputy Director of Sexual & Drug User Health Programs (Vacant Vice N. Underwood)-Estimated Hire OCT 2024**

The Deputy Director of the Community Health Equity and Promotion Branch (CHEP) serves as a key leader within the branch, overseeing HIV and STD prevention staff, integrating HIV, STD, and HCV prevention activities, and managing Drug User Health Services. This role is integral to ensuring that all programs are implemented with an equity lens and utilizing innovative approaches to reach priority populations. Reporting to the Director of CHEP, the Deputy Director directly supervises the Sexual Health Programs for People Who Use Drugs Manager (HPC III) and other relevant staff members. **Responsibilities:** Provide strategic leadership in the integration of HIV, STD, and HCV prevention activities, ensuring alignment with equity principles and innovative approaches. Supervise staff involved in HIV/STI testing, training, and technical assistance, as well as sexual and drug user health program liaisons, Oversee the



implementation and oversight of community-centered engagement activities, youth-focused services, and health education workshops/trainings, Directly supervise the Sexual Health Programs for People Who Use Drugs Manager (HPC III), ensuring effective program management and achievement of objectives, Collaborate with other Deputy Directors and the Director of CHEP to develop and implement strategic initiatives to advance the branch's goals and objectives, Represent CHEP in relevant meetings, committees, and collaborations with external partners to ensure alignment with broader public health objectives, Provide mentorship and support to staff, fostering a culture of excellence, innovation, and continuous improvement within the branch.

**Job Description: HPC III – Quality Improvement & Assurance Manager (O. Macias)**

The HPC III – Quality Improvement & Assurance Manager plays a crucial role within the Community Health Equity and Promotion Branch (CHEP), serving as the Quality Improvement and Evaluation Coordinator. This position oversees HIV, HCV, and STD program integration within San Francisco's system of HIV prevention. Utilizing the results-based accountability approach, the Quality Improvement & Assurance Manager collaborates with SFDPH staff and partners, including community-based organizations, to establish expected outcomes and specific program performance measures. The Results Scorecard (RSC) is utilized to present outcomes and impact of program efforts to the Getting to Zero Initiative committee members, tracking program performance and measuring the impact of funding on achieving outcomes.

**Responsibilities:** Coordinate and lead quality improvement and evaluation efforts within CHEP, ensuring alignment with program objectives and priorities, Collaborate with SFDPH staff and community-based organizations, Present outcomes and impact of program efforts to the Getting to Zero Initiative committee members and other relevant stakeholders, Provide technical assistance and support to staff and partners on quality improvement and evaluation methods and tools, Analyze data and identify trends to inform program planning, decision-making, and resource allocation, Collaborate with internal and external stakeholders to ensure program integration and coordination across HIV, HCV, and STD prevention efforts.

**Job Description: HPC II – Program Liaison | CHEP Data Lead (L. Hernandez)**

The position serves as a vital link between the Community Health Equity and Promotion Branch (CHEP) and various data management systems and branches, including ARCHES, EvalWeb, and CDC liaison. Responsibilities include participation in CHEP's quality improvement team, developing and monitoring performance measures for HIV prevention programs, and ensuring grant goals and objectives are achieved. Additionally, the role involves providing training to HIV test counselors, offering technical assistance to HIV test providers, and serving as a Program Liaison to the Latinx Health Access Point Network.

**Job Description: HPC III – Sexual Health Programs for People Who Use Drugs (H. Hjord)**

The Sexual Health Programs for People Who Use Drugs Manager plays a critical role as a liaison between the branch and community partners, stakeholders, and other city departments. Responsibilities include collaborating within the health department and across city departments to develop and implement initiatives focused on drug user health. The position

involves community engagement and addressing the health needs of drug users and individuals experiencing homelessness. Additionally, the manager supervises the Drug User Health Community Engagement team (WISHES), which provides harm reduction/overdose prevention training and technical assistance to funded partners offering drug user health services.

**Job Description: Epidemiologist II – (J. Chin)**

The Epidemiologist ensures that HIV testing and Risk Reduction Activities data are collected and submitted by internal and external programs, cleaned, stored and prepared for reports on a timely basis. The Epidemiologist manages Evaluation Web data/reports and is responsible for providing technical assistance for community-based staff collecting and entering testing data. This position will also manage the TakeMeHome, Home-Based testing quarterly reports. The position interfaces with CDC and contractors to submit data and trouble shoots data validation issues.

**Job Description: Principal Administrative Analyst II (Vacant, Vice Carmona) DEC-2024**

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

**Job Description: HPC III – CHEP Budget | Contracts | Communications Manager (N. Trainor)**

The CHEP Budget, Contracts, and Communications Manager is responsible for managing and overseeing all aspects of CHEP's System of Care (SOC), contract, and MOU agreements. This includes managing grant budgets and narratives in collaboration with the Lead Administrative Analyst, serving as the primary liaison to various fiscal offices and contract-related departments, and coordinating the contract development process. The role involves studying, recommending, and implementing system changes while providing technical assistance to funded agencies. Additionally, the manager oversees staff and program efforts related to the development of community-focused social marketing campaigns and creative communication initiatives (such as social media, YouTube, Comcast, radio, and dating apps) aimed at promoting low-barrier Home-Based testing resources, as well as access to PrEP/PEP.

**Job Description: HPC I – Program Liaison | Black/AA Programs (K. Wright)**

This position serves as the main program liaison to Black/African American funded programs, including the Black/AA Health Access Point, while also supporting the development and implementation of HIV testing strategies in community-based settings and substance use treatment sites. Responsibilities include training new HIV test counselors, providing guidance to substance use organizations on implementing HIV testing programs, and participating in the drug user health initiative as an internal planning body to SFDPH.

**Job Description: HPC I – HIV Test Counselor Training Lead (T. Watkins)**

The Lead HIV Test Counselor Trainer is responsible for overseeing the training and development of HIV test counselor training curriculum and supporting the implementation of integrated

HIV/STI/HCV testing strategies in community-based settings. Key responsibilities include training HIV test counselors, providing technical assistance on CLIA procedures, and ensuring quality assurance oversight at testing sites and other prevention programs. The position involves regular meetings with funded testing partners to provide ongoing support and ensuring the implementation of the latest testing technologies with approval from the State and CDC. Additionally, the role entails developing, implementing, and evaluating training for HIV test counselor certification, while also collaborating with the State Office of AIDS to ensure training meets State standards.

**Job Description: Health Worker III-Youth Sexual Health Program (S. Deshpande)**

The Youth Sexual Health Program Community Liaison works closely with youth community members to promote sexual health resources and education, with the aim of increasing testing among youth and young adults. Responsibilities include ensuring that program activities align with the goals and objectives of HIV-related grants and overseeing youth-specific community engagement programs, with a priority focus on youth populations experiencing HIV/STI health disparities.

**Job Description: Health Worker III (Vacant Pending Backfill - Jail Health Services)**

The Jail Health Testing Program Liaison plays a crucial role in ensuring the integration of HIV/STI/HCV testing services within the Jail system. Responsibilities include ensuring that all incarcerated individuals are offered STI panel testing before release and facilitating connections for previously incarcerated individuals to access sexual and drug user health services, as well as other resources like housing and employment.

**Job Description: Management Assistant – (B. Chan Lew)**

The Management Assistant plays a pivotal role in supporting the HIV Community Planning Council (HCPC) and staff by developing and implementing communication systems to coordinate HCPC activities. Additionally, the position manages the condom distribution program, ensuring accessibility of condoms throughout the City and County via various venues frequented by high-prevalence populations, such as commercial venues, community-based organizations, and convenience stores. Furthermore, the Management Assistant provides administrative support for expense tracking to the CHEP Budget, Contracts, and Communications Manager, and manages all HIV/HCV/Syphilis Rapid test orders.

**Job Description: HPC II- HIV Prevention Capacity Building Program Coordinator (A. Reynolds)**

The HIV Prevention Capacity Building Program Coordinator is responsible for overseeing all community-based program liaison activities within the CHEP branch. This includes supervising staff who collaborate with community-based organizations and other providers to implement and evaluate programs aligned with the HIV prevention strategy's goals and objectives. Additionally, the Coordinator manages staff who provide technical assistance and training to funded contractors, aiming to build capacity and ensure deliverables are met across the 13 standard of care services within the Health Access Point Network.

**Job Description: HPC II – MSM Sexual Health Coordinator (Vacant, Vice T. Touhey) Estimate Hire SEP-OCT 2024**

The MSM Sexual Health Coordinator is tasked with implementing community-based HIV, STD, and HCV testing initiatives in settings frequented by gay men and other men who have sex with men (MSM), such as gyms, clubs, and other venues. Responsibilities include overseeing training, operations, and evaluation of the venue-based testing program. Additionally, the Coordinator provides support to initiatives targeting high-prevalence populations, particularly African American gay men, MSM youth, and other MSM. The role also involves supervising Youth Program Coordinators, Health Workers, and the YUTHE team to devise and implement innovative strategies aimed at increasing testing frequency and enhancing sexual health knowledge among youth and young adults.

**Job Description: Health Program Coordinator – Drug User Health & Harm Reduction Coordinator (Vacant Vice. H. Hjord) Estimated Hire SEP-OCT 2024**

The Drug User Health & Harm Reduction Coordinator is tasked with integrating Harm Reduction, Overdose Prevention, and behavioral health interventions into HIV/STI prevention and care programs. Responsibilities include close collaboration with community-based HIV prevention programs, clinical prevention, and policy areas to integrate behavioral health services and coordination. Additionally, the role oversees the intersection of substance use and HIV prevention programs and manages the SFDPH strategic plan for addressing the current overdose epidemic. The position involves convening internal and external leadership, community partners, and cross-branch partners to work on strategic Drug User Health interventions.

**Job Description: Health Educator –Grant Administration Support (M. Paquette)**

The Grant Administration Support role involves coordinating and developing grant documents for submission, ensuring proper filing, and tracking reporting deadlines. Close collaboration with the Grants Contract Pre-award unit and the Branch Budget, Contracts, & Communication Manager is required. Additionally, the position provides crucial operations support for Sexual & Drug User Health Programs, facilitating the implementation of integrated HIV/STI/HCV testing strategies in community-based settings.

**Job Description: Health Worker III-Sexual & Drug User Health Technical & Training Support Program Liaison (M. Curry)**

The Sexual & Drug User Health Technical Support Program Liaison is responsible for coordinating and delivering technical support, as well as managing communications with the CHEP Health Access Points (HAPs). This role involves overseeing the CHEP HAP email account, developing monthly community newsletters, providing technical assistance during monthly HAP meetings, maintaining the CHEP website, updating sexual health resources, support the HIV Test Counselor team and manage the learning Management System for Harm Reduction Trainings.

**Job Description: Health Worker III (V. Aburto)**

This position is a Disease Intervention Specialist position for Partner Services and Linkage to Care. This position: ensures new HIV cases and early syphilis cases that are co-infected with HIV receive partner services and linkage to care; provides HIV/STI prevention counseling, risk reduction, risk assessment and disclosure counseling; makes and verifies completion of referrals for linkage to care and other services; performs field investigation and other follow up for clients living with HIV who do not return for their test results or who are infected with an STI and need treatment; provides appointment reminders and escort if needed to promote linkage to care; and outreaches to offer PEP, HIV testing, and counsel on risk to sex partners of persons diagnosed with HIV.

**Job Description: Health Worker III (P. Aine)**

This position is a Disease Intervention Specialist position for Partner Services and Linkage to Care. This position: ensures new HIV cases and early syphilis cases that are co-infected with HIV receive partner services and linkage to care; provides HIV/STI prevention counseling, risk reduction, risk assessment and disclosure counseling; makes and verifies completion of referrals for linkage to care and other services; performs field investigation and other follow up for clients living with HIV who do not return for their test results or who are infected with an STI and need treatment; provides appointment reminders and escort if needed to promote linkage to care; and outreaches to offer PEP, HIV testing, and counsel on risk to sex partners of persons diagnosed with HIV.

**Job Description: Health Worker III (F. Garcia)**

This position is a health worker within the Biomedical Prevention Program at San Francisco City Clinic, the municipal STD clinic. This health worker increases linkage to PrEP and PEP among persons with indications through health education and through assisting with signing patients up for appropriate financial coverage of the medication based on insurance status. This person answers incoming calls from patients currently using PrEP or patients who are interested in PrEP to answer health and access questions related to HIV biomedical prevention. This position assists with writing and updating protocols and creating, selecting or updating educational handouts for patient or provider use.

**Job Description: Health Worker III (A. Mayfield)**

This position is a Disease Intervention Specialist position for Partner Services and Linkage to Care. This position is embedded with the HIV Early Care Clinic at San Francisco City Clinic to provide Partner Services and Linkage to Care for persons newly diagnosed with HIV in clinic or persons living with HIV who are out of care. This position: provides partner services and linkage to care; outreaches to partners to offer PEP, HIV testing, and counsel on risk; provides HIV/STD prevention counseling, risk reduction, risk assessment and disclosure counseling; makes and verifies completion of referrals for linkage to care and other services; performs field investigation and other follow up for clients living with HIV who do not return for their test results or who are infected with an STD and need treatment.

**Job Description: Behavioral Health Clinician (R. Bauce)**

This position will provide enhanced counseling, crisis intervention and referrals for both HIV negative and HIV positive clients at SF City Clinic (SFCC). They also provide support with rapid ART starts and re-starts for SFCC patients newly diagnosed with HIV or living with HIV but not in care. The support includes benefits navigation to assure access to ART, short-term counseling, and referrals to partner services and social services.

**Job Description: Epidemiologist II (M. Sankaran)**

This position will oversee all related surveillance activities; perform QA of data reported through the various surveillance streams; create, implement, and oversee policy and protocol development for HIV activities; supervise data entry and other surveillance staff; identify and problem solve barriers to improving HIV surveillance; act as back-up support for the integrated data-infrastructure of the program and liaise with partners on HIV/STD surveillance and program evaluation issues.

**Job Description: Epidemiologist I (A. Pena)**

This position will perform routine data QA and verification, cleaning, report generation and analysis. They will generate data set architectures and work with partners to ensure accurate and timely transfer of required data. They will assist in developing evaluations of epidemiologic data as they relate to HIV services offered and assist in analysis, presentation, and dissemination of results. They will also liaise with partners across programs to assist in policy development, planning and implementation.

**Job Description: IT Operations Support Admin (L. Feng)**

This position will enter all required data into specified computerized databases, perform QA on the data and ensure that errors are identified and corrected, generate standardized statistical reports, update data files and perform routine computer programming.

**Job Description: Senior Physician Specialist (O. Bacon)**

Physician Specialist serves as Medical Director of San Francisco City Clinic, the only municipal sexual health clinic in San Francisco. This clinic provides HIV and STI testing, RAPID start on ART, linkage to HIV care, PrEP, PEP and DoxyPEP, HIV and STI health education, among other offerings. The SFCC Medical Director oversees clinical staff at the clinic and oversees the Biomedical Prevention Program, including setting objectives and priorities, providing supervision, and documenting broad scale successes and challenges with different PrEP regimens, including the rollout and uptake of LA-CAB. The SFCC Medical Director will also oversee expansion of RAPID skills from several clinicians at the municipal STI clinic to all clinicians. This expansion will allow faster access to HIV treatment and medical care for SF residents who are newly diagnosed or out of care. The SFCC Medical Director works closely with the Behavioral Health Clinician and other San Francisco City Clinic staff to implement HIV primary care services and navigation/retention interventions for linkage to care.

**Job Description: Senior Physician Specialist (J. Janssen)**

Physician Specialist will supervise the LINC'S Program (HIV/STI partner services and linkage to care) and serve as a member of the SFDPH Cluster Detection and Response work group. As the LINC'S Medical Director, the physician specialist will oversee the direction of the LINC'S program including setting the scope, prioritization (who receives partner services and linkage services when resources are limited), and objectives. The LINC'S Medical Director will set and monitor process metrics, serve as back-up clinical support for complex partner services or linkage assignments, lead efforts to ensure quality assurance methods are in place and regularly assessed, and identify and build relationships with community stakeholders that are key to the continued work. The LINC'S Medical Director will also set outcome metrics and lead teams in analyzing metrics to inform prioritization and objectives. The LINC'S Medical Director will focus on collaboration and coordination to integrate efforts into a seamless continuum of care. The LINC'S Medical Director will also analyze data from partner services and linkage to care to better inform local understanding of the HIV prevention and care landscape to help to determine where resources can be focused to decrease HIV transmission and improve access and uptake of testing and prevention services.

**Job Description: Health Program Coordinator II (R. Shaw)**

The SFDPH LINCS (Linkage, Integration, Navigation, and Comprehensive Services) Coordinator works under the supervision of the LINCS Program Director and leads or assists in the development of the systems, policies and procedures, quality assurance (QA) measures, and training manuals needed for LINCS operations. The Coordinator directly oversees three DIS Supervisors and is responsible for training the Supervisor on HIV partner services and Navigation (linkage to care). The Coordinator is responsible for monitoring LINCS process metrics and ensuring high quality of work.

**Job Description: Disease Control Investigator (E. Mendoza)**

The Disease Control Investigator (DCI) on the LINCS team serves as a member of the SFDPH STI reactor desk, with a focus on triaging syphilis, HIV, and mpox labs and assigning out cases for follow up. The DCI collects, interprets, and records complex specialized STI information of a highly confidential nature about patients and their contacts, and investigates STI/HIV outbreaks.

**Job Description: Senior Microbiologist (J. Lei)**

Principal duties: Responsible for overall supervision of all testing. The responsibilities include training of technical personnel, review of quality control records, and review of all results prior to reporting, preparing protocols, monitoring performance of the tests and assignment of responsibilities. Moreover, the Senior Microbiologist assembles, organizes and provides all data regarding testing for the Community Health Equity & Promotion Branch at DPH.

**Job Description: Microbiologist (Hui H. Li)**

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

**Job Description: Lab Technician II (E. Wong)**

Processes and prepares specimens for HIV-1 antibody testing for the Counseling and Testing program. The Lab Technician also prepares the pooled specimens tested for HIV RNA. The principal duties include logging-in and labeling specimens, validating specimens requisition/report forms, separation of serum by centrifugation of pipetting oral fluids and preparation of worksheets and reagents. This position also daily monitors laboratory equipment such as refrigerators and centrifuges for quality assurance purposes.

<b>B. FRINGE BENFITS @ 41.48% of \$1,804,728</b>		<b>\$748,676</b>
<b>Fringe Benefit Component</b>	<b>Percentage of Salary</b>	<b>Amount</b>
Social Sec-Medicare (HI Only)	1.38%	\$24,905
Social Security (OASDI & HI)	5.89%	\$106,298
Life Insurance	0.04%	\$722
Dental Coverage	1.23%	\$22,198

Retiree Health-Match-Prop B	1.00%	\$18,047
Health Service-City Match	16.88%	\$304,638
Long Term Disability	0.38%	\$6,858
Retire City Misc	14.68%	\$265,009
<b>Total</b>	<b>41.48%</b>	<b>\$748,676</b>

#### C. TRAVEL \$4,704

Item	Description	Rate	Cost
Local Travel	Muni Passes and Tokens	2 passes x \$124.2/pass x 10 months and \$30/ token bag x 10months	\$2,784
Local Travel	Ride Share	\$192/month x 10 months	\$1,920

Local Travel: Muni passes are used for staff travel to meetings within San Francisco with contractors, HPPC members, and community members. Tokens are provided to clients as necessary for transportation to appointments when linking to care. A ride share account will also be established to allow for staff to utilize ride share services for special community engagement events that require staff to bring materials/supplies to the event, or to location where public transportation is not feasible. Staff: N. Underwood, H. Hjord, K. Wright, L. Hernandez, MSM Sexual Health Coordinator, T. Watkins, S. Deshpande, WISHES Team.

#### D. EQUIPMENT \$0

#### E. MATERIALS AND SUPPLIES \$36,618

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Office Supplies	Paper pens, handouts	10 mos	Approx. \$260/month X 10 months	\$2,600

#### SFPH Lab Supplies

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Test Kits (HIV and RNA)	HIV Tests	7032	\$7.10/ test x 849 HIV tests	\$6,028
	RNA Tests	1810	\$46.00 x 500 RNA tests	\$23,000
Specimen Database Maintenance	n/a		\$499/month x 10 months	\$4,990

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



Lab Supplies: Test Kits – Laboratory supplies and HIV test kits - Funds will be used to purchase HIV EIA, CMMIA, IFA and RNA test kits. Additionally, these funds will be used to cover specimen database maintenance costs and for disposable laboratory wares associated with HIV testing.

F. OTHER		\$47,004
Item	Rate	Cost
Office Rent	\$1.92/sq ft x 250 sq. ft. x 10 months x 9.80 FTE	\$47,004
Registration Fee	-	\$0

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

Registration: N/A

G. CONTRACTUAL/MOU		\$181,635
(1) Heluna Health		\$166,635
(2) Shanti HIV Planning Council		\$10,000
(3) TBD   Community Mini Grant, integration of HIV/STI/HCV in Community Wellness Programs		\$5,000

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

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

**Period of Performance:** 08/01/2024- 05/31/2025

#### **Scope of work**

i) Service category: Fiscal Intermediary

(1) Award amount: **\$166,635.**

(2) Subcontractor: None

(3) Services provided: Fiscal intermediary services to the SFDPH HPS.

Provides Program Administration Operational supports community-based prevention efforts through operations training and technical assistance, in addition to coordination of data systems, expanding and adapting partnerships and collaborations.

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

**Itemized budget and justification:**

<b>A. Salaries</b>	<b>\$0</b>
<b>B. Fringe Benefits @ 33.81% total salaries</b>	<b>\$0</b>
<b>C. Travel</b>	<b>\$0</b>
<b>D. Equipment</b>	<b>\$0</b>
<b>E. Materials and Supplies</b>	<b>\$147,465</b>

Item	Type	Number Needed	Unit Cost	Amount Requested
Storage   Community Engagement Supplies	n/a	10 mos	\$600/month x 10 months	\$0.00 (in-kind)
Program Supplies	n/a	10 mos	\$1,500/month x 10 months	<b>\$15,000</b>
IT Supplies	n/a	10 mos	\$500/month x 10 months	<b>\$5,000</b>
HIV/HCV/Syphilis Rapid Test kits & Phlebotomy supplies (POC)	n/a	10 mos	\$5,470/month x 10 months/ 7 agencies @ \$7814 per month per agency	<b>\$54,697</b>
Home-based Lab STI testing kits (NASTAD)	N/a	436	10% admin fee (7,276) flat rate, 436 kits @150.00 per kits (\$65,491)	<b>\$72,768</b>
Courier Services   ACE	n/a	10 mos	\$3,000/month x 10 months	\$0.00 (in-kind)
Results Based Accountability score card	n/a	10 mos	Annual Subscription 11 users x \$660 each	\$0.00 (in-kind)
<b>Total</b>				<b>\$147,465</b>

**Storage/Community Engagement Supplies:** Storage unit will be utilized as a space to assemble and house community engagement materials and supplies provided to funded agencies and community partners. Agencies will have the option to request for additional community engagement supplies stored at the storage facility.

**Program Supplies:** Funds will be used to purchase program supplies including but not limited to condoms (Estimated@ \$500/month), brand of condoms includes an assortment of ONE, Trustex, and Lifestyle. On average, the quantity of condoms ordered each month is 2000 for distribution during outreach and community engagement activities, non-monetary incentives and promotional incentives for outreach and supplies: shampoo/lotion/soap kits, ponchos, socks, feminine hygiene supplies, etc. (Estimated@ \$500/month) needed for implementation of forums and focus groups. In addition, this line may include supplies required for council and community meetings, costs include materials and light refreshments. Refreshments: snacks, shakes, bottles of water, etc. (Estimated@ ~\$500/month) are provided as incentives and support to community members living with HIV. Providing refreshments assists those who take medication to stay for the duration of the meeting.

**IT Supplies:** Funds will be used to provide IT support to HIV Test counselor training team and community funded partners. Supplies include the purchase of HIPPA compliant label printers (Estimated \$100 x 8 printers), and tablets (estimated \$300 x7) to support in the field community-based testing, computer monitors (estimate @ \$50.00), mobile commons communication SMS client facing texting platform (@.15/MMS) along with online monthly subscriptions, Canva, adobe editor, branch zoom account to support HIV test counselor training, and online web domain for community resources (estimated @50/month)

**HIV/HCV/Syphilis Rapid Test & Phlebotomy Supplies:** Funds will be used to purchase Rapid/point of care HIV, HCV and Syphilis testing kits to provide to funded CBO's, HAPs, and other community partners in effort to expand community-based point of care testing resources across all neighborhoods in San Francisco. These testing kits includes phlebotomy supplies to draw HIV, HCV, & Syphilis confirmatory testing, which include needles, gloves, gauze, tourniquet, alcohol pads, lab order forms, tubes for blood draw, bandages, and NAAT swabs for Three Site Gonorrhea and Chlamydia test.

**Take Me home Project, STI Home Based Lab Test Kits (NASTAD):** Funds will be used to purchase Home Testing kits via the Take me Home Project. All San Franciscans will have access to full panel HIV/STI/HCV lab-based testing that they can conduct from home, send back to the lab for processing. All home-based lab kits will be free to the community. 10% admin fee (7,276) flat rate, 436 kits @150.00 per kits (\$65,491).

**ACE Courier Services:** Funds will be used to provide lab specimen courier services to all CBO's and Partners who provide clinical and community-based testing services. ACE services conducts daily pick-up to allocated sites, and transfers lab specimens to San Francisco Public Health Lab for processing.

**Results Based Accountability:** Funds will be used to purchase 11 user licenses (@\$660/each) to access the results-based accountability portal. Results Based

Accountability platform will allow Program Managers to track performance measures outcomes and develop community facing reports and data spreadsheets/graphs.

**F. Other Expenses**

**\$0**

Item	Rate	Cost
Training		\$0.00
Temporary services		\$0.00
Shipping		\$0.00
Registration Fee		\$0.00
Total		\$0.00

**G. Contractual**

**\$0**

**Total Direct Costs**

**\$147,465**

**H. Total Indirect Costs**

**\$19,170**

(@ 13% of Modified Total Direct Costs)

**TOTAL COSTS**

**\$166,635**

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

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

**Period of performance: 08/01/2024 - 05/31/2025**

**Scope of work**

Service category: HIV Planning Council Meeting Support

(1) Award amount: **\$10,000**

(2) Subcontractors: none

(3) Services provided: To provide administrative, training and development support to the HIV Community Planning Council in fulfilling its mission in policy development, community and service planning functions, and the prioritization of resource allocation as mandated by HRSA and Ryan White HIV/AIDS Treatment Modernization Act of 2006, and the CDC requirements as set forth in the Guidance for HIV Prevention Community Planning. Additionally, to provide relevant and necessary information to the public (namely San Francisco residents) regarding Planning Council activities.

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

**Itemized budget and justification:**

**A. Salaries****\$0****B. Fringe Benefits****\$0****C. Travel****\$1,500**

Item	Type	Rate	Cost
Taxi fare	Local Transportation	20 trips X \$15/trip = \$300	\$300
Council Members Travel Expense	Local Transportation	Marin, San Mateo, and San Francisco travel to meetings. \$20.00 x 5 participants x 12 meetings	\$1,200

Local Travel: Staff travel to meetings with HPPC members, community members and other key stakeholders. Staff member(s): Thomas Knoble, CHEP HIV Prevention & Drug User Health Team (as applicable), Council Members Travel Expenses

**D. Equipment****\$0****E. Materials and Supplies****\$463**

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Office Supplies	Paper pens, handouts	10 mos	Approx. \$46.3/month x 10 months	\$463

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

**F. Other Expenses****\$8,037**

Item	Description	Rate/Formula	Cost
Needs Assessment	Incentive for needs assessment participants.	\$25 x 100 participants	\$2,500
Council Meeting	Supplies and refreshments for council meetings for 10 meeting	\$553.7 x 10 mtgs	\$5,537

Incentive Policy and Procedure:

Incentives will be used for community members who participate in community needs assessment which focus on HIV needs among the priority population. Each client will receive a \$25.00 Gift card. All gift cards are required to be stored in a secured locked cabinet. All gift

cards will be tracked using an internal tracking sheet. Upon distribution of each gift card, designated staff member is required to sign tracking sheet indicating the date card was distributed and to whom. Participant must also sign tracking sheet to confirm participant received card. The purchase of gift cards along with itemized card numbers will also be documented on the tracking sheet.

Light Refreshments Justification: Snacks, shakes, bottles of water, etc. are provided as incentives and support to community members living with HIV. Providing refreshments assists those who take medication to stay for the duration of the meeting.

<b>G. Contractual</b>	<b>\$0</b>
<b>Direct Costs</b>	<b>\$10,000</b>
<b>H. Indirect Costs</b>	<b>\$0</b>
<b>TOTAL COSTS</b>	<b>\$10,000</b>

### 3. Name of Contractor: TBD

**Method of Selection:** Request for Proposals (RFP): Solicitation in Process

**Period of performance:** 08/01/2024 - 05/31/2025

#### Scope of work

Service category: Community Based Mini-Grants Integration of Sexual & Drug User Health Services with Community Wellness Program Implementation & Service Delivery Model

(1) Award amount: **\$5,000**

(2) Subcontractors: Solicitation in process

Services provided: Five community based organizes who are currently funded to provided Community Wellness Program Services such as Tobacco Free Education, smoking cessation programs, sugary drinks policy implementation/community education, will be selected to receive a mini grant to provide administrative support and collaboration across multiple funded agencies with the goal of integrating Sexual & Drug User Health Messaging and health educational materials into Specific Community Wellness Programs.

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

#### Itemized budget and justification:

<b>A. Salaries</b>	<b>\$0</b>
<b>B. Fringe Benefits</b>	<b>\$0</b>

**C. Travel** **\$0**

Item	Type	Rate	Cost
N/A	Local Transportation		\$0

**D. Equipment** **\$0****E. Materials and Supplies** **\$0****F. Other Expenses** **\$5,000**

Item	Description	Rate/Formula	Cost
Partner Meetings/Needs Assessment	Needs Assessment, community collaboration meetings among 5 funded partners	\$250/Month x 10 Months	\$2,500
Material development	Printing & Material development	\$250/Month x 10 Months	\$2,500

Partner Meetings/Needs Assessment: Funds will be used to conduct/host Collaboratory partner meetings and needs assessment to develop a strategic plan on how to successfully integrate HIV and Drug user health services into community wellness initiatives.

Material Development: Funds will be used to develop and print cultural appropriate health education material and electronic social media messaging with the goal of integrating HIV and drug user health messaging into community wellness initiatives.

**G. Contractual** **\$0**

Direct Costs \$5,000

**H. Indirect Costs** **\$0**

**TOTAL COSTS** **\$5,000**

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**TOTAL DIRECT COSTS** **\$2,823,366**

**H. INDIRECT COSTS**  
 (22.462% of total salaries and Fringe for CHEP Staff) \$278,699

**TOTAL BUDGET, PREVENTION** **\$3,102,065**

**San Francisco Department of Public Health, SF Division**  
**PS24-0047 Integrated HIV Surveillance and Prevention Programs for Health Depts.**  
**Surveillance Budget**  
**08/01/2024-5/31/2025 (10 months)**

A. Salaries	\$300,275
B. Mandatory Fringe	\$132,120
C. Travel	\$2,020
D. Equipment	\$0
E. Materials and Supplies	\$5,261
F. Other Expenses	\$475
G. Contractual	\$81,197
<b>TOTAL DIRECT COSTS</b>	<b>\$521,348</b>
H. Indirect Costs (22.462% of total salaries and fringe )	\$97,125
<b>TOTAL BUDGET</b>	<b>\$618,473</b>



A. SALARIES				\$300,275
Position Title and Name	Annual	FTE	Months	Amount Requested
Director of HIV Case Surveillance/Manager I Vacant (Vice L. Hsu)– Estimate Hire Date SEP 2024	\$168,480	100%	8.25	\$115,830
Epidemiologist II S. Pipkin	\$146,701	50%	10	\$61,125
Health Program coordinator II V. Delgado	\$129,106	10%	10	\$10,759
Senior Clerk A. Lui	\$79,912	50%	10	\$33,296
Epidemiologist II J. Chin	\$146,701	95%	10	\$0 (In Kind)
Epidemiologist II D. Bhatta	\$139,684	33%	10	\$38,413
Health Program Coordinator I A. Gallardo	\$98,042	50%	10	\$40,851

**Job Description: Director of HIV Case Surveillance (Vacant, Hire Date SEP 2024)**

Principal duties include directing and coordinating HIV/AIDS surveillance and reporting activities, conducting epidemiological studies and statistical analyses related to the HIV case registry. Oversees data collection, management, analysis, and use of the data for HIV/AIDS surveillance. Responsible for developing methods for conducting retrospective and prospective medical chart reviews, developing methods and logistics to evaluate HIV/AIDS surveillance and reporting activities, analyzing, evaluating, and interpreting statistical data in preparing HIV/AIDS reports, responding to surveillance data requests and disseminating HIV/AIDS epidemiological data through presentations and publications, preparing annual progress reports, and developing and writing grant proposals. Coordinates applied research with other divisions and branches of health department, including development of study design, writing and executing MOU's, coordinating data linkage of HIV case registry with external data sources. Supervises the performance of one Health Program Coordinator II, three Epidemiologist II and one CDC direct assistance epidemiologist. Acts as the primary contact person with the CDC and the State regarding HIV/AIDS surveillance/reporting issues.

**Job Description: Epidemiologist II (S. Pipkin)**

Principal duties include assisting the State Office of AIDS in the development of standards and protocols for eHARS data transfer, quality assurance, case merging, duplicate management, and out of jurisdiction and out of state HIV/AIDS cases. She will serve as the HIV Surveillance Coordinator with CDC, and is the key contact person to the State Office of AIDS for eHARS. She is responsible for analyzing HIV/AIDS surveillance data, preparing technical and scientific reports, responding to surveillance data requests, developing computer programs and procedures for conducting matches with other databases or registries, overseeing molecular HIV surveillance work, geographic data linkage (GDL), and developing methods to evaluate the HIV/AIDS surveillance system. She oversees and coordinates hiring of epidemiological staff and data entry staff. She has direct supervision of five staff members: three epidemiologists, one data entry Senior Clerk, and one contract data entry clerk.

**Job Description: Health Program Coordinator II (V. Delgado)**

Principal duties include coordinating surveillance activities, establishing and maintaining active and passive HIV/AIDS surveillance at local medical facilities, performing field staff data collection quality assurance including review of completed case report forms and prospective and retrospective chart review forms. She conducts passive case reporting activities. She coordinates data sharing activities with SFDPH's partner services and linkage to care program. She conducts RIDR, resolves duplicated case reports with other jurisdictions and obtains updated information for our cases. She is responsible for ensuring that protocols for conducting surveillance field activities as well as security and confidentiality procedures are adhered to. She supervises one Health Program Coordinator I and one contract Coordinator position.

**Job Description: Senior Clerk (A. Lui)**

Principal duties include entering new HIV and AIDS case data, out-of-jurisdiction cases, updates and corrections into eHARS and other relational databases, entering hard copy reports for electronic data processing, scanning hard copies of case records to image files, and entering prospective and retrospective chart review data for HIV and AIDS cases into eHARS and other databases used in the surveillance program.

**Job Description: Epidemiologist II (J. Chin)**

Principal duties include developing computer programs and procedures for conducting matches with other databases or registries, performing data processing, monitoring, and management of case archival system, conducting and coordinating data quality assurance and evaluation, developing standard operating procedures for data processing and management, participating in development of integrated surveillance and laboratory data system, responding to surveillance data requests, analyzing surveillance data, and editing and publishing the annual HIV epidemiology report.

**Job Description: Epidemiologist II (D. Bhatta)**

Principal duties include developing computer programs and procedures for conducting matches with other databases or registries, performing data processing, monitoring, and management of electronic laboratory (ensuring case reporting completeness that is initiated from laboratory

reports) and case reporting data, conducting and coordinating data quality assurance and evaluation, developing standard operating procedures for data processing and management, participating in development of integrated surveillance and laboratory data system, responding to surveillance data requests, analyzing surveillance data, and preparing statistical summary reports, including publishing the semi-annual HIV epidemiology report.

**Job Description: Health Program Coordinator I (A. Gallardo)**

The project coordinator (PC) will facilitate collaboration between HIV surveillance and MMP. They will act as the main contact for San Francisco medical care providers, assisting in gaining access to medical records for abstraction, contact information for participants, facilitates recruitment of sampled persons from other programs' sampling, oversees tokens of appreciation, coordinates MMP budget, oversees staffing and hiring for MMP, and will be able to reassure MMP sites about security and confidentiality by relating it to the core surveillance guidelines. The PC will assure that the CDC benchmarks are met and quality assurance on interviews and chart abstraction are conducted. The PC will participate in all CDC site visits, PI/PC meetings. The PC will also act as the liaison with the HIV surveillance/MMP community advisory board and provider advisory board, and report findings to community stakeholders. This position supervises a contract Coordinator and two contract Public Health Investigators.

<b>B. MANDATORY FRINGE @ 44% of</b>			<b>\$300,275</b>	<b>\$132,121</b>
<b>Fringe Benefit Component</b>	<b>Percentage of Salary</b>	<b>Amount</b>		
Unemployment Insurance	0.26%	781		
Social Sec-Medicare (HI Only)	1.39%	4,174		
Social Security (OASDI & HI)	5.94%	17,836		
Life Insurance	0.02%	60		
Dental Coverage	0.52%	1,561		
Retiree Health-Match-Prop B	1.00%	3,003		
Health Service-City Match	13.20%	39,636		
Retire City Misc	21.67%	65,070		
<b>Total</b>	<b>44.00%</b>	<b>\$132,121</b>		

<b>C. TRAVEL</b>					<b>\$2,020</b>
<b>Travel</b>	<b>Description</b>	<b>Rate</b>	<b>Quantity</b>	<b>Cost</b>	
Local Travel	Muni Pass	\$101/mo./staff	x 10 mo. x 2 staff	\$2,020	

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

**D. EQUIPMENT** **\$0****E. MATERIALS AND SUPPLIES** **\$5,261**

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Office Supplies	Paper pens, handouts	10 mos	Approx. \$526.10/month	\$5,261

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

**F. OTHER EXPENSES** **\$475**

Item Requested	Rate	Description	Cost
Alarm Monitoring Service	\$47.50/month x 10 months	case registry room security alarm and monitoring service	\$475

Other Expenses: Maintenance services: case registry room security alarm and monitoring service to protect EPI HIV, case registry PHI information.

**G. CONTRACTUAL** **\$81,197****1. Name of contractor: Heluna Health**

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

**Period of performance:** 08/01/2024 – 05/31/2025

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

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

**Itemized budget with narrative justification:**

**A. Salaries**

**\$46,115**

<b>Position Title and Name</b>	<b>Annual</b>	<b>Time</b>	<b>Months</b>	<b>Amount Requested</b>
Public Health Investigators K. Leal	\$80,022	33%	10	22,006
Data Manager K. Lin	\$83,456	32%	10	22,255
Fiscal Intermediary Budget Coordinator T. Miraglia	\$111,259	2%	10	1,854

**Job Description: Public Health Investigators (K. Leal)**

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

**Job Description: Data Manager (K. Lin)**

Principal duties include processing and managing the HIV surveillance/MMP sampling frame and interview and abstraction data. Assists in overseeing data collection and analysis, interpreting, writing and disseminating findings. Responsible for coordinating publication of bi-annual MMP report. Responsible for synchronizing data to the CDC and will be the point person for CDC regarding data management and data quality activities (QA reports). Acts as point person with SFDPH I.T. for Tracking Module Application server; coordinates client and server upgrades with SFDPH I.T.

**Job Description: Fiscal Intermediary Budget Coordinator (T. Miraglia)**

Responsible for financial reporting, budget reconciliation, and contract and grant management for the study. They will monitor the budget, process, and reconcile expenditures, as well as assist in the execution of contracts and managing FTE allocations, benefit charges, as well as the purchasing and hiring processes. They will be responsible for managing tasks associated with accounts payable, personnel (i.e., payroll, human resources), and fiscal management. In addition, manage deadlines and collaborate to ensure all reporting requirements are met in collaboration with PI and project staff.

**B. Fringe Benefits @ 34.93% total salaries****\$16,108**

Fringe Benefit Component	Percentage of Salary	Amount
FICA	7.65%	\$3,528
SUI	0.33%	\$152
ETT	0.01%	\$5
Worker's Compensation	1.26%	\$581
EAP	0.04%	\$18
403b Contribution	6.00%	\$2,767
Medical/Dental/Vision Insurance	13.51%	\$6,230
LTD	0.10%	\$46
AD&D and LIFE	0.10%	\$46
Accrued Vacation	4.60%	\$2,121
Accrued Vacation Fringe	1.33%	\$614
<b>Total</b>	<b>34.93%</b>	<b>\$16,108</b>

**C. Travel****\$0****D. Equipment****\$0****E. Materials and Supplies****\$1,690**

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
IT hardware/Hard drive updates	Data Reporting Support	10 mos	Approx. \$169/month	\$1,690

Computer Equipment and IT Supplies: Information technology and computer supplies including, not limited to expansion hardware for desktop hard drive estimated @\$169/month for ongoing database hard drive and hardware updates.

**F. Other Costs****\$500**

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
HR/Recruitment Fees	staffing Support	10 mos	Approx. \$50/month	\$500

HR Recruitment Fees: Funds will be used to support staffing recruitment, and the management of online job postings.

**G. Contractual**

**\$7443**

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Consultant	Data Reporting Support	10 mos	Approx. \$744.3/month	\$7,443

Consultant (TBD): The consultant will be contracted for database development and enhancements associated with Lab database management system (SQL database) and HIV surveillance local variables database (SQL database)

**Total Direct Costs (Heluna Health)**

**\$71,856**

**H. Total Indirect (13% of Direct Costs)**

**\$ 9,341**

**Total Costs (Heluna Health)**

**\$81,197**

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**TOTAL DIRECT COSTS**

**\$521,348**

**H. INDIRECT COSTS (22.462% of total salaries and fringe)**

**\$97,125**

**TOTAL BUDGET, SURVEILLANCE**

**\$618,473**

**San Francisco Department of Public Health, SF Division**  
**PS24-0047 Integrated HIV Surveillance and Prevention Programs for Health Depts.**  
**Ending the HIV Epidemic (EHE) Budget**  
**08/01/2024-05/31/2025 (10 mos)**

A. Salaries	\$666,467
B. Mandatory Fringe	\$279,916
C. Travel	\$15,000
D. Equipment	\$0
E. Materials and Supplies	\$1,688
F. Other Expenses	\$212,088
G. Contractual/MOU	\$593,186
<b>Total Direct Costs</b>	<b>\$1,768,345</b>
H. Indirect Costs (22.462% of total salaries and fringe)	\$212,576
<b>TOTAL BUDGET</b>	<b>\$1,980,921</b>



A. SALARIES				\$666,467
Position Title and Name	Annual	FTE	Months	Amount Requested
Director HIV/STI Prevention Section <a href="#">Dr. Stephanie Cohen</a>	\$212,000	3%	10	In-Kind
Health Program Coordinator III: DPC LINCS Lead (City Clinic Staff) <a href="#">E. Antunez</a>	\$140,322	100%	10	\$116,935
Epidemiologist II (ARCHES EtE Epidemiologist) <a href="#">J. Wong</a>	\$142,428	100%	10	\$118,690
Nurse Practitioner, PrEP/Syphilis Academic Detailer (EtE Detailer) <a href="#">A. Decker</a>	\$212,100	65%	10	\$114,887
Health Worker III (Post Incarceration Navigator) <a href="#">A. Gomez</a>	\$92,846	50%	10	\$38,685
Health Worker III (Gender Health Navigator) <a href="#">L. May Madrigal</a>	\$92,846	50%	10	\$38,685
Health Worker I (Youth Sexual Health Ambassador) <a href="#">T. Jones</a>	\$75,816	100%	10	\$63,180
Health Program Coordinator III/ EtHE Manager for Community Programs <a href="#">T. Knoble</a>	\$140,322	100%	10	\$116,935
Health Program Coordinator III- Community Engagement Manager <a href="#">Vacant (DEC 2024)</a>	\$140,322	%100%	5	\$58,467

**Job Description: Director HIV/STI Prevention Section (S. Cohen)**

Dr. Cohen is the HIV/STD Controller for the city and county of San Francisco and a co-project director for PS 24-0047. She is the director of the HIV/STI Prevention Section in the Disease Prevention and Control branch and oversees clinical, biomedical and disease response activities related to ETE, including LINCS DIS, public health detailing and biomedical prevention at SF City Clinic. She will work with the ARCHES co-director, Sharon Pipkin and PI, Nyisha Underwood, to ensure implementation of ETE activities.

**Job Description: Health Program Coordinator III (E. Antunez)**

This position oversees HIV prevention work at SFCC; liaison with CHEP; member of cluster detection and response work and oversees CDR response activities.

**Job Description: Epidemiologist II (ARCHES EtE Epidemiologist) (J. Wong)**

This position will support EtHE activities, public health surveillance in the area of HIV, STDs, and viral hepatitis, and production of population-based health information, leading to effective

decision making and public health actions that improve population health. This Epidemiologist will plan, conduct and evaluate activities and indicators outlined in the grant proposals.

**Job Description: Nurse Practitioner (EtE Detailer) (A. Decker)**

This position conducts city-wide EtE detailing and recruits, engages, and supports hospital-based EtE clinical champions. This will include PrEP provider detailing. The Detailer will also provide medical services to the Mobile Health Access Points (HAPs).

**Job Description: Health Worker III (Post Incarceration Navigator) (A. Gomez)**

This position will provide basic case management, referrals, and linkage to vital medical, behavioral health, and support services for people exiting jail. They will meet the client upon release and particular focus will be to provide services to people when they are released at night. Blended position (HRSA and CDC funding.)

**Job Description: Health Worker III (Gender Health Navigator) (L. May Madrigal)**

This position will work with people who are seeking gender-affirming surgery to support admission and retention in Gender Health programs. Blended position (HRSA and CDC funding.)

**Job Description: Health Worker I (Youth Sexual Health Ambassador) (T. Jones)**

This position will work directly with the Sexual Health Youth Coordinator, the Youth United through Health Education Team (YUTHE), and funded partners (3<sup>rd</sup> Street youth Clinic) to spearhead innovative community engagement strategies to increase the frequency of HIV/STI testing amount youth and young adults with a special focus on Black and Latina women. This position will also manage social media communication targeted towards address current stigma among youth to increase the utilization of San Francisco's FREE Home-Based testing Program (TakeMeHome).

**Job Description: Health Program Coordinator III/ EtHE Manager for Community Program (T. Knoble)**

The EtHE Manager works with the Project Co-Directors and leadership team to manage the EtHE funded activities across branch and within the community. Supervise Program Liaisons assigned to funded agencies. Represents the EtHE project for the department with community partners and stakeholders and other city departments. The HPCIII will work within the health department and across other city departments to develop plans and implement EtHE strategic activities as it relates to specific priority populations who bare a disproportionated burden of HIV. The role also includes community engagement and response to the health of drug users and people experiencing homelessness.

**Job Description: Health Program Coordinator III-Community Engagement Manager (Vacant OCT 2024)**

This position will coordinate the planning, development, implementation, and evaluation of client specific Community Engagement activities in efforts to increase community awareness about CHEP HIV Prevention and Treatment resources, increase utilization of innovative HIV/STI/HCV prevention efforts. This involves identifying community engagement events that

CHEP program staff can attend, support and/or coordinate, manage social media sites, implement creative strategic program messaging, act as the point person for all community engagement activity request, manage/oversee community engagement calendar activities, develop strategic activities to build ongoing trusting relationship with community members.

<b>B. MANDATORY FRINGE @ 42% of \$666,467 \$279,916</b>		
<b>Fringe Benefit Component</b>	<b>Percentage of Salary</b>	<b>Amount</b>
Social Sec-Medicare (HI Only)	1.38%	\$9,197
Social Security (OASDI & HI)	5.89%	\$39,255
Life Insurance	0.04%	\$267
Dental Coverage	1.23%	\$8,198
Retiree Health-Match-Prop B	1.0%	\$6,665
Health Service-City Match	16.88%	\$112,500
Long Term Disability Insurance	0.38%	\$2,533
Retire City Misc	15.20%	\$101,303
<b>TOTAL</b>	<b>42.0%</b>	<b>\$279,916</b>

<b>C. TRAVEL</b>	<b>\$15,000</b>
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<b>Item</b>	<b>Description</b>	<b>Rate</b>	<b>Cost</b>
Local Travel	Muni Passes/Clipper card	2 passes x \$105/pass x 10 months and 4 Clipper cards \$100/ Clipper Cards	\$2,500
Local Travel	Ride Share	\$250/month x 10 months	\$2,500
Out of State Travel	Non-Local Travel	6 staff travel, \$1,6607/each	\$10,000

Local Travel: Muni passes are used for staff travel to meetings within San Francisco with contractors, HPPC members, and community members. A ride share account will also be established to allow for staff to utilize ride share services for special community engagement events that require staff to bring materials/supplies to the event, or to location where public transportation is not feasible. Staff T. Jones, T. Knoble, A. Chavez, Community Engagement Manager/Community Engagement Team, E. Antunez, A. Decker

Out of State Travel: Travel funds will be used to support EHE staff out of state travel to identified EHE specific conferences in support of professional development and learn about new innovative ways to address HIV/STI/HCV health disparities. Funds will be used for air fare, hotel, per diem reimbursement, out of town rideshare, and other travel incidental expenses. All staff will be required to get pre-approval prior to travel accommodations being secured. Staff: Staff T. Jones, T. Knoble, A. Chavez, Community Engagement Manager, E. Antunez, A. Decker

**D. EQUIPMENT** **\$0****E. MATERIALS AND SUPPLIES** **\$1,688**

Item	Unit Cost	Amount Requested
General Office Supplies	\$168.8/month x 10 months	\$1,688

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

**F. OTHER EXPENSES** **\$212,088**

Item	Unit Cost	Amount Requested
Office Rent	\$1.93/sq ft x 250sq. ft x 10 months x 6.65 FTE	\$26,905
DA for 2803 Position	Salary + Fringe = 185,183	\$185,183

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

Direct Assistance (DA): Convert DA for 2803 Position. This will be a CDC employee. This position will support ongoing and expanded efforts to End the Epidemic in San Francisco and assist SFDPH to implement activities to improve our epidemiologic capacity and public health preparedness. Specifically, this position will support expanded efforts to implement HIV molecular surveillance and investigates HIV transmission clusters in real time, expand efforts to support HIV Data-to-Care activities and support the data management activities for our SFDPH partners responsible for HIV testing, monitoring PrEP uptake and adherence, and the HIV/HCV microelimination project in San Francisco. Additionally, this position will provide expertise designing epidemiological investigations, conducting studies, analyzing data, publishing, and disseminating findings.

G. CONTRACTUAL/MOU		\$593,186
Contractor	Cost	
(1) SFDPH Street Medicine (Whole Person Care)	\$205,788	
(2) Heluna Health	\$387,398	

#### 1. Name of contractor: SFDPH Street Medicine (Whole Person Care)

**Award Amount:** \$205,788

**Method of Selection:** Health Department Provided Service/Street Medicine  
(Interdepartmental MOU Agreement)

**Period of performance:** 08/01/2024 – 05/31/2025

**Method of accountability:** Annual program and fiscal and compliance monitoring.

#### **Description of activities:**

These services are part of the ETE Initiative to end HIV, eliminate HCV, and turn the curve on STIs by 2030. The ETE staff are essential staff member in the ETE Initiative. This initiative works in a highly collaborative way to end the syndemics of HIV, Hepatitis C, syphilis and other STI's, and overdose in people experiencing homelessness.

The goal of this program is to support city-wide HIV/HCV/STI elimination efforts by addressing barriers to testing, evaluation and treatment for people living with and at risk for HIV/HCV/STI experiencing homelessness and/or use drugs. The ETE Services program will utilize a multi-disciplinary team to provide HIV/HCV/STI workups and medical case management for people experiencing homelessness. Utilization of the terms "ETE Services program" and "ETE Services staff" referenced in this MOU narrative refer to staff within DPH Street Medicine and Shelter Health programs organized within the Whole Person Integrated Care section of DPH.

**A. Outreach:** Services are provided in office settings (open access clinic and urgent care) and outreach settings such as streets and parks, homeless shelters, community -based organizations, and harm reduction sites. ETE Services staff will work in partnership with multiple community-based organization (CBO) partners, including SFAF, HYA, HRTC, SFFD Community Paramedicine Service, SFDPH Community Health Equity Program, SFDUU, RAMS, Glide, and the SFCCC SOS van. ETE Services staff will partner with CBO staff during outreach to ensure people are aware that they can receive HIV/HCV/STI testing and treatment.

**B. Admission:** People who are tested for HIV/HCV/STIs and have a positive result, and people who are evaluated by a medical provider and felt to need support in decreasing their risk of HIV/HCV/STIs, will be linked with ETE Services program staff that will enroll the person into services.

**C. Service Delivery:** ETE Services staff will serve people at multiple clinic and community sites, including homeless shelters, street-based settings, CBOs, and a low-barrier open access clinic, the Maria X. Martinez Health Resource Center. People who test positive for HIV, HCV or STIs will be offered low barrier treatment and education regarding prevention of transmission. People at risk for HIV, HCV or STIs will be offered evidence-based prevention modalities, including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis, harm reduction counseling, and substance use disorder treatment. People who are not connected to traditional primary care will be evaluated for Transitional Primary Care and Medical Case Management provided by the HIV Services staff. Patients appropriate for Transitional Primary Care and Medical Case Management may include:

- People experiencing homelessness
- Unstably housed individuals
- People experiencing barriers to accessing traditional primary care due to stigma, lack of culturally competent care, insurance, or immigration status
- People who use drugs

Program staff will provide incentives for patient participation, along with motivational interviewing and other case management services to support active participation. Patients will receive screening and support for comorbid medical conditions and social determinates of health that may impact HIV/HCV/STI treatment outcomes, including substance use, mental health, housing insecurity, and food insecurity.

#### **Itemized budget with narrative justification:**

##### **A. Salaries**

**\$62,889**

<b>Position Title and Name</b>	<b>Annual</b>	<b>FTE</b>	<b>Months</b>	<b>Amount Requested</b>
Health Worker III (vice C. Martinez	\$95,287	88%	9	\$62,889
<b>Total Salaries:</b>				<b>\$62,889</b>

#### **Job Description: Health Worker III (Street Medicine Team Lead)**

This position will provide direct services and panel management and will have a coordinating role between Street Medicine, EtE Steering Committee/implementation, and other homeless services. Follows-up with participants who have been identified as needing treatment or follow-up with a medical provider. Helps participants address

barriers to services. Assist in data collection and analysis. Participates in the SFDPH ETE Leadership Group and other collaborative planning meetings and efforts.

**B. Mandatory Fringe @41% of Salaries** **\$25,785**

This is based on the standard fringe estimate for staff.

**C. Travel** **\$785**

Item	Description	Rate	Cost
Local Travel	Clipper card	1 Clipper card \$250/ Clipper Cards	\$250
Local Travel	Ride Share	\$53.50/month x 10 months	\$535
<b>Total</b>			<b>\$785</b>

Local Travel: Clipper Cards are used for staff travel to meetings within San Francisco to conduct community engagement and outreach efforts with clients and contracted agencies. A ride share account will also be established to allow for staff to utilize ride share services for special community engagement events that require staff to bring materials/supplies to the event, or to location where public transportation is not feasible. Staff HW III (**vice C. Martinez**)

**D. Equipment** **\$0**

**E. Materials and Supplies** **\$0**

**F. Other Expenses** **\$0**

Item	Unit Cost	Amount Requested
	\$	\$

**G. Contractual/Consultant** **\$97,621**

Item	Unit Cost	Amount Requested
Felton Institute Consultant	\$7,262.1/10 months	\$72,621
Client Incentives	2000 gift cards, @10.00 each	\$20,000
Nutritional Snacks	\$500/ month x 10 months	\$5,000

The Felton Institute is a contracted CBO who partners with SFDPH to support ETE work among other SFDPH activities. Felton Institute provides support for both patient group interventions, and our work with individual clients. Specific expenses provided through Felton Institute include:

Nutritional Snacks: For ETE patient groups, we offer coffee, water, shakes, and nutritional snacks to support community building for group participants, and also recognizing that most of our clients experience significant food insecurity. *(Bottled Water, fruit, granola bars, peanuts, roasted seaweed, and other nutritional supplements that are culturally relevant to community served.)*

Client Incentives: Client Incentives will be used to engage people who are currently experiencing homelessness and people who use/inject drugs to engage in community testing, care, referral, and mental health services as appropriate. All gift cards will be locked in a secure cabinet, with three people assigned to manage, reconcile, and distribute cards. Each participant will be required to sign a log upon receipt of the gift cards. Gift card log will be reconciled on a weekly basis.

<b>Total Indirect</b>	<b>\$187,080</b>
<b>H. Total Indirect (@10%)</b>	<b>\$ 18,708</b>
<b>TOTAL BUDGET (SFDPH Street Medicine)</b>	<b>\$205,788</b>



## 2. Name of contractor: Heluna Health

**Award Amount: \$387,398**

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

**Period of performance: 08/01/2024 – 05/31/2025**

**Method of accountability:** Annual program and fiscal and compliance monitoring.

**Description of activities:** Heluna Health will provide fiscal and programmatic services for ETE activities led by the San Francisco Department of Public Health. Activities include providing support to community-based entities to establish an ongoing and meaningful advisory process. Heluna will be responsible for hiring and managing contractual staff, purchasing programmatic supplies/services and setting up contracts with community entities.

Heluna Fiscal Management for this program consists of developing and monitoring the budget; managing employee payroll and benefits; managing programmatic expenditures such as invoice payments and travel reimbursements according to budget plan; executing contractual agreements and maintaining all program documentation as related to this contract. Heluna will also be responsible for compliance and adherence with the City and County of San Francisco and grantor's (CDPH and Centers for Disease Control, CDC) fund management policies to ensure project success.

Heluna Staff Management for this program consists of primary Human Resource management processes and will be coordinated with SFDPH program. Heluna Human Resource management will include recruiting, hiring, and orienting new staff; managing employee benefits; monitoring employee training, skill development, and performance evaluations on regular basis, and implementing employee discipline when necessary.

### Itemized budget with narrative justification:

#### A. Salaries

**\$7,908**

Position Title and Name	Annual	Time	Months	Amount Requested
Front Desk Associate TBD Vice F.Zhao (Vacant)	\$64,272	45%	5 months	\$0.00 In-kind
Executive Program Administrator H. Qasim	\$100,000	100%	10 months	\$0.00 In-Kind

Finance Operations Manager <a href="#">T. Miraglia</a>	\$111,259	5%	10 months	\$4,636
Budget Coordinator <a href="#">I. Bartra</a>	\$78,543	5%	10 months	\$3,273

**Job Description: Front Desk Associate (Vacant, Pending TBD hire date)**

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

**Job Description: Executive Program Administrator (H. Qasim)**

The Executive Program Administrator provides executive level, complex fiscal and program support for the project, including coordination of meetings, on-going conference calls between cross branch collaborators, management of CHEP Director schedule, and provides internal branch HR onboarding support for DPH and contracted staff. This position also assists with preparing project presentation and editing reporting documents. They work closely with the Finance and Operations Manager in managing all project expenses, and maintaining current program subscriptions.

**Job Description: Finance and Operations Manager (T. Miraglia)**

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

**Job Description: Budget Coordinator (I. Bartra)**

This position is responsible for managing all contractual budget projections and expenditures associated with internal HH assigned project codes. Works closely with the Finance and Operations Manager and CHEP Budget/Contracts Manager to ensure that all expense allocations are in the scope of the grant.

<b>B. Mandatory Fringe @ 34.93% x salaries</b>	<b>\$2,762</b>
Based on the standard fringe estimate for staff	
<b>C. Travel</b>	<b>\$0</b>
<b>D. Equipment</b>	<b>\$0</b>
<b>E. Materials and Supplies</b>	<b>\$32,160</b>

Item	Unit Cost	Amount Requested
Lab Supplies   Syphilis Rapid test kits   ARUP testing	\$3,216 x 10 months	\$32,160

Lab Supplies | Syphilis Rapid Test Kits: Monthly cost estimate of rapid syphilis test kits. Kits will be purchased and supplied to funded community-based testing sites to increase the integration of rapid HIV/STI/HCV testing to populations who bare a disproportionate burden of HIV/STI/HCV rates in San Francisco.

#### F. Other Costs

**\$75,000**

Item	Unit Cost	Cost
Social Marketing Development Placement	Flat Rate (Comcast/Radio Placement <b>(\$40,000)</b> , 100/hr x 150 hours Strategy Development/Management <b>(\$15,000)</b> , Social Media Ad placement: (\$1000/m x 10 months <b>(\$10,000)</b> , Social Media Management & Engagement \$1000/m x 10 months <b>(\$10,000)</b> )	\$75,000

Social Marketing Development/Placement: Develop, design and implement a social marketing campaign prioritizing the Latine community to address current disproportionate rates of HIV. Campaign will also develop message to increase utilization of home-based testing resources.

- Comcast/Radio Placement (\$40,000 | Flat Rate)
- Campaign Strategy Development | Management, 100/hr x 150 hours (\$15,000)
- Social Media Ad placement: (\$1000/month x 10 months | \$10,000)
- Social Media Management & Engagement \$1000/m x 10 months (\$10,000)

#### G. Contractual

**\$225,000**

Contract	Cost
TBD Community Based Mini Grants <b>(Selection Process TBD SEP 2024) \$56,250 x 4 selected agencies.</b>	\$225,000

Community-based consultants to lead CE activities (includes incentives): Community-based engagement activities; agencies and community leaders will coordinate ongoing engagement with community members with a focus on people who are not part of DPH processes/programs/activities. Selected community partners will help coordinate, design, and implement strategies and/or activities designed to address current social determinants of health related to HIV/STI/HCV, provide a space where the community has the opportunity to provide insight on how the health department should be leading EtHE efforts, in addition to rebuilding new trusting relationships between historically oppressed communities in San Francisco.

<b>Total Direct Costs (Heluna Health)</b>	<b>\$342,830</b>
<b>H. Total Indirect (13% of Direct Costs)</b>	<b>\$44,568</b>
<b>Total Budget (Heluna Health)</b>	<b>\$387,398</b>

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<b>TOTAL DIRECT COSTS</b>	<b>\$1,768,345</b>
<b>H. INDIRECT COSTS</b> (22.462% of total salaries and fringe)	<b>\$212,576</b>
<b>TOTAL BUDGET, EHE</b>	<b>\$1,980,921</b>

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**  
**Population Health**  
**PS24-0047 Integrated HIV Surveillance and Prevention Programs for Health Departments**  
**August 1, 2024 - July 31, 2025**

	Year 1 Project: 10040625 8/1/24 - 7/31/25				Total Amount
		<b>Prevention*</b>	<b>Surveillance</b>	<b>Ending HIV Epidemic</b>	
	<b>Salaries</b>	\$ 1,804,728	\$ 300,275	\$ 666,467	\$ 2,771,470
					\$ -
	<b>Mandatory Fringe benefits</b>	\$ 748,676	\$ 132,120	\$ 279,916	\$ 1,160,712
					\$ -
	<b>Travel</b>	\$ 4,704	\$ 2,020	\$ 15,000	\$ 21,724
					\$ -
	<b>Equipment</b>	\$ -	\$ -	\$ -	\$ -
	<b>Materials and Supplies</b>	\$ 36,618	\$ 5,261	\$ 1,688	\$ 43,567
					\$ -
	<b>Other Expenses</b>	\$ 47,004	\$ 475	\$ 212,088	\$ 259,567
					\$ -
	<b>Contractual/MOU</b>	\$ 181,635	\$ 81,197	\$ 593,186	\$ 856,018
					\$ -
	Total Direct Cost	\$ 2,823,365	\$ 521,348	\$ 1,768,345	\$ 5,113,058
					\$ -
	<b>Indirect Costs (22.462% Salaries and Fringe*)</b>	\$ 278,699	\$ 97,125	\$ 212,577	\$ 588,400
<b>Total</b>		<b>\$ 3,102,064</b>	<b>\$ 618,473</b>	<b>\$ 1,980,922</b>	<b>\$ 5,701,459</b>

\*Prevention Indirect cost of 22.462% applied only to CHEP staff

## A. BACKGROUND

As a result of hard-fought accomplishments in prevention, care, and treatment services, and informed by a robust HIV surveillance system, SF is on a trajectory to ‘Get to Zero’: zero new HIV infections; zero HIV deaths; and zero HIV stigma. SF’s data-driven high impact prevention (**HIP**) strategy has resulted in significant and steady reductions in new HIV diagnoses and increasing linkages to care and viral suppression among people living with HIV (**PWH**). For over a decade, the number of new HIV diagnoses has declined, dropping to 179 in 2019, a 67% decrease from 2006.<sup>1</sup> Since 2019, the rate of decline has slowed, with 157 new diagnoses in 2022.

Overall, 97% of PWH in SF are aware of their HIV status. In 2022, 90% of those newly diagnosed were linked to care within one month of diagnosis and 80% of those diagnosed in 2021 were virally suppressed within one year. Between 2018 and 2021, the median number of days from HIV diagnosis to first care visit was one day, and zero days to ART initiation. No children (age <13) have been diagnosed with HIV since 2005, representing the success of perinatal programs providing preconception counseling and pre- and post-natal care to women living with HIV.

However, persistent disparities in HIV outcomes, as well as HCV and STI outcomes, by race/ethnicity, housing status, transmission risk group, and gender remain. These disparities, driven by intersecting social determinants of health (**SDoH**), and the overlapping populations at risk, call for the use of a syndemic framework with coordinated strategies and fully integrated systems and programs. With our extensive network of community-based and clinical providers and collaborations, a committed advocacy community, and strong track record of rapid implementation of prevention, clinical, biomedical, and research advances, SF is well-positioned to apply a SDoH approach and strengthen key partnerships to mitigate the effects of SDoH on HIV/HCV/STI prevention, testing, and treatment.

## B. APPROACH

### i. Purpose

SF’s integrated surveillance, prevention, and response program will maintain its strong emphasis on HIP, with additional focus given to the interconnectedness of HIV, HCV, and STIs and the shared SDoH affecting health outcomes, including substance use, mental health, homelessness, poverty, racism, homophobia, and transphobia, among others. SF will implement “Ending the Epidemics” (**ETE**) through a fully integrated system of care that is person-centered, not disease-centered. SF’s whole-person care approach aims to meet a person’s comprehensive medical, mental health, substance use, housing, social, and other needs, with the goal of getting to zero for HIV, ending HCV, and turning the curve on STIs.

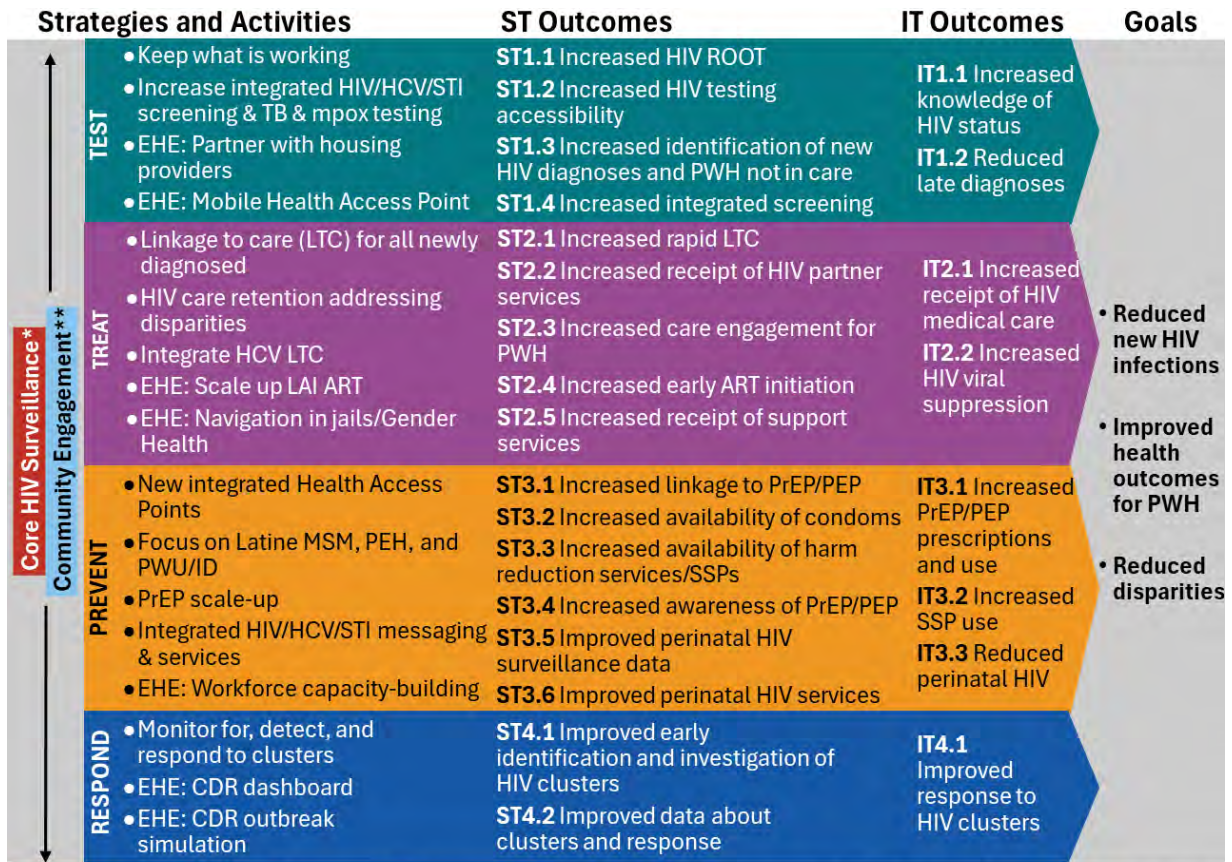
### ii. Outcomes

By the end of the performance period, SFDPH will have achieved the short-term (**ST**) and intermediate-term (**IT**) outcomes that are consistent with the period of performance outcomes described in the NOFO and logic model, as depicted in **Exhibit 1**. The colors used in Exhibit 1 correspond to those used throughout our work plan to designate activities in the **test**, **treat**, **prevent**, **respond**, **core HIV surveillance**, and **community engagement** categories.

<sup>1</sup> All data in this application is from the most recent SF HIV, HCV, or STI published report, unless noted.



### Exhibit 1: San Francisco's Ending the HIV Epidemic Logic Model



**Core HIV Surveillance & Community Engagement strategies support successful activity implementation, leading to**

**\*ST5.1** Improved HIV surveillance data for public health action; **ST5.2** Improved monitoring of HIV trends; **ST5.3** Improved data security, confidentiality, and protections; **IT5.1** Improved use of HIV surveillance data to identify syndemics; **IT5.2** Improved electronic data exchange capacity; **IT5.3** Improved visualization of HIV surveillance data for public health action

**\*\*ST6.1** Increased collaborations and engagement with communities; **ST6.2** Increased coordination and access to comprehensive HIV services; **IT6.1** Sustained community partnerships

### iii. Strategies and Activities

In 2023, SFDPH implemented a new service model as part of the shift to a syndemic SDOH-focused approach—Health Access Points (**HAPs**) (**Exhibit 2**). The HAPs, funded and overseen by the Community Health Equity and Promotion (**CHEP**) Branch, are an integrated, low-barrier HIV/HCV/STI service model, where each HAP delivers services for a specific priority population. Each HAP (lead agency and priority population shown in **Exhibit 2**) is required to provide 13 standards of care (**Exhibit 3**). A key priority for this project period is to nurture and grow the HAPs into fully functioning “one-stop shops.” This overview of the HAPs is provided here because many of the activities described later in this section relate to the HAPs.

### Exhibit 2: San Francisco Health Access Points



### Exhibit 3: San Francisco Health Access Point Standards of Care

Integrated HIV, HCV, and STD testing • Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, and other services • Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis) • Syringe access and disposal • Overdose prevention (including naloxone distribution) • Condom distribution • Community engagement and mobilization (physical and online, social media) • Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage • Services to meet basic needs (examples: food, housing, employment) • Primary care • Substance use treatment • Mental health services

#### Strategy 1: Test

SF has already exceeded the CDC target of 95% status awareness, with 97% of PWH in SF aware of their HIV status. Much of this success can be attributed to the HIV testing scale-up that began in 2012 as part of SF's HIP strategy. In 2024, HIV testing is widely and easily available in SF. Our approach to **TEST** over the next 5 years will be: **1) keep what has worked; 2) increase and integrate screening for HCV and STIs and ensure TB and mpox testing are available; and 3) implement some highly focused efforts for testing among people experiencing homelessness.** Specific activities are as follows, with workplan details for each<sup>2</sup>:

#### **CDC 1A: HIV testing in health care settings, including routine opt-out HIV screening**

**SF1.1 Continue to implement routine opt-out (ROOT) HIV testing, supported by public health detailing staff and clinical champions. (Responsible: Alyson Decker)** Current SF Health Network (SFHN) sites conducting HIV ROOT include the Zuckerberg SF General Hospital (ZSFG) (opt-out HIV screening for all patients admitted to the hospital); Whole Person Integrated Care (WPIC); integrated primary care/behavioral health for people experiencing homelessness (PEH); and Primary Care (lifetime annual test, with repeat annual screening for those at higher risk). *CDC Outcomes ST1.1, ST1.2, ST1.3, IT1.1, IT1.2*

- **SMART Obj. Y1:** By 5/31/25, conduct at least one public health detailing visit to current HIV ROOT sites to assess the status of ROOT and provide any necessary support.
- **SMART Obj. Y2-5:** By 5/31/29, expand ROOT HIV testing to additional settings that are potentially high-yield in terms of diagnosing new infections.

#### **SF1.2 Continue to implement routine perinatal HIV testing in SFDPH Labor & Delivery, and diagnostic HIV testing for exposed infants in the SFDPH Pediatrics Department and WPIC.**

**(Responsible: Alyson Decker)** Routine perinatal testing is well established in SF. No children (age <13) have been diagnosed with HIV since 2005, representing the success of perinatal programs that provide preconception counseling and pre- and post-natal care to PWH who are or could become pregnant. *CDC Outcomes ST1.1, ST1.2, IT1.1, IT1.2*

- **SMART Obj. Y1-5:** Throughout the project period, continue HIV ROOT and HIV screening for all people who are pregnant, during pre- and post-natal care, and HIV diagnostic testing for all perinatally exposed infants, continuing to have no infants born with HIV.

#### **CDC 1B: HIV testing in non-health care community settings, including HIV self-testing**

**SF1.3 Implement integrated HIV, HCV, and STI community-based testing at the seven HAPs and continue integrated screening at SF City Clinic (SFCC). (Responsible: Thomas Knoble)** All

<sup>2</sup> Instead of a stand-alone workplan, the workplan for each activity is integrated into this section (person(s) responsible, SMART objectives for Y1 and Y2-5, and related outcomes from the CDC logic model, denoted as ST [short-term] and IT [intermediate-term]). Refer to Exhibit 1 on p. 2 for the numbered list of outcomes.



seven HAPs are contractually required to offer HIV, HCV, and STI testing on site. *CDC Outcomes ST1.2, ST1.3, ST1.4, IT1.1*

- **SMART Obj. Y1:** By 5/31/25, four of the seven HAPs and SFCC will be providing HIV and HCV testing, as well as pharyngeal, vaginal, and rectal chlamydia/gonorrhea and syphilis testing.
- **SMART Obj. Y2-5:** By 5/31/29, all HAPs and SFCC will be providing HIV/HCV/STI testing.

**SF1.4 Continue to partner with TakeMeHome (TMH), a mail order home-based HIV and STI self-testing program, to increase access to testing. (Responsible: Nikole Trainor)** SF currently partners with TakeMeHome to provide free mail order kits with: HIV dried blood spot test, STI self-test kits (oral, vaginal, and anal swabs, and urine for chlamydia/gonorrhea; dried blood spot for syphilis), and HCV tests for eligible participants. Users of social networking apps such as Grindr, Instagram, Facebook, X (formerly Twitter), and TikTok (as applicable) can order kits online (takemehome.org, Havegoodsex.org) or via mobile (by texting “Good” to 21203). Users can access their lab-based results through a secure portal. SFDPH will continue to partner with TakeMeHome to expand self-testing to all San Franciscans, with a priority on communities that continue to bear a disproportionate burden of HIV/STI. *CDC Outcomes ST1.2, ST1.3, ST1.4, IT1.1*

- **SMART Obj. Y1:** By 5/31/25, promote TMH through creative social marketing placement strategies, using websites, social media engagement, dating apps, TV, radio, YouTube, community-sponsored events, and the mobile SMS texting platform Mobile Commons.
- **SMART Obj. Y2-5:**
  - By 5/31/29, expand promotion of TMH to EHE priority populations, specifically Latine and Black cis women, increasing utilization by 10% annually.
  - By 5/31/29, increase kit return rate to 75%.
  - By 5/31/29, begin offering the ability to order individual tests.

**SF1.5 Expand HCV and STI screening in clinical settings, and improve linkages to TB testing and symptomatic mpox testing, supported by public health detailing staff and clinical champions. (Responsible: Alyson Decker)**

Starting with sites already implementing HIV ROOT, public health detailers will support the integration of multiple sexual and substance use health services, including HCV/STI/TB/mpox testing, PrEP, doxy-PEP, eligibility screening/linkage, and linkages to syringe access and overdose prevention services. Detailers will work with sites to determine how best to implement testing/screening in that setting. *CDC Outcomes ST1.4, IT1.1, IT1.2*

- **SMART Obj. Y1:** By 5/31/25, identify the patient and/or provider tools most needed to expand screening and linkage to care for syndemic conditions, based on clinical setting.
- **SMART Obj. Y2-5:** By 5/31/29, develop and disseminate tools identified in year one to improve integration of syndemic conditions and linkage to care.

### EHE Activities

**SFEHE1.6 Collaborate with the Department of Homelessness and Supportive Housing (HSH) to improve access to HIV/HCV/STI testing, sexual health services, and overdose prevention services for people currently or formerly experiencing homelessness (PEH). (Responsible: Hanna Hjord)** SFDPH will deepen its relationships with the city department responsible for homelessness and housing services, as well as supportive housing site managers and tenant leaders, to develop and implement a strategy for integrating testing, prevention, syringe services, overdose prevention, behavioral health services, and sexual health services into

shelters, navigation centers, supportive housing sites, and single-room occupancy (SRO) hotels. *CDC Outcomes ST1.2, ST1.3, ST1.4, IT1.1*

- **SMART Obj. Y1:** By 5/31/25, develop a plan and MOUs with HSH and the Office of Overdose Prevention to implement integrated HIV/HCV/STI testing and other sexual/substance health services at HSH housing sites, and to increase availability of overdose prevention services in permanent supportive housing sites.
- **SMART Obj. Y2-5:** By 5/31/29, implement plan, and make ongoing adjustments as needed.

#### **SFEHE1.7 Expand SFDPH capacity for mobile testing and other prevention services.**

**(Responsible: Hanna Hjord)** SFDPH, in partnership with the WPIC Street Medicine Team and the HAPs, will develop a locally tailored, integrated, harm reduction-based mobile services model for HIV/HCV/STI testing and other prevention services, including overdose prevention and low-threshold access to medication-assisted treatments (MATs) such as naltrexone, methadone and buprenorphine. Currently, SFDPH teams up with several partners to provide mobile services on an ad hoc basis; EHE funding will allow SFDPH to formally establish a mobile HAP that brings services to various locations on a regular and routine basis, via mobile van or on foot, depending on the location. Priority neighborhoods include the Bayview and Mission, where a substantial percentage of the population is Black and Latine, respectively. *CDC Outcomes ST1.2, ST1.3, ST1.4, IT1.1, IT1.2*

- **SMART Obj. Y1:**
  - By 5/31/25, develop a program plan and MOUs in collaboration with Street Medicine, SFDPH Behavioral Health Services, existing HAPs, and other key partners for a mobile HAP, to reach PEH and other neighborhoods.
  - By 5/31/25, establish a Mobile Services Collaborative that will bring together key SF stakeholders and programs to collectively support, guide and advance mobile services.
- **SMART Obj. Y2-5:**
  - By 5/31/26, bring the mobile HAP to the Bayview and Mission neighborhoods on a regular and recurring basis.
  - Between 5/31/26 and 5/31/29, bring the mobile HAP to additional locations as determined using a data-driven process.

#### **Strategy 2: Treat**

SF is a model for rapid linkage to care (**LTC**) and HIV treatment. Between 2018 and 2022, 90% or more of newly diagnosed people started care within 1 month of diagnosis, with a median of 1 day from diagnosis to care and a median of 0 days from care to ART initiation. SFDPH's nationally renowned Linkage, Integration, Navigation and Comprehensive Services program (LINCS), housed at SF City Clinic, offers LTC and partner services to all individuals newly diagnosed with HIV in SF. Even during 2021, when COVID-19 dramatically impacted service delivery, 81 not-in-care (**NIC**) PWH enrolled in LINCS navigation, 75% linked to care within 3 months, and 64% were virally suppressed within 12 months—all significant successes given the complexity of LINCS patient needs and COVID-related challenges. LINCS collaborates with SF's community-based HCV LTC program to support HIV/HCV co-infected patients with linkage to HCV care.

Among most populations with HIV in SF, a high percentage are virally suppressed (>85%). However, SDoH and their differential impact on vulnerable and under-resourced populations result in disparities in retention in care and viral suppression. Among PWH who were SF residents as of the end of 2022 and who were in care (at least one lab test in 2022), the viral suppression percentage was lower among Black/African Americans (87%) and Latine (92%) PWH compared with whites (95%). Likewise, the viral suppression percentage among PWID ranged from 80–88% (with trans and non-MSM PWID lower than MSM-PWID), compared with 95% among MSM. There is an alarming disparity among PEH, among whom 74% were virally suppressed compared with 94% of housed PWH.

These data call for new strategies, and with core and EHE funding, SF will expand services for priority populations. **Our approach to TREAT over the next 5 years will be: 1) continue to offer LTC to all people newly diagnosed with HIV via LINC; 2) focus HIV retention in care efforts on populations with the greatest disparities who are at higher risk for falling out of care; 3) better integrate HCV LTC into existing services; and 4) work with the HAPs, SF City Clinic, and Jail Health Services to scale up long-acting injectable (LAI) ART and other innovative strategies for LTC and retention for priority populations.** Specific activities are as follows:

**CDC 2A: Link all people who test positive for HIV to medical care within 30 days, provide partner services, & provide prevention/essential services to support improved quality of life.**

**SF2.1 Offer clients who test positive for HIV immediate support with RAPID ART start, linkage to HIV primary care, and partner services. (Responsible: Erin Antunez)** LINC Disease Intervention Specialists (DIS) will continue to offer these services to all newly diagnosed individuals and attempt to improve retention rates by incorporating retention planning into the initial linkage process. *CDC Outcomes ST2.1, ST2.2, ST2.4, ST2.5, IT2.1, IT2.2*

- **SMART Obj. Y1:** By 5/31/25, offer all those in SF who test newly HIV-positive immediate support with RAPID ART start, linkage to HIV primary care, partner services, and resources/support services to meet basic needs (e.g., food, clothing).
- **SMART Obj. Y2-5:**
  - By 5/31/26, develop a retention booklet or pocket card with key evidence-based counseling messages to promote long-term retention in care.
  - Between 6/1/26 and 5/31/29, identify newly diagnosed patients from the prior year who are not or are no longer linked to care or are not virally suppressed by using a data-to-care (D2C) list (generated by HIV Surveillance).

**SF2.2 Prioritize re-engagement in care services for priority populations NIC, using both an HIV surveillance D2C approach as well as by working with SFHN primary care providers to identify NIC patients in their panels. (Responsible: Erin Antunez)** NIC patients will be identified using referrals from primary care providers for patients who are lost to care or at risk, as well as D2C lists. D2C lists of a focused subpopulation will be generated annually. LINC will use a range of disease investigation tools and databases to locate patients and work with them for up to 90 days to re-engage them in care. *CDC Outcomes ST2.3, IT2.1, IT2.2*

- **SMART Obj. Y1:** By 5/31/25, reinvigorate at least one HIV primary care collaboration that became inactive during the COVID pandemic, to re-link their NIC patients.
- **SMART Obj. Y2-5:**

- Between 6/1/25 and 5/31/29, continue to work with primary care providers to receive referrals for NIC patients and locate and re-engage them in care.
- Between 6/1/25 and 5/31/29, generate an annual D2C list for a focused subpopulation to identify persons NIC or not virally suppressed, and locate and re-engage them in care.

### **SF2.3 Implement HCV linkage to care for HIV/HCV co-infected and HCV mono-infected individuals. (Responsible: Rachel Grinstein)**

SFDPH will continue to provide HCV LTC as an essential service component at the HAPs, within the jails, and at SFCC, and will continue to implement community-based HCV navigation to support access to and successful completion of HCV treatment. CHEP currently partners with SF AIDS Foundation, Glide, Shanti, and HealthRight360 to provide HCV treatment navigation services for patients disengaged from traditional primary care, and will work closely with these programs to improve services through staff trainings, resource development, and relationship building. CHEP will continue to facilitate a monthly HCV care coordination meeting to improve linkages from community testing to HCV navigation and treatment services and to streamline care coordination systems for patients being served across programs. *CDC Outcomes ST2.1, ST2.2, ST2.4, ST2.5, IT2.1, IT2.2*

- **SMART Obj. Y1:** By 5/31/25, develop an updated program plan in collaboration with current HCV navigation partners and HAPs to ensure HCV LTC and navigation services are available at multiple community sites.
- **SMART Obj. Y2-5:** By 5/31/29, utilize targeted sub-analyses of SFDPH's HCV surveillance registry to inform new program strategies and identify priority areas to focus outreach and client engagement efforts.

### **EHE Activities**

#### **SFEHE2.4 Partner with key stakeholders to expand LAI ART with a focus on Black, Latine, PEH, and PWUD. (Responsible: Alyson Decker, Hanna Hjord)**

A 2023 landscape analysis of LAI ART and PrEP found that among six SF sites offering LAI ART to a total of 68 patients, Black, Latine, and unhoused/unstably housed people made up 25%, 28%, and 20% of LAI ART patients, respectively—higher proportions compared with the percent of PWH who are Black, Latine, or PEH. ZSFG's Ward 86 and WPIC are ideal locations to work on making LAI ART more accessible. Ward 86 is home to the POP-UP clinic, which provides low-threshold, relationship-centered care and enhanced outreach for PWH who are unhoused and not virologically suppressed. In addition, Ward 86 is the lead provider for the PWUD HAP, and WPIC is offering low-barrier access to LAI at the Maria X. Martinez (MXM) clinic, which serves PEH and PWUD. SFDPH will also emphasize LAI ART as a key service in its collaboration with HSH (see Activity SFEHE1.6), partner with Getting to Zero on any pilot or feasibility studies, and work with LAI ART providers to plan for sustainability of this service, which requires significant resources for patient outreach and follow-up. *CDC Outcomes ST2.4, IT2.2*

- **SMART Obj. Y1:** By 5/31/25, increase the number of clinics with implementation and sustained support to offer LAI ART from six to eight sites.
- **SMART Obj. Y2-5:** Expand LAI ART (on site or through warm hand-offs) to all seven HAPs.

#### **SFEHE2.5 Partner with programs in settings serving priority populations to provide comprehensive support to people with HIV, HCV, or STIs, including Jail Health Services and Gender Health. (Responsible: Hanna Hjord [Jail Health]; Thomas Knoble [Gender Health])**

SFDPH will embed navigators in the SF jails and Gender Health to link people to comprehensive

medical care and behavioral health and other support services. In the jails, the navigator coordinates care and plans post-release services, meeting clients directly upon their release from jail (especially for those released at night, when regular services and support systems are unavailable). A Gender Health SF Peer Health Education and Pathways Navigator provides vital support to individuals referred for gender-affirming surgeries within the program, including peer sexual health education, engagement in care support, and surgical education. Given the high prevalence of HIV, HCV, and STIs among incarcerated populations and trans women in SF, these navigation programs offer opportunities for linkages to integrated testing and treatment. *CDC Outcomes ST2.1, ST2.2, ST2.3, ST2.5, IT2.1, IT2.2*

- **SMART Obj. Y1-5: Jail Health** Between 8/1/24 and 5/31/29, expand HIV/HCV/STI treatment, care, and prevention navigation services to three HAP sites to establish a comprehensive, streamlined service model for people who are newly released from SF County Jail.
- **SMART Obj. Y1-5: Gender Health** Between 8/1/24 and 5/31/29, the Gender Health navigator will offer enhanced navigation services to 20 Gender Health patients each year who are referred for gender-affirming surgeries and who are identified as high risk for HCV, STI, and HIV acquisition.

### Strategy 3: Prevent

In SF, PrEP coverage (the percentage of people prescribed PrEP among those that are eligible) is estimated at 76%, compared to 30% nationally. PEP is easily accessible through SF City Clinic. Although the percentage of new HIV diagnoses occurring among PWID since 2013 has trended slightly upward, this is primarily a function of dramatic declines in new diagnoses among other groups, such as MSM; in fact, the number of new diagnoses among this group declined more than 50% between 2013 and 2022. There have been no perinatally transmitted HIV cases since 2005. Collectively, these data suggest that SF's HIP strategy has been extremely successful. As such, SF will stay the course, but bring an increased focus to populations that have not experienced as much benefit from the strategy. **Our approach to PREVENT over the next 5 years will be: 1) nurture and grow the HAPs so they can realize their potential as fully integrated low-barrier service models; 2) implement specific prevention efforts for Latine MSM, PEH, and PWU/ID (three populations that have not experienced the same rate of decline in new HIV infections as other groups); 3) optimize PrEP through scale-up and improved access; and 4) better integrate messaging and services for HCV and STIs with HIV.**

#### Cross-Cutting Activity: Health Access Points

**SF3.1 Provide training and technical assistance to support the HAPs to provide fully integrated whole-person services to priority populations. (Responsible: Thomas Knoble)** CHEP has multiple workforce development/capacity building/technical assistance resources available to its funded community partners. CHEP Program Liaisons will provide training and technical assistance to the HAPs. In addition, CHEP convenes a monthly meeting of the HAPs to share best practices, facilitate collaboration, and share and solve challenges. *CDC Outcomes ST3.1–ST3.4, IT3.1, IT3.2; Addresses CDC Activities 3A–3C*

- **SMART Obj. Y1:** By 5/31/25, four of the seven HAPs will meet the requirements for at least ten standards of care (**Exhibit 3**, p. 3).
- **SMART Obj. Y2-5:** Between 6/1/25 and 5/31/29, all seven HAPs will meet the requirements for all thirteen standards of care.



### **CDC Activity 3A: Support and promote awareness of and access to PrEP and PEP**

**SF3.2 Expand access to PrEP for PEH and PWU/ID. (Responsible: Hanna Hjord)** A key factor contributing to SF's high level of PrEP coverage is the multiple low-barrier access points. PrEP is accessible via the HAPs, SF City Clinic, SFDPH Primary Care, and SFDPH Street Medicine. Mission Wellness Pharmacy provides pharmacy-based PrEP with in-kind support and medical oversight from SFDPH. During the project period, SFDPH will continue to support these models and bring existing and new partners to the table. CHEP will facilitate collaboration across the many programs serving these populations to scale up and improve PrEP access. Key partners include WPIC; the proposed mobile HAP; The Lobby HAP serving PWU/ID; ZSFG Ward 86 POP-UP clinic serving PEH; SFDPH Behavioral Health, which oversees syringe programs; the Office of Overdose Prevention; HSH and its housing programs; and Jail Health Services. In addition, CHEP will work with these partners to scale up LAI PrEP where feasible. *CDC Outcomes ST3.1, ST3.4, IT3.1*

- **SMART Obj. Y1:** By 5/31/25, develop a plan for implementing sexual health services, including PrEP, in supportive housing sites.
- **SMART Obj. Y2-5:** Between 6/1/25 and 5/31/29, develop and implement a plan for strategic expansion of LAI PrEP services, including systems for warm hand-off and linkage to LAI PrEP and renewal of the Mission Wellness Collaborative Practice Agreement to allow for provision of pharmacy-based LAI PrEP.

### **CDC 3B: Conduct condom distribution**

**SF3.3 Make free condoms and safer sex supplies widely available. (Responsible: Thomas Knoble)** The HAPs, the Ryan White-funded Centers of Excellence (CoEs), and SFCC all provide free condoms and safer sex supplies. In addition, CHEP distributes condoms at community venues (e.g., bars) and events (e.g., Carnival, Pride, and Folsom Street Fair). *CDC Outcome ST3.2*

- **SMART Obj. Y1-5:** Between 6/1/24 and 5/31/29, distribute free condoms/safer sex supplies regularly at HAPs, CoEs, SFCC, and annually at Carnival, Pride, and Folsom Street Fair.

### **CDC 3C: Support harm reduction services (syringe programs, whole-person approach)**

**SF3.4 Expand access to harm reduction services for PEH and PWU/ID. (Responsible: Hanna Hjord)** This is a companion activity to SF3.2. Expansion of harm reduction services will be done with the same partners, in conjunction with PrEP expansion. *CDC Outcomes ST3.3, IT3.2*

- **SMART Obj. Y1:**
  - By 5/31/25, develop standardized protocols for the Syringe Services Collaborative, which includes programs that are not part of the existing Syringe Access Collaborative (SAC).
  - By 5/31/25, develop a provider referral/information guide to contingency management.
- **SMART Obj. Y2-5:** Between 6/1/25 and 5/31/29, expand syringe access and disposal services to all of the HAP partner agencies.

### **CDC 3D: Support and promote social marketing campaigns and other communication efforts**

**SF3.5 Develop and implement a prevention social marketing campaign for the Latine community. (Responsible: Nikole Trainor, Aurora Chavez)** To address the disproportionately high rate of new HIV diagnoses among Latino MSM, and to increase awareness and uptake of HIV prevention (including PrEP/PEP), testing, and treatment services, CHEP will: 1) expand the current "Have Good Sex" campaign with culturally specific messaging and placement to promote the use of free testing and reduce HIV/STI-related stigma, and 2) utilize a collective

impact prevention strategy for Latino MSM in collaboration with the HAPs and other partner programs serving Latino MSM (e.g., AGUILAS, Latino Task Force). *CDC Outcomes ST3.4, IT3.1*

- **SMART Obj. Y1:** By 5/31/25, conduct a landscape analysis of current effective social marketing campaigns for the Latine community/Latino MSM and explore the feasibility of implementing community recommendations for revived social marketing efforts.
- **SMART Obj. Y2-5:** Between 6/1/25 and 5/31/29, incorporate culturally appropriate prevention messages for the Latine community (including monolingual Spanish-speaking) into SFCC's website, social networking sites, and other communication/placement channels.

### **CDC 3E: Conduct perinatal, maternal, and infant health prevention and surveillance activities**

**SF3.6 Implement point of care HIV and syphilis testing for people who are or could become pregnant. (Responsible: Alyson Decker [clinical settings], Thomas Knoble [community settings])** While point of care (POC) HIV testing for people who are or could become pregnant is well-established in SF, the recent increases in congenital syphilis cases (6 in 2023) calls for a syndemic approach. Building on existing clinical HIV POC testing infrastructure, public health detailing will be conducted for POC syphilis testing. As of January 2024, all new community HIV/HCV/STI counselors are trained on POC syphilis screening, and CHEP Program Liaisons will provide technical assistance for syphilis testing in the HAPs. HIV Surveillance will continue to monitor perinatal exposure to HIV through routine matches of the HIV case registry and California's birth registry, investigate HIV lab results for perinatally exposed persons, and follow up with medical providers as necessary. *CDC Outcomes ST3.5, IT3.3*

- **SMART Obj. Y1:** By 5/31/25, disseminate public health detailing materials (clinical settings) and community-based screening guidance for POC HIV and syphilis screening for people who are or could become pregnant.
- **SMART Obj. Y2-5:** Between 6/1/25 and 5/31/29, implement POC syphilis public health detailing in clinical settings, and provide technical assistance to the HAPs.

### **EHE Activities**

**SFEHE3.7 Implement an annual conference/training for sexual and drug user health frontline workers. (Responsible: Thomas Knoble)** SFDPH supports a comprehensive suite of workforce development efforts designed to recruit, support, and retain the HIV/HCV/STI workforce. Signature programs include the Community Health Leadership Initiative (CHLI) (training and mentorship for entry-level workers), The Academy (ongoing training series on key topics), the SFDPH HIV/HCV/STI test counselor training, and the Frontline Organizing Group (training, resources, and networking for case managers and other direct service providers). During the project period, SFDPH will address one of the biggest challenges faced by community-based sexual and drug user health providers—how to keep up-to-date on the vast landscape of HIV/HCV/STI and related services. SF's ETE Steering Committee will host an annual conference, with a special focus on newly hired workers, which will include training on the system of care and networking opportunities. *CDC Outcomes ST3.1 – ST3.4, IT3.1, IT3.2*

- **SMART Obj. Y1:** By 5/31/25, develop a detailed conference plan, including the agenda, speakers/trainers, materials, and logistics.
- **SMART Obj. Y2-5:** Between 6/1/25 and 5/31/29, implement the conference annually.

**SFEHE3.8 Explore and implement solutions for maintaining an up-to-date inventory of services, including eligibility criteria, location and hours, and referral procedures.**

**(Responsible: Thomas Knoble)** As soon as any resource guide in SF is developed, it is out of date before it is completed, and the result is fragmentation, duplication, and under-utilization of available HIV/HCV/STI and related services. SF's ETE Steering Committee will explore possible solutions, leveraging the Frontline Organizing Group's listserv to provide updates to changes in services and/or issuing a monthly newsletter to HIV/HCV/STI service providers.

- **SMART Obj. Y1:** By 5/31/25, explore potential solutions and select a solution to pursue.
- **SMART Obj. Y2-5:** Between 6/1/25 and 5/31/29, implement and maintain the solution.

#### **Strategy 4: Respond**

SFDPH uses Secure HIV-TRACE to analyze HIV nucleotide sequences reported to HIV Surveillance and to identify molecular clusters at the local level, and conducts time-space analyses to detect diagnoses by neighborhoods or transmission categories that are higher than expected and reach the "alert" level. HIV Surveillance regularly exceeds CDC performance standards for HIV sequence data collection. Findings from HIV-TRACE are shared with the LINCS team for follow-up, building on an established SF culture of using HIV surveillance data for public health action. The SFDPH HIV Surveillance team and LINCS partner closely to rapidly locate and link people in transmission clusters to care and provide testing and linkage to their named partners. The D2C lists routinely used to identify NIC patients are also matched with people identified as being in a transmission cluster, and people on both lists are prioritized for LINCS outreach and intervention. Prioritized populations and networks of concern include: networks with recent ongoing transmission, persons with unsuppressed viral load, vulnerable populations (e.g., PWUD), persons with drug resistant HIV strains, persons with Stage 0 (acute) HIV infection, and persons identified through HIV-TRACE who are also on an existing D2C list.

#### **CDC 4A: Develop and maintain a cross-program CDR leadership and coordination group**

##### **SF4.1 Maintain cross-program CDR workgroup to oversee CDR. (Responsible: Sharon Pipkin)**

SFDPH will maintain its cross-program CDR workgroup, composed of SFDPH HIV prevention and surveillance leadership, including the HIV/STI Section director and medical director of LINCS, HIV surveillance epidemiologists, a partner services DIS supervisor, and a CHEP branch liaison. This workgroup oversees CDR activities, identifies emerging gaps and inequities in prevention and care, and prioritizes clusters for response. This workgroup is also responsible for annual CDR plan updates. *CDC Outcomes ST4.1, ST4.2, IT4.1*

- **SMART Obj. Y1-5:** Throughout the 5-year grant period, the CDR workgroup will meet quarterly to discuss and oversee CDR activities, including how to prioritize clusters, and review and update the CDR plan annually.

#### **CDC 4B: Communicate and collaborate about CDR**

##### **SF4.2 Provide updates to and facilitate discussions with internal SFDPH and community partners on CDR activities. (Responsible: Thomas Knoble)**

SFDPH proactively meets with the HIV Community Planning Council (HCPC) to keep them informed on how molecular surveillance data is being used. SFDPH takes a transparent and collaborative approach to ensure that the community has the opportunity to learn about and give input on how SFDPH conducts CDR. This is especially important given past and present harms committed by medical and immigration systems, to address perceptions and respond to concerns that such activities could pose risks. Communication and collaboration efforts include presenting CDR activities and updates to the HCPC and participating in the California DPH Cluster Detection and Response



Community Advisory Board. *CDC Outcome IT4.1*

- **SMART Obj. Y1-5:** Throughout the 5-year grant period, SFDPH HIV Surveillance will:
  - Provide a CDR update to the HCPC every 2 years.
  - Collaboratively plan and attend quarterly CDPH CDR Community Advisory Board meetings and coordinate CDR efforts with Los Angeles and California.
  - Participate in workshops and summits to exchange CDR approaches, experiences, and promising practices for effective CDR planning, policies, procedures, and implementations.

#### **CDC 4C: Detect and prioritize clusters**

##### **SF4.3: Use Secure HIV-TRACE to identify clusters and transmitted drug resistance.**

**(Responsible: Sharon Pipkin)** SFDPH uses Secure HIV-TRACE to analyze HIV nucleotide sequences and identify molecular clusters at the local level. Surveillance staff also conduct time-space analyses to detect diagnoses by neighborhoods or transmission categories that are higher than expected and reach the “alert” level. Additionally, HIV Surveillance analyzes molecular sequences for transmitted drug resistance. The HIV Surveillance and LINC teams meet to discuss molecular clusters and prioritize investigations. *CDC Outcomes ST4.1, IT4.1*

- **SMART Obj. Y1-5:** Throughout the 5-year grant period, SFDPH HIV Surveillance will identify molecular clusters (Secure HIV-TRACE) and conduct time-space analyses (CDC program) and bring data to monthly CDR workgroup meetings to determine clusters for prioritization.

#### **CDC 4D: Respond to prioritized clusters and outbreaks to identify and address gaps**

##### **SF4.4 Prioritize and respond to clusters and prevent future outbreaks. (Responsible: Julia Janssen)**

The SFDPH HIV Surveillance and LINC teams will prioritize recent and ongoing transmission clusters of concern for rapid intervention and partner services. These teams will also investigate multi-jurisdictional transmission clusters identified by CDC. Any programmatic gaps or inequities in services received by the persons in transmission clusters will be identified (e.g., missed opportunities for intervention) and this information will be shared with the CDR workgroup and the ETE Steering Committee to address programmatic gaps. HIV Surveillance will continue to submit timely and complete cluster report forms and other cluster data to CDC. *CDC Outcomes ST4.1, ST4.2, IT4.1*

- **SMART Obj. Y1-5:** Throughout the 5-year grant period, SFDPH HIV Surveillance will:
  - Produce monthly lists of people identified as part of a local transmission cluster of interest and prioritized for LINC investigation.
  - Within 2 weeks of receiving a CDC list of individuals identified as being part of a national priority multi-jurisdictional transmission cluster, share list with LINC for investigation.
  - Meet with the CDR workgroup and ETE Steering Committee to share information on identified care and service gaps and inequities.

#### **EHE Activities**

##### **SFEHE4.5 Build a CDR dashboard to automate analysis and visualize trends. (Responsible: Sharon Pipkin)**

Create a clear, focused, and user-friendly dashboard or data template, to be updated monthly (and automated, if possible), that integrates HIV surveillance and LINC partner services data. *CDC Outcomes ST4.1, ST4.2, IT4.1*

- **SMART Obj. Y1:** By 5/31/2025, develop a CDR dashboard/template for use by CDR workgroup members and for use during the monthly CDR Workgroup meetings.

- **SMART Obj. Y2-5:** Use the dashboard to guide monthly CDR Workgroup discussions and provide the CDR Workgroup members with access outside of meetings for routine monitoring.

#### **SFEHE4.6 Conduct a CDR outbreak simulation activity to test current CDR outbreak response plans. (Responsible: Julia Janssen)**

SFDPH's Reserve for Accelerated Disease Response (RADP) will develop and implement a tabletop or outbreak simulation activity for members of the CDR workgroup and key SFDPH participants. The goal will be to provide practice for those who may be involved, identify clear implementation or planning gaps, and facilitate relationship-building and communication pathways across key stakeholders. *CDC Outcome IT4.1*

- **SMART Obj. Y1:** By 5/31/2025, schedule and plan for an HIV outbreak simulation activity.
- **SMART Obj. Y2-5:** By 5/31/2027, conduct an HIV outbreak simulation activity and develop and distribute an after-action report summarizing gaps and opportunities for improvement.

### **Strategy 5. Conduct core HIV surveillance activities**

The core HIV surveillance program at SFDPH has a long history and commitment to data dissemination and using surveillance data for public health action. SFDPH HIV Surveillance remains open to data sharing, with a strict eye towards data security and confidentiality protocols, to inform and assist our SFDPH, community, and academic partners to advance health outcomes for PWH and target prevention efforts to priority populations. The SFDPH HIV surveillance and prevention programs have an established history of collaboration, support, data integration, and data sharing for public health action. HIV surveillance data informs prevention and drives priorities in SF. For example, HIV Surveillance collects key HIV care and prevention indicators along the HIV care continuum and analyzes them by demographic and geographic characteristics to evaluate the impact of SF's HIV prevention strategy, inform programmatic priorities, identify gaps, and help identify and address SDoH affecting HIV outcomes and disparities. In addition, a unique feature of SFDPH core HIV surveillance activities is PWH medical chart reviews (described below under SF5.1). Chart review data allow SFDPH to evaluate programmatic initiatives such as same-day ART initiation and help track progress on reducing time to ART initiation, time to first HIV care, and time to viral suppression.

#### **CDC 5A: Conduct data collection and reporting**

##### **SF5.1 Conduct HIV surveillance data collection and reporting. (Responsible: Sharon Pipkin)**

This includes risk factor ascertainment for all HIV cases, including prevalent cases; monthly intrastate de-duplication of HIV cases and 2x/year routine interstate duplicate review (RIDR); working with laboratories and the state Office of AIDS to collect, report to CDC, and ensure completeness of HIV-related laboratory results reporting including all CD4 and viral load test results, all tests from the diagnostic algorithm, and HIV sequence results; collection of and entry into eHARS data on ART use history or clinical evidence suggestive of acute infection and expanded collection of documented negative HIV test results; and prospective medical chart reviews to document vital status, use of additional therapeutic and prophylactic treatments, subsequent opportunistic illnesses, and most recent address for PWH newly diagnosed or deceased within the last 12 months. *CDC Outcomes ST5.1-5.3, IT5.1*

- **SMART Obj. Y1-5:** Throughout the 5-year grant period, SFDPH HIV Surveillance will meet all standards for case ascertainment, death ascertainment, risk factor reporting, duplicate

review, geocoding, laboratory reporting, timeliness, data quality, completeness, and dissemination as detailed in the *Technical Guidance for HIV Surveillance Programs*.

#### **CDC 5B: Maintain data systems and conduct data management activities**

**SF5.2 Report high-quality HIV surveillance data to CDC (Responsible: Sharon Pipkin)** SFDPH has a demonstrated track record of reporting HIV surveillance data to CDC in required format by required deadlines. HIV epidemiologists perform quality assurance on data elements that are required by CDC and/or are critical for reporting and analysis, and conduct an annual evaluation of the HIV surveillance system. Data from sources such as the Medical Monitoring Project medical record abstraction will be used to examine eHARS data quality and validity. The surveillance program will evaluate the surveillance system 2x/year using CDC Standardized Evaluation Reports and geocoding SAS programs. We work closely with the State Office of AIDS to test and install new CDC version releases of eHARS. Lastly, we collaborate with CDC-funded programs such as the Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement regarding electronic case reporting and electronic laboratory reporting initiatives. *CDC Outcomes ST5.1-5.3, IT5.1*

- **SMART Obj. Y1-5:** Throughout the 5-year grant period, SFDPH will exercise routine quality assurance activities, including QA of eHARS case report form entry of new diagnoses and previously diagnosed persons receiving care in SF, QA of local vital records entered into eHARS, and QA of laboratory reporting as outlined by CDC.

#### **CDC Activity 5C: Conduct data analysis, dissemination and evaluation**

**SF5.3 Make HIV surveillance data analyses routinely available to SFDPH and community partners. (Responsible: Sharon Pipkin)** HIV Surveillance prepares an annual HIV surveillance report, posts it on the SFDPH website, and presents the data trends to the SF Health Commission, HCPC, Getting to Zero, and other community partners. Data tables and data visualization are used to communicate key information (e.g., maps, graphs over time). Examples of routine analyses include monitoring of HIV drug resistance and HIV genetic diversity and linking geocoded data linked to census and SDoH datasets to guide programmatic efforts and resource allocation. SFDPH uses CDC-developed SAS programs and methods to estimate HIV incidence and prevalence, including undiagnosed HIV infection. All data security, confidentiality, and protections for data sharing are followed and comply with the CDC NCHHSTP data security and confidentiality guidelines. Data-release and data-use policies are in place and kept updated to respond to data requests and provide a secure mechanism to share the minimum relevant HIV data with partners. *CDC Outcomes ST5.3, IT5.1, IT5.3*

- **SMART Obj. Y1-5:**
  - By October 1 each year, publish a community-friendly HIV Epidemiology Annual Report, with comprehensive analysis of trends in key indicators and data visualization.
  - Annually, present HIV surveillance data trends and analyses to the SF Health Commission and HCPC to inform priorities and resource allocation.
  - By November 1 each year, ensure that every member of the HIV Surveillance staff and all other SFDPH staff who have access to or use HIV surveillance data complete the CDC, CDPH, and SFDPH security and confidentiality trainings.
  - By September 30 each year, review security and confidentiality guidelines and update policies and procedures to comply with any revisions in guidelines or policies.

## **CDC Activity 5D: Support data for action and special considerations**

### **SF5.4 Support the use of data for program evaluation and priority setting, public health action, and early identification of emerging issues. (Responsible: Sharon Pipkin)**

In addition to activities discussed in SF5.1–5.3, HIV epidemiologists work with HCV and STI epidemiologists to conduct periodic matching of registries and data sets in order to identify syndemic populations. The comprehensive set of variables in the HIV registry, such as up-to-date demographic data and location information, can then be used for HCV and STI LTC and partner services and to update the HCV and STI data sets. Other public health action uses of SFDPH's HIV surveillance data include investigating cases of public health importance (COPHI) within 1 month of notification of case; D2C activities; investigating cases of acute/early HIV infection; cluster detection, prioritization, investigation, and response (see Strategy 4); and support of a Jail Health Services study monitoring post-release viral suppression outcomes. Lastly, core HIV surveillance activities support the Medical Monitoring Project (MMP) through secure sharing and use of contact/location information needed to conduct MMP, and core surveillance data is updated with data obtained through MMP (including current residency, laboratory test results, and transmission risk). *CDC Outcomes IT5.1–IT5.3*

- **SMART Obj. Y1-5:** Throughout the 5-year grant period:
  - Match the HCV case registry to HIV case registry twice and securely share matched cases with the HCV micro-elimination project; and annually, by July 31, match the STI case registry to HIV case registry to evaluate STI morbidity after HIV diagnosis.
  - Annually, after MMP participant data is certified by CDC, use data to update eHARS.

## **Strategy 6: Support community engagement and HIV planning**

With fewer than 200 new SF residents diagnosed with HIV each year and an additional 75 HIV diagnoses of other jurisdictions' residents, getting to zero new infections becomes increasingly challenging, because the populations experiencing new infections tend to be the most impacted by SDoH—root causes that are hard to address. Community engagement to develop outside-the-box, culturally specific approaches to continue to drive down new HIV/HCV/STI infections and overdose is more critical than ever. SF has a rich network of community advisory/policy bodies it consistently relies on for partnership, including the HCPC, the Getting to Zero Consortium, and End Hep C SF. With this new funding cycle, SFDPH plans to strategically expand ongoing pathways for community input and engagement, under the leadership of the full-time ETE Coordinator (Thomas Knoble) and ETE Steering Committee (SF's EHE advisory body).

## **CDC 6A: Conduct strategic community engagement**

### **SF6.1 Provide mini community grants to engage with key subpopulations. (Responsible: Thomas Knoble)**

There is substantial intersectionality across SF's priority populations, and engagement with these specific groups helps guide tailored efforts to reach them. These include Black/African American youth, MSM newcomers to SF (monolingual Spanish-speaking or non-Spanish-speaking), youth experiencing homelessness, and people who engage in sex work. SFDPH will provide at least four small grants to address this need and engage with key subpopulations. *CDC Outcomes ST6.1, IT6.1*

- **SMART Obj. Y1-5:** By 5/31/25, issue at least four mini community grants to provide outreach, health education, and navigation to HAPs, SFCC, and other low-barrier sites for key subpopulations, and support the mini-grant projects throughout the grant period.

**SF6.2 Develop an approach to community engagement with youth. (Responsible: Health Program Coordinator II, TBH)**

SFDPH will continue to work internally and with youth organizations to engage youth in conversations about sexual and drug user health and include them in policy and program development. SFDPH currently participates in and provides backbone support to the Black/African American Health Initiative STI workgroup, whose goal is to strategize ways to decrease STI rates among Black youth. SFDPH also collaborates with 3<sup>rd</sup> St. Youth Center and Clinic, provides free condoms to the SF Unified School District (SFUSD), and funds a HAP for transitional aged youth. *CDC Outcomes ST6.1, IT6.1*

- **SMART Obj. Y1:** By 05/31/2025, hire a Youth Engagement Coordinator.
- **SMART Obj. Y2-5:** Create and implement a youth engagement strategy.

**CDC 6B: Establish and maintain an HIV Planning Group (HPG)**

**SF6.3: Continue partnership with HCPC. (Responsible: Thomas Knoble)** HCPC members have expressed a strong interest in moving toward a syndemic approach, as evidenced by their April 2024 endorsement of SF's 2024-2026 *Ending the Epidemics Plan*. SFDPH will continue to engage the HCPC in ETE discussions. To facilitate this approach, the HCPC holds a seat on SF's ETE Steering Committee. *CDC Outcomes ST6.1, ST6.2, IT6.1*

- **SMART Obj. Y1-5:** Throughout the 5-year grant period, CHEP staff will plan and attend monthly full council meetings, co-chair meetings, and steering committee meetings.

**CDC 6C: Conduct an HIV planning process; develop the Integrated HIV Prevention & Care Plan**

**SF6.4 Develop a streamlined syndemic and SDoH-focused integrated plan that meets the CDC and HRSA integrated plan requirements, aligns with California's Strategic Plan to End the Epidemics, and serves as SF's Ending the Epidemics Plan. (Responsible: Thomas Knoble)** In 2023, SFDPH worked with the state Office of AIDS and HRSA to allow SF to produce one plan that serves multiple purposes. The first version of this plan was adopted by the HCPC in April 2024, after several rounds of community input and engagement. The plan reflects the work of not only SFDPH, but also the many stakeholders throughout SF who contribute to HIV, HCV, and STI prevention and care. *CDC Outcomes ST6.1, IT6.1*

- **SMART Obj. Y1:** By 5/31/25, work with the HCPC to develop an ongoing process for updating the ETE plan, including incorporating accountability measures.
- **SMART Obj. Y2-5:** Annually starting 6/1/25, update the ETE plan and evaluate progress.

**iv. Collaborations**

To ensure the communication, collaboration, and coordination needed to deliver an integrated local continuum of services and successfully implement planned activities and strategies, SFDPH actively engages in multiple internal and external partnerships, including a wide array of city, state, and federal collaborations.

**Within SFDPH Population Health Division:** SFDPH's HIV/HCV/STI surveillance, prevention, and care work is distributed primarily across four 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**). The first three branches are in SFDPH's Population Health Division; a significant portion of their core funding comes from this NOFO. HHS is part of the SF Health Network and oversees Ryan White-funded services.



**Within SFPD and with other city and county agencies:** SFPD will increase collaboration with strategic partners to help address the underlying SDoH that are contributing to the HIV/HCV/STI syndemic: 1) Department of Homelessness and Supportive Housing (homelessness); 2) SFPD Behavioral Health Services (substance use, mental health); and 3) the Office of Overdose Prevention (substance use). The following key collaborators are funded under this NOFO because of their strategic importance to ending the epidemics: Jail Health Services and Gender Health (HIV navigation), WPIC Street Medicine (serving PEH), and ZSFG Ward 86 (serving PEH).

**At the state and federal level:** SFPD collaborates with the California Department of Public Health (CDPH), CDC, HRSA, and SAMHSA. SFPD is also a member of NASTAD and NCSD. SFPD partners with the State Office of AIDS (OA) on HIV prevention/care, the State Office of Viral Hepatitis Prevention regarding HCV, the State STD Branch on STI prevention, and the CDPH branch responsible for naloxone distribution. We work closely with CDPH to develop SF's HIV/STI/HCV test counselor training program, which CDPH OA reviews and authorizes. The OA also authorizes SF's syringe programs and provides support and technical assistance as needed.

**With community partners:** SFPD has a rich network of healthy collaborations with dozens of SF HIV prevention and care CBOs, as well as collective impact initiatives and provider networks. These collaborators have deep expertise and provide invaluable insight into programs/services:

- **The HIV Community Planning Council** is SF's federally mandated, integrated prevention/care community planning group, with members who are PWH, Ryan White consumers, community members from HIV-affected populations, and SFPD staff, among others.
- **Getting to Zero** is a collective impact initiative made up of a broad coalition of community members, advocates, CBOs, schools, businesses, government agencies, and interdisciplinary providers working to reduce HIV transmission and HIV-related deaths in SF by 95% by 2025.
- **HIV/AIDS Provider Network (HAPN)** is a coalition of community-based, non-profit agencies providing HIV-related services including case management, mental health/substance use services, housing support, and basic needs services, among others.
- **End Hep C SF** is multi-sector collective impact initiative using evidence-based practices, community wisdom, and creative leveraging of resources to work toward HCV elimination.
- **ETE Steering Committee.** The ETE Steering Committee serves as SFPD's required EHE advisory group. The Steering Committee has been active since 2020 and includes representatives from HHS, End Hep C SF, HCPC, GTZ, HAPN, SF HIV Frontline Organizing Group, Ward 86, and SFPD. The SFPD ETE Coordinator convenes this group monthly to share updates, coordinate services, share best practices, and help guide local ETE efforts.

## **v. Populations of Focus and Health Disparities**

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There is a strong overlap in the populations affected by HIV, HCV, and STIs. As successful as SF has been in reducing new **HIV** infections, Black/African Americans, Latine, trans and cis women, PWU/ID, and PEH are less likely to be on PrEP, less likely to achieve viral suppression, and account for a disproportionate number of new HIV diagnoses. Given the high incidence of **STIs** in the city, SFPD has prioritized STI prevention with: 1) gay, bisexual, and other MSM; 2) adolescents and young adults, particularly those of color; 3) trans persons; and 4) cis women of reproductive age who are at risk of syphilis infection (and therefore newborns with congenital syphilis). Across all four of these populations, Black/African Americans experience higher rates

of STIs than any other group, and are therefore also a prioritized population. For **HCV**, persons less likely to be engaged in or have access to medical care are disproportionately infected and account for the majority of persons living with HCV in SF. These include 1) PWID, 2) PEH and the marginally housed, 3) trans women, 3) Black/African Americans, 4) MSM, and 5) baby boomers.

In addition to the overlap in affected populations, HIV, HCV, and STIs are interconnected, share common root causes, and are similarly impacted by the social, economic, and political landscape. The priority populations of focus for SF's syndemic approach are the five overlapping populations most impacted by HIV/HCV/STIs: **1) Black/African Americans** (served by the Umoja HAP); **2) Latine** (served by the Latine HAP); **3) trans women** (served by the STAHR HAP); **4) people who use drugs, including people who inject drugs** (served by The Lobby HAP); and **5) people experiencing homelessness** (served by The Lobby HAP, Ward 86 POP-UP Clinic, and the proposed mobile HAP). SFCC also serves these populations. Additional HAPs serving transitional age youth and MSM ensure that we maintain the HIV successes we have had to date with these groups, along with equitable access to sexual and drug user health services.

### C. APPLICANT EVALUATION AND PERFORMANCE MEASUREMENT PLAN

SFDPH will submit its detailed Evaluation and Performance Measurement Plan (EPMP), including a Data Management Plan (DMP), within the first 6 months of award. Over decades of funding by CDC, SFDPH has demonstrated its ability to successfully collect and analyze CDC-required performance measure data and share evaluation data with stakeholders. This data is routinely used for continuous quality improvement (CQI) of programs and to inform efforts to eliminate health disparities and inequities. Most of the outcome metrics required for this CDC NOFO are already routinely measured by SF's HIV/HCV/STI surveillance programs and included in our annual reports. In instances where CDC metrics are not part of standard annual reports, special data analyses will be conducted, using not only HIV/HCV/STI surveillance data, but also the SFDPH electronic medical record (Epic), community-based program data, and LINC data.

SFDPH strongly believes that data without action is a missed opportunity. The CDC performance measures will be a key component of our evaluation and CQI processes. SFDPH will report the performance measure findings to CDC according to the reporting schedule, and the findings will be routinely shared with the ETE Steering Committee, which will then work with SFDPH to coordinate appropriate improvements. The ETE Steering Committee will review data quarterly using the Results-Based Accountability (RBA) framework for both EHE and non-EHE activities, identify the "story behind the data" and any root causes of suboptimal outcomes, make recommendations for actions to improve the outcomes, and review the data in subsequent quarters to evaluate the impact of the actions. Partnerships and collaborations are critically important for this CQI process to work. If a performance measure is not trending in the right direction, a shift in approach may be warranted. This is when key partners are brought to the table so that their collective wisdom can bring forward promising and practical solutions. For example, if the data showed that PrEP uptake was lower in a certain group, the ETE Steering Committee might recommend that SFDPH convene the community-based providers serving that group to talk about consistent and culturally specific messaging and how to improve low-barrier access to PrEP for that group. This process puts the solutions in the hands of the people who have on-the-ground expertise and are in a position to implement the programmatic shifts.

In this way, the performance data becomes an integral part of the work, driving CQI.

Data for EHE and non-EHE programs will be tracked separately. The EPMP submitted post-award will describe specific evaluation plans for each EHE activity. Some activities will warrant collecting the same data as for non-EHE programs, such as the mobile HAP, which will collect data on testing, PrEP/PEP, harm reduction, and other services; however, in this example, the mobile HAP data will be “tagged” so that it can be separated out from the larger data set for analysis and evaluation purposes. Other activities will require special focused evaluation plans, such as “SF3.7 Implement an annual conference/training for sexual and drug user health frontline workers.” In this example, evaluation for this activity will include post-conference participant feedback surveys and an assessment of the extent to which conference learnings and materials were integrated into practice. Details will be spelled out in the post-award EPMP and DMP. The ETE Steering Committee will be responsible for ensuring the data is used to improve programs, using the RBA method described above.

#### **D. ORGANIZATIONAL CAPACITY OF APPLICANTS TO IMPLEMENT THE APPROACH**

**Experience and capacity to implement the approach:** SFDPH’s mission is to protect and promote the health of all San Franciscans. We have two primary divisions (see attached org charts): 1) the Population Health Division (PHD), which includes the ARCHES, CHEP, and DPC Branches (described on p. 16); and 2) the SF Health Network, which includes HHS (which oversees Ryan White funding), the hospitals and clinics, WPIC, behavioral health, and other direct health services. PHD has the administrative infrastructure to support implementation of this project; CHEP has been serving as the lead on CDC HIV NOFOs for decades, including coordinating with the other funded branches and programs within SFDPH, executing MOUs and contracts, and managing the budget. PHD also has strong collaborations with the IT Department in order to manage the physical and technological infrastructure needed to support and maintain all PHD activities, including creating, modifying, and maintaining data systems.

The SFDPH workforce has the experience and cultural competence to lead and implement all the CDC strategies and proposed activities to eliminate HIV and HCV, and turn the curve on STIs. SFDPH strives to ensure our workforce represents the communities we serve. For example, on staff are MSM, including MSM of color; Black/African American and Latine individuals; trans women; PWH; and people with lived experience of homelessness and substance use. Staff have extensive experience in community engagement and program implementation.

SFDPH has a strong track record as a national and international leader in the HIV/HCV/STI field. In 2010, SF was the first in the nation to implement universal offer of ART upon HIV diagnosis, based on the most up-to-date science. It is home to several well-known programs, including the world-renowned Ward 86 and SFCC. End Hep C SF was the first city-focused HCV elimination initiative in the nation. These achievements are reflected in the excellence of the work on the ground. The following are just a few examples: widespread access to testing has led to 97% status awareness among PWH, already higher than the CDC target of 95%; HIV Surveillance regularly exceeds CDC technical guidance standards; and in 2018–2022 LINCOS helped achieve a median time from diagnosis to care of 1 day, and from care to ART initiation of 0 days.

This track record of being on the cutting edge and producing exceptional outcomes is evidence that SFDPH has ample capacity to implement and evaluate the proposed core and EHE activities.



For example, LAI ART has already begun to roll out in SF, with Ward 86 leading the charge, creating a jumping off point for further expansion (Activity SFEHE2.4). For Activity SFEHE3.7, the idea for the annual conference on the service landscape was generated in conversations among many thriving workforce development programs and partnerships and therefore already has buy-in and excitement. Furthermore, the ETE Steering Committee has been active since 2020 and is prepared to take on the responsibility of overseeing these new activities.

**Capacity building needs:** SFDPH will leverage internal and external expertise in HIV/HCV/STI prevention and care, harm reduction, drug user health, and capacity building to train new and existing staff, as well as CBO staff, as part of continuous capacity-building efforts. Training topics include: HIV/HCV/STI skills certification; harm reduction; overdose prevention; STI specimen collection; Clear Impact Results Scorecard; racial humility; trauma-informed systems; syringe access and disposal; and cultural competence working with PEH and PWU/ID. SFDPH will work closely with the CA Prevention Training Center and the Harm Reduction Coalition to provide training and technical assistance for city staff, funded CBOs, and community members.

A major cross-cutting capacity-building need relates to workforce recruitment and retention. Given the extreme economic inequality and unaffordability of SF, SFDPH and its local nonprofit partners have struggled to maintain a workforce with relevant qualifications and experience. This NOFO will help expand and build upon SFDPH's workforce development efforts, including CHLI, The Academy, the Frontline Organizing Group, and others (see Activity SFEHE3.7).

**Staffing plan and project management structure** (see attached program organizational chart): Principal Investigator (PI) **Nyisha Underwood, MPH** is the Director of the CHEP Branch and a recognized community leader with 20+ years of experience in HIV prevention. She will be accountable for overall planning, implementation, monitoring, and reporting; will oversee the activities assigned to CHEP; and will supervise the ETE Coordinator. **Dr.**

**Stephanie Cohen**, Director of the HIV/STI Prevention Section (DPC Branch), is an internal medicine/infectious disease board-certified public health physician with 18 years of experience in STI/HIV clinical, biomedical, and disease intervention prevention strategies. She will oversee the DPC work funded by this NOFO, including LINC. **Sharon Pipkin, MPH**, Supervising Epidemiologist, will oversee all HIV surveillance activities. Together, these key staff will ensure fidelity to work and evaluation plans and maintain smooth project implementation. See **Exhibit 4** for additional key staff.

**Exhibit 4: Staff Accountable for Proposed Activities**

Staff	Title	Activities
Erin Antunez	LINC Manager	2.1, 2.2
Aurora Chavez (in-kind)	GTZ Program Coordinator	3.5
Alyson Decker	ETE Public Health Detailer	1.1, 1.2, 1.5, 2.4, 3.6
Rachel Grinstein (in-kind)	HCV Program Coordinator	2.3
Hanna Hjort (in-kind)	Drug User Health Manager	1.6, 1.7, 2.4, 2.5, 3.2, 3.4
Health Program Coordinator II (TBH)	Youth/MSM Sexual Health Lead	6.3
Thomas Knoble	EHE/ETE Coordinator	2.5, 3.3, 3.6, 3.7, 3.8, 4.2, 6.1, 6.4, 6.5
Julia Janssen	Medical Director, Disease Intervention Services	4.1, 4.3, 4.4, 4.5, 4.6
Sharon Pipkin	Supervising HIV Epidemiologist	5.1, 5.2, 5.3, 5.4

**E. WORKPLAN** - integrated into the narrative on Strategies 1-6 (see Section B, "Approach")



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 1 NU62PS924806-01-00

FAIN# NU62PS924806

Federal Award Date: 07/18/2024

**Recipient Information**

**1. Recipient Name**

CITY & COUNTY OF SAN FRANCISCO  
101 Grove St  
SAN FRANCISCO DEPARTMENT OF PUBLIC  
HEALTH  
San Francisco, CA 94102-4505  
[NO DATA]

**2. Congressional District of Recipient**

12

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

1946000417A8

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

946000417

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

103717336

**6. Recipient's Unique Entity Identifier (UEI)**

DCTNHRGU1K75

**7. Project Director or Principal Investigator**

Ms. Nyisha Underwood  
Director  
nyisha.underwood@sfdph.org  
628-217-6293

**8. Authorized Official**

Mr. Elijah Saunders  
Grants Analyst  
elijah.saunders@sfdph.org  
628-217-6070

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Ms. Chamarla Brame  
Grants Management Specialist  
qp3@cdc.gov  
404.498.4134

**10. Program Official Contact Information**

Mrs. Carla Alexander-Pender  
Project Officer  
ikv7@cdc.gov  
404.639.8993

**Federal Award Information**

**11. Award Number**

1 NU62PS924806-01-00

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

NU62PS924806

**13. Statutory Authority**

Section 318(b-c) of the Public Health Service Act (42USC Sections 247c(b-c), as amended and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113)

**14. Federal Award Project Title**

High-Impact HIV Prevention and Surveillance Programs for Health Departments

**15. Assistance Listing Number**

93.940

**16. Assistance Listing Program Title**

HIV Prevention Activities\_Health Department Based

**17. Award Action Type**

New

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 08/01/2024 - **End Date** 07/31/2025

**20. Total Amount of Federal Funds Obligated by this Action** \$5,701,459.00

20a. Direct Cost Amount \$5,701,459.00

20b. Indirect Cost Amount \$0.00

**21. Authorized Carryover** \$0.00

**22. Offset** \$0.00

**23. Total Amount of Federal Funds Obligated this budget period** \$0.00

**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00

**25. Total Federal and Non-Federal Approved this Budget Period** \$5,701,459.00

**26. Period of Performance Start Date** 08/01/2024 - **End Date** 07/31/2029

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance** \$5,701,459.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Terrian Dixon  
Grants Management Officer

**30. Remarks**

New Award: Financial Assistance in the amount of \$5,701,459



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award# 1 NU62PS924806-01-00

FAIN# NU62PS924806

Federal Award Date: 07/18/2024

### Recipient Information

#### Recipient Name

CITY & COUNTY OF SAN FRANCISCO

101 Grove St

SAN FRANCISCO DEPARTMENT OF PUBLIC

HEALTH

San Francisco, CA 94102-4505

[NO DATA]

#### Congressional District of Recipient

12

#### Payment Account Number and Type

1946000417A8

#### Employer Identification Number (EIN) Data

946000417

#### Universal Numbering System (DUNS)

103717336

#### Recipient's Unique Entity Identifier (UEI)

DCTNHRGU1K75

#### 31. Assistance Type

Cooperative Agreement

#### 32. Type of Award

Other

### 33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$5,701,459.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$5,701,459.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$5,701,459.00
m. Federal Share	\$5,701,459.00
n. Non-Federal Share	\$0.00

### 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390N5I	24NU62PS924806	PS	410Q	93.940	\$618,473.00	75-24-0950
4-9390N5M	24NU62PS924806	PS	410Q	93.940	\$3,102,065.00	75-24-0950
4-9390N5P	24NU62PS924806	PS	410Q	93.940	\$1,980,921.00	75-24-0950



# DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 1 NU62PS924806-01-00

FAIN# NU62PS924806

Federal Award Date: 07/18/2024

## Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

# AWARD ATTACHMENTS

CITY & COUNTY OF SAN FRANCISCO

1 NU62PS924806-01-00

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1. Terms & Conditions

**RECIPIENT:** San Francisco Department of Health

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **CDC-RFA-PS-24-0047**, entitled **High-Impact HIV Prevention and Surveillance Programs for Health Departments** and application dated April 26, 2024, as may be amended, which are hereby made a part of this non-research award, hereinafter referred to as the Notice of Award (NoA).

**Total Approved Funding is included in Summary Federal Award Financial Information on page 1 of the NOA.** All future year funding will be based on satisfactory programmatic progress and the availability of funds.

This award is fully funded for year 1 (10-month) budget period: **August 1, 2024 – May 31, 2025.**

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

The NOFO provides for the funding of multiple components under this award. For this NOA, the approved funding level for each component is shown below:

NOFO Component	Amount
Prevention	\$3,102,065
Surveillance	\$ 618,473
Ending the HIV Epidemic (EHE)	\$1,980,921
<b>Total:</b>	<b>\$5,701,459</b>

**Budget Revision Requirement:** By **August 31, 2024**, the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date. Follow the CDC Prior Approval Guidance and submit the Budget Revision as an **amendment** in GrantSolutions. Ensure the revised budget addresses the following:

- Adjust the budget to the approved funding amount.

### **Supplies**

- Provide more detailed itemization of programs supplies
- Remove the cost of disposable phones
- Provide more itemization for IT supplies
- Provide more itemization for Health Access Point Lab Supplies

**Expanded Authority:** The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of carried over unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

**Technical Review:** Within 5 days of this Notice of Award's (NOA) issue date, the Technical Review will be accessible to the recipient in GrantSolutions Grant Notes. Contact the assigned Program Officer indicated in the NOA with any questions regarding this document or any follow up requirements.

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds. CDC activities for this program are as follows:

1. Collaborate to ensure coordination and implementation of strategies to support the implementation of HIV surveillance and prevention activities.
2. Work with awardees to identify and address capacity building assistance (CBA) and TA needs that are essential to the success of the project. Awardees must work with the assigned Project Officer to establish a mechanism to request direct CDC TA via the designated CDC system or portal.
3. Provide access to training and TA that will strengthen staff capacity relevant to all required strategies and activities of the program.
4. Provide guidance to awardees and set standards on data collection, use, and submission requirements.
5. Facilitate coordination, collaboration, and, where feasible, service integration among federal agencies, other CDC funded programs, other health departments, community based organizations, local and state planning groups, other CDC directly funded programs, national capacity building assistance providers, medical care providers, laboratories, recipients of the Ryan White HIV/AIDS Treatment Extension Act of 2009, and other partners working with people with HIV and at greatest risk for HIV infection toward common goals of risk reduction, disease detection, and a continuum of HIV prevention, care, and treatment.
6. Monitor awardee program performance using multiple approaches, such as site visits, emails, conference calls, and standardized review of performance, recipient feedback and other data reports, to support program development, implementation, evaluation, and improvement.
7. Provide guidance and coordination to funded organizations to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
8. Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the project period.

9. Collaborate in assessing progress toward meeting strategic and operational goals/objectives and in establishing measurement and accountability systems outcomes, such as increased performance improvements and best or promising practices.
10. Collaborate on strategies to ensure the provision of appropriate and effective HIV prevention services to populations of focus.
11. Provide requirements and expectations for standardized and other data reporting and support monitoring and evaluation activities.
12. Share information, best practices, lessons learned, and evaluation results (e.g., through conferences, guidance, material development, webinars, data sharing publications, other social media, participation in meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects).
13. Validation-Completion of a comprehensive Assessment of Data Security and Confidentiality Protections at least once during the project period. See Appendix B of the guidance (pages 43-54) for a more detailed description of the process and content. Upon completion and submission, the assessment will be reviewed and validated by CDC program monitors.

**Program Income:** Any program income generated under this cooperative agreement will be used in accordance with the Addition alternative.

- Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

## FUNDING RESTRICTIONS AND LIMITATIONS

### Notice of Funding Opportunity (NOFO) Restrictions:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on anti-lobbying restrictions for CDC recipients](#).



- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients may not use funds to purchase antiretroviral therapy.
- Federal funds used for the purchase of supplies or equipment related to injection drug use must comply with current federal law.
- Funding should not be used for construction purposes.

### **Indirect Costs:**

Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated February 26, 2024.

## **REPORTING REQUIREMENTS**

**Annual Federal Financial Report (FFR, SF-425):** The Annual Federal Financial Report is required and must be submitted in the Payment Management System no later than 90 days after the end of the budget period. The FFR is due **August 29, 2025**.

## **PROGRAM OR FUNDING GENERAL REQUIREMENTS**

**HIV Program Review Panel Requirement:** All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, websites, educational curricula and other relevant program materials must be reviewed and approved by an established program review panel. A list of reviewed materials and approval dates must be submitted to the CDC Grants Management Specialist identified in the CDC Roles and Responsibilities section of this NoA.

**Conference Attendance:** Ensure that appropriate health department representatives attend required CDC-sponsored meetings and conferences. Participation in CDC sponsored recipient meetings, conferences, and workshops is mandatory. Failure to attend the mandated meetings, conferences, and workshops (regardless of state financial or administrative crisis) shall be cause for a determination of reduction in travel funding.

## **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The Document Number in page 2, section 34 of the Notice of Award must be known to draw down funds.

<b>CDC STAFF CONTACTS:</b>
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**Grants Management Specialist (GMS):** The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

**The GMS contact information is located on page 1, item #9.**

**Program/Project Officer (PO):** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

**The PO contact information is located on page 1, item #10.**

**Grants Management Officer (GMO):** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

**The GMO contact information is located on page 1, item #29.**



## 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:** Thursday, November 7, 2024

**RE:** Retroactive Statement for Files 240987 and 240988

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These Resolutions seeks authorization for the Department of Public Health (DPH) to 1) retroactively apply to the Centers for Disease Control and Prevention (CDC) for the High-Impact HIV Prevention and Surveillance Programs for Health Departments and 2) retroactively accept and expend funds in the amount of \$5,701,459 from the CDC for the High-Impact HIV Prevention and Surveillance Programs for Health Departments. Details on retroactivity for each file are below.

**File 240987- Accept and Expend Grant - Retroactive - Centers for Disease Control and Prevention - High-Impact HIV Prevention and Surveillance Programs for Health Departments - \$5,701,459** - DPH budgeted an amount of \$5,053,105 for this recurring grant through the Annual Appropriations Ordinance, File 240595. DPH received notice of the grant increase of \$648,354 on July 18, 2024, for the grant period of August 1, 2024, to May 31, 2025. The grant period was predetermined by the grantor. DPH then brought these items to the BOS after going through the City's fiscal approvals process, including Controller's Office review and approval.

**File 240988 - Grant Application - Retroactive - Centers for Disease Control and Prevention - High-Impact HIV Prevention and Surveillance Programs for Health Departments - \$5,909,395** – The due date for this recurring grant from the Centers for Disease Control and Prevention (CDC) was April 29, 2024. The San Francisco Administrative Code, Section 10.170., requires Board of Supervisors approval of proposed annual or otherwise recurring grant applications of \$5,000,000 or more prior to their submission. Ordinance No. 265-05 also requires that City Departments submit applications for approval at least 60 days prior to the grant deadline for review and approval. DPH accidentally overlooked this recurring grant application and did not submit resolution to apply for the recurring grant prior to the 60-day deadline. DPH is respectfully requesting retroactive approval for this grant application. We apologize for this error and are developing procedures to ensure this will not happen again.

Please contact Christina Chiong, SFDPH Accept & Expend Unit Manager, at [christina.chiong@sfdph.org](mailto:christina.chiong@sfdph.org) for any questions about this request for retroactive authorization.



London N. Breed  
Mayor

**TO:** Angela Calvillo, Clerk of the Board of Supervisors

**FROM:** Dr. Grant Colfax  
Director of Health

**DATE:** 9/27/2024

**SUBJECT:** Grant Accept and Expend

**GRANT TITLE:** High-Impact HIV Prevention and Surveillance Programs for Health Departments - \$5,701,459

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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
- ☒ 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 ☒

**From:** [Trejo, Sara \(MYR\)](#)  
**To:** [BOS Legislation, \(BOS\)](#)  
**Cc:** [Paulino, Tom \(MYR\)](#); [Wagner, Greg \(CON\)](#); [Validzic, Ana \(DPH\)](#); [Chiong, Christina \(DPH\)](#); [Tam, Madison \(BOS\)](#); [Ho, Calvin \(BOS\)](#); [Bell, Tita \(BOS\)](#)  
**Subject:** Mayor -- Resolution -- High-Impact HIV Prevention and Surveillance Programs A&E  
**Date:** Tuesday, October 8, 2024 3:02:52 PM  
**Attachments:** [DPH A&E - High-Impact HIV Prevention and Surveillance Programs for Heath Departments - \\$5,701,459.pdf](#)  
[DPH A&E Resolution - High-Impact HIV Prevention and Surveillance Programs for Heath Departments - \\$5,701,459.doc](#)  
[DPH A&E Resolution - High-Impact HIV Prevention and Surveillance Programs for Heath Departments - \\$5,701,459.pdf](#)  
[RE 12 High Impact HIV PreventionSurveillance.msg](#)  
[1288 All Years Budgets.xlsx](#)  
[1288 Board Cover Memo.docx](#)  
[1288 GRIF 240909.docx](#)  
[1288 NOA PS24-0047 PD90.pdf](#)  
[1288 Project Narrative.pdf](#)  
[1288 PS24-0047 Final Budget Rev. AUG 31.pdf](#)

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Hello Clerks,

Attached is a Resolution retroactively authorizing the Department of Public Health to accept and expend a grant increase from the Centers for Disease Control and Prevention for participation in a program, entitled "High-Impact HIV Prevention and Surveillance Programs for Health Departments," in the amount of \$648,354 for a total amount of \$5,701,459 for the period of August 1, 2024, through July 31, 2025.

Please note, Supervisors Dorsey, Mandelman, and Engardio are cosponsors of this item.

Best regards,

**Sara Trejo**

Legislative Aide

Office of the Mayor

City and County of San Francisco