

TABLE OF CONTENTS

1. Project Abstract Summary	i
2. Project Narrative	1
A. Background	1
B. Approach	1
i. Purpose.....	1
ii. Outcomes.....	1
iii. Strategies and Activities	2
Strategy 1: Test.....	3
Strategy 2: Treat	5
Strategy 3: Prevent.....	8
Strategy 4: Respond	11
Strategy 5: Conduct core HIV surveillance activities.....	13
Strategy 6: Support community engagement and HIV planning	15
iv. Collaborations.....	16
v. Population(s) of Focus and Health Disparities.....	17
C. Applicant Evaluation and Performance Measurement Plan	18
D. Organizational Capacity of Applicants to Implement the Approach	19
E. Work Plan	20
3. Budget Narrative	21
4. Attachments	A1.1
A1. Report on Programmatic, Budgetary, and Commitment Overlap	A1.1
A2. Organizational Charts and Staffing Plan	A2.1
A3. Indirect Cost Rate	A3.1

PROJECT ABSTRACT SUMMARY

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).

With funding from PS24-0043 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 social determinants of health affecting health outcomes, including substance use, mental health, homelessness, poverty, racism, homophobia, and transphobia, among others. SF will implement “Ending the Epidemics” (ETE), with the goal of getting to zero for HIV, ending HCV, and turning the curve on STIs. Key activities include:

- Test (core funding): Stay the course with what is working; increase integrated HIV/HCV/STI screening.
- Test (EHE funding): Partner with housing providers to improve access; establish a Mobile Health Access Point.
- Treat (core funding): Provide linkage to care for all newly diagnosed; address disparities in HIV care retention; better integrate HCV linkage to care
- Treat (EHE funding): Scale up long-acting injectable ART; provide navigation services in the jails and the Gender Health program.
- Prevent (core funding): Nurture and grow the new Health Access Points; focus on disparities among Latine MSM, people experiencing homelessness, and people who use drugs; scale up PrEP; integrate HIV/HCV/STI messaging and services.
- Prevent (EHE funding): Build workforce capacity.
- Respond (core funding): Monitor for, detect, and respond to clusters.
- Respond (EHE funding): Create a cluster detection and response (CDR) dashboard; conduct a CDR outbreak simulation.
- Core HIV surveillance and community engagement will also be conducted and will support successful implementation of the above activities.

Principal Investigator (PI) **Nyisha Underwood, MPH** is the Director of the CHEP Branch and will be accountable for overall planning, implementation, monitoring, and reporting and will supervise the EHE/ETE Coordinator. **Dr. Stephanie Cohen**, Director of the HIV/STI Prevention Section in the Disease Prevention and Control (DPC) Branch, will oversee the DPC work funded by this NOFO, including LINCS. **Sharon Pipkin, MPH**, HIV Surveillance Coordinator, will oversee all HIV surveillance activities. Together, these key staff will ensure fidelity to work and evaluation plans and maintain smooth project implementation.

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 2006.¹ 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

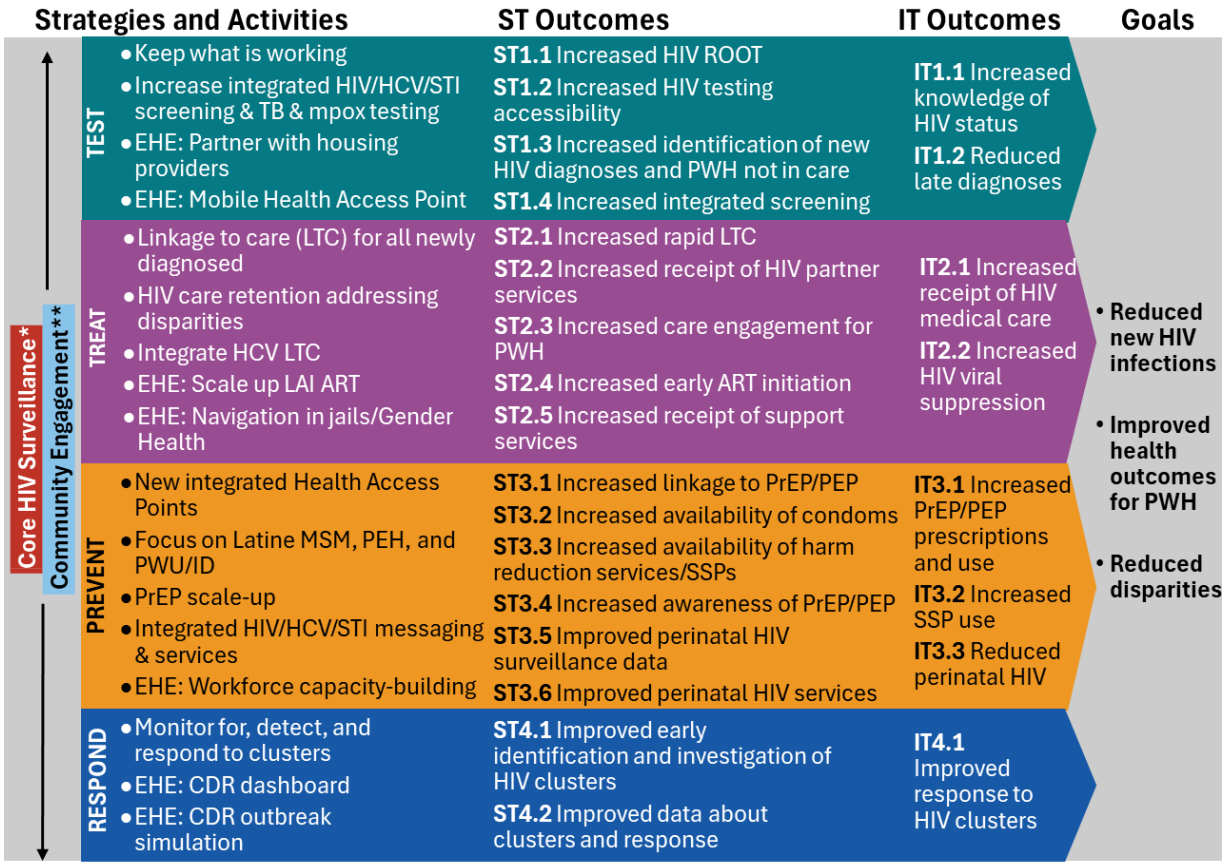
SF’s integrated surveillance, prevention, and response program will maintain its strong emphasis on HIP, with additional focus given to the interconnectedness of HIV, HCV, and STIs and the shared SDoH affecting health outcomes, including substance use, mental health, homelessness, poverty, racism, homophobia, 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.

¹ 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 each²:

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

² 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 LINCS; 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) LINCS 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. LINCS 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 LINCS 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 LINCS 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 LINCS 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 LINCS 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 LINCS 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 (RADR) 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) SFPDPH 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. SFPDPH 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. SFPDPH also collaborates with 3rd 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*. SFPDPH 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, SFPDPH 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 SFPDPH, 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, SFPDPH actively engages in multiple internal and external partnerships, including a wide array of city, state, and federal collaborations.

Within SFPDPH Population Health Division: SFPDPH'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 SFPDPH'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 SFPDPH and with other city and county agencies: SFPDPH 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) SFPDPH 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: SFPDPH collaborates with the California Department of Public Health (CDPH), CDC, HRSA, and SAMHSA. SFPDPH is also a member of NASTAD and NCSD. SFPDPH 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: SFPDPH 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 SFPDPH 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 SFPDPH'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 SFPDPH. The SFPDPH 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

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, SFPDPH 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 Hjord (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”)

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)

A.	Salaries	\$941,436
B.	Mandatory Fringe	\$395,403
C.	Travel	\$4,704
D.	Equipment	\$0
E.	Materials and Supplies	\$2,600
F.	Other Expenses	\$50,180
G.	Contractual/MOU	\$1,687,916
	Total Direct Costs	\$3,082,239
H.	Indirect Costs (22.462% of Total Salaries)	\$211,465
	TOTAL BUDGET	\$3,293,705

A. SALARIES				\$941,436
Position Title and Name	Annual	Time	Months	Amount Requested
Manager III-CHEP Branch Director N. Underwood	\$189,306	0%	10 Months	\$0.00
Manager I -Sexual Health/HIV Program Manager Vacant (AUG 2024)	\$163,514	100%	10 Months	\$136,261
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	0.5%	10 Months	\$5,846
Epidemiologist II J. Chin	\$142,428	45%	10 Months	\$53,410
Principal Admin Analyst II N. Macias	\$178,724	10%	10 Months	\$14,893
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

Position Title and Name	Annual	Time	Months	Amount Requested
Health Worker III Vacant vice Moses Vega - Jail Health Services - Estimated hire date : Pending	\$92,846	50%	10 Months	\$0.00
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 (AUG 2024)	\$125,346	75%	10 Months	\$78,341
Health Educator Drug User Health & Harm Reduction Coordinator Vacant Vice.H. Hjord (AUG 2024)	\$132,314	100%	10 Months	\$110,261
Health Educator Grant Administration Support M. Paquette	\$132,314	0%	10 Months	\$0.00

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 AUG 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 (N. Macias)

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 AUG 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 Educator – Drug User Health & Harm Reduction Coordinator (Vacant Vice. H. Hjord) Estimated Hire AUG 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.

B. FRINGE BENEFITS @ 42% of \$941,436		\$395,403
Fringe Benefit Component	Percentage of Salary	Amount
Social Sec-Medicare(HI Only)	1.38%	\$12,992
Social Security (OASDI & HI)	5.89%	\$55,451
Life Insurance	0.04%	\$377
Dental Coverage	1.23%	\$11,580
Retiree Health-Match-Prop B	1.00%	\$9,414
Health Service-City Match	16.88%	\$158,914
Long Term Disability	0.38%	\$3,577
Retire City Misc	15.20%	\$143,098

C. TRAVEL			\$4,704
Item	Description	Rate	Cost
Local Travel	Muni Passes and Tokens	2 passes x \$101/pass x 12 months and \$30/ token bag x 12 months	\$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, T. Knoble, MSM Sexual Health Coordinator, T. Watkins, S. Deshpande, WISHES Team.

D. EQUIPMENT	\$0
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E. MATERIALS AND SUPPLIES				\$2,600
Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Office Supplies	Paper pens, handouts	10 mos	Approx. \$260/month X 10 months	\$2,600

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.

F. OTHER			\$50,180
Item	Rate	Cost	
Office Rent	\$1.93/sq ft x 250 sq. ft. x 10 months x 10.40 FTE	\$50,180	
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		\$1,687,916
(1) SFDPH Disease Prevention and Control High, Population Health Division	\$967,175	
(2) SFDPH Public Health Lab	\$379,488	
(3) Heluna Health	\$274,170	
(4) Board of Trustees of the Glide Foundation	\$31,250	
(5) San Francisco Public Health Foundation	\$20,833	
(6) Shanti HIV Planning Council	\$10,000	
(7) TBD Community Mini Grant, integration of HIV/STI/HCV in Community Wellness Programs	\$5,000	

1. SFDPH Branch: Disease Prevention and Control, Population Health Division

Method of Selection: Health Department Provided Service/Municipal STD Clinic

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

Scope of work:

- i) Service category: Partner Services and Linkages for Community-Based Settings
 - (1) Award amount: **\$967,175**
 - (2) Subcontractors: None
 - (3) Services provided: Partner Services and Linkage.

Method of Accountability: Annual program and fiscal and compliance monitoring

Itemized budget and justification:

A. Salaries \$685,940

Position Title and Name	Annual Salary	Time	Months	Amount Requested
Health Worker III V. Aburto	\$82,616.00	100%	10	\$68,847
Health Worker III P. Aine	\$86,714.00	100%	10	\$72,262
Health Worker III F. Garcia	\$91,052.00	100%	10	\$75,877
Health Worker III A. Mayfield	\$82,616.00	100%	10	\$68,847
Behavioral Health Clinician R. Bauce	\$114,618.00	10%	10	\$9,552
Epidemiologist II M. Sankaren	\$139,684.00	30%	10	\$34,921
Epidemiologist I A. Pena	\$104,228.00	40%	10	\$34,743
IT Operations Support Admin L. Feng	\$89,097.00	25%	10	\$18,562
Senior Physician Specialist O. Bacon	\$212,100.00	20%	10	\$35,350

Senior Physician Specialist J. Janssen	\$212,100.00	55%	10	\$97,213
Health Program Coord II R. Shaw	\$129,106.00	100%	10	\$107,588
Disease Control Investigator TBD (AUG 2024)	\$99,488.00	75%	10	\$62,180

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 (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 LINCS 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 LINCS Medical Director, the physician specialist will oversee the direction of the LINCS program including setting the scope, prioritization (who receives partner services and linkage services when resources are limited), and objectives. The LINCS 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 LINCS Medical Director will also set outcome metrics and lead teams in analyzing metrics to inform prioritization and objectives. The LINCS Medical Director will focus on collaboration and coordination to integrate efforts into a seamless continuum of care. The LINCS 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 Supervisors 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 (TBD)-Estimate hire date AUG 2024

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.

B. Mandatory Fringe (41% x salaries)	\$281,235
This is based on the standard fringe estimate for staff.	
C. Travel/Training	\$0
D. Equipment	\$0
E. Materials and Supplies	\$0
F. Other	\$0
G. Consultants/Subcontractors	\$0
Total Direct Costs	\$967,175
H. Indirect costs	\$0
TOTAL COSTS	\$967,175

2. SFDPH Branch: SFDPH Public Health Lab

Method of Selection: Health Department Provided Service/Public Health Lab

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

Scope of work

(1) Service category: HIV Testing: Laboratory Services

(1) Award amount: **\$379,488**

(2) Subcontractors: none

(3) Services provided: Specimen Processing for HIV tests for Community-Based HIV Testing Partners

Method of Accountability: Annual program and fiscal and compliance monitoring

Itemized budget and justification:

A. Salaries

\$245,014

Position Title and Name	Annual Salary	Time	Months	Amount Requested
2463 Senior Microbiologist (J. Lei)	\$169,785.00	100%	10	\$141,488
2463 Microbiologist (Hui H. Li)	\$120,617.00	25%	10	\$25,129
2416 Lab Technician II (E. Wong)	\$94,078.00	100%	10	\$78,398

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 – 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: Laboratory 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. Mandatory Fringe @ 41% x salaries

\$100,456

C. Travel

\$0

D. Equipment:

\$0

E. Materials and Supplies:

\$34,018

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

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 Expenses

\$0

Item	Description	Cost
Rental of Equipment	N/A	\$0
Shipping/Courier Services	N/A	\$0
Total		\$0

Rental Equipment – Rental costs for MLAB, the laboratory information management system (LIS) and other preventive maintenance service for instruments in the Public Health laboratory.

Shipping/Courier Services – Funds for message services for daily delivery of blood specimens to the Public Health Laboratory.

G. Contractual/MOU

\$0

Total Direct Costs

\$379,488

H. Indirect Costs

\$0

TOTAL COSTS

\$379,488

3. 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: \$274,170

(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:

A. Salaries **\$0**

B. Fringe Benefits @ 33.81% total salaries **\$0**

C. Travel **\$0**

D. Equipment **\$0**

E. Materials and Supplies **\$247,000**

Item	Type	Number Needed	Unit Cost	Amount Requested
Storage Community Engagement Supplies	n/a	10 mos	\$600/month x 10 months	\$6,000
Program Supplies	n/a	10 mos	\$3,000/month x 10 months	\$30,000
IT Supplies	n/a	10 mos	\$500/month x 10 months	\$5,000
HAP Lab Supplies	n/a	10 mos	\$5,000/month x 10 mos	\$50,000
HIV/HCV/Syphilis Rapid Test kits	n/a	10 mos	12,600/month x 10 months/ 7 agencies @ \$1,800/month per agency	\$126,000
Courier Services ACE	n/a	10 mos	\$3,000/month x 10 months	\$30,000
Results Based Accountability score card	n/a	10 mos	Annual Subscription 11 users x \$660 each	\$0.00

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@ \$550/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@ \$1,700/month) needed for implementation of forums and focus groups. Disposable phones and minutes (Estimated@ \$150/month) are purchased to address safety issues for outreach workers. 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@ ~\$520/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 and ensure all staff have compatible computers and monitors to conduct job responsibilities and duties. Funds will also be used to purchase HIPAA compliant IT support equipment such as label printers and lab tops to support community-based testing events.

Health Access Point Lab Supplies: Funds will be used to support the expansion of integrated HIV/STI/HCV testing within the Community Based Health Access points. Funds will be used to support seven funded agencies to provide HIV/HCV/STI testing supplies such as, phlebotomy supplies, swabs, cotton, alcohol pads, tourniquets, tubes for blood draw, bandages, etc. Estimated \$1,800/month per agency x 7 agencies.

HIV/HCV/Syphilis Rapid Test: Funds will be used to purchase Rapid/point of care HIV, HCV and Syphilis testing kits to provide to CBO's and partners in effort to expand community-based point of care testing resources.

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

G. Contractual**\$0****Total Direct Costs****\$247,000****H. Total Indirect Costs****\$27,170**

(@ 11% of Modified Total Direct Costs)

TOTAL COSTS**\$274,170****4. Name of Contractor: Board of Trustees of the Glide Foundation****Method of Selection:** Request for Proposals (RFP) RFP30-2015**Period of performance: 08/01/2023 - 05/31/2025****Scope of work**

- (i) Service category: HIV Testing: Laboratory Services
 - (a) Award amount: **\$31,250**
 - (b) Subcontractors: none
 - (c) Services provided: Staff will engage in harm reduction and linkage to care/outreach in the community, street based, SRO Hotels, Methadone Programs, city shelters, and treatment programs, will be part of our recruitment outreach.

Method of Accountability: Annual program and fiscal and compliance monitoring**Itemized budget and justification:****A. Salaries****\$18,278**

Position Title and Name	Annual	Time	Months	Amount Requested
Health Systems Navigator- Andi Gernaey	\$50,004	50%	6 months	\$12,501
HIV Program Manager – Juliana DePietro	\$74,232	5%	6 months	\$1,856

Clinical Director – Roderick Penalosa	\$90,000	5%	6 months	\$2,250
Phlebotomist – Amy Chow	\$51,417	7%	6 months	\$1,671

Job Description: Health Systems Navigator- Andi Gernaey

Support clients in active linkages to care, advocates for clients, conducts street outreach, helps clients to make scheduled appointments, places reminder calls, performs home visits, accompanies clients to appointments and performs HIV/Hep C testing and performs confirmatory blood draws.

Job Description: HIV Program Manager - Juliana DePietro

Manages all aspects of HIV/Hep C & Harm Programs, complies data and attends all relevant meeting with DPH and other contract staff, and supervises all staff.

Job Description: Clinical Director - Roderick Penalosa

Provides staff with clinical supervision, both individual and group, supports the team.

Job Description: Phlebotomist – Amy Chow

Conducts Street Outreach, provides HIV/HCV Testing, supports all aspects of programs; Phlebotomy.

B. Fringe Benefits @ 25% x salaries \$4,569

Fringe Benefit Component	Percentage of Salary	Amount
Social Security (OASDI & HI)	7.66%	1,400
Retirement	2.00%	366
Medical	9.00%	1,645
Dental	1.00%	183
Unemployment Insurance	3.73%	682
Paid Time Off	1.61%	295

C. Travel \$750

Item		Rate	Cost
Staff Travel/Client Escorts	car share. 6 months	125/month x 6 months	\$750

D. Equipment \$0

E. Materials and Supplies**\$1,138**

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Supplies	Office supplies		\$89.66/month x 6 months	\$538
Duplication/Printing	Educational Materials		\$100/month x 6 months	\$600

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.

Duplication/Printing: Funds will be used to print current and new educational material specific to Harm Reduction and overdose prevention awareness & knowledge.

F. Other Expenses**\$3,674**

Item	Description	Cost
Incentives	Health/Testing Visits. \$10/visit x 100 clients x 2 visits per person	\$2,000
Rent & Utilities	Clinic space at 330 Ellis Street. 52/month x 6 months	\$313
Training and Development	Phlebotomy Certification/Conference. Staff: Amy Chow Title: Phlebotomist	\$1,361

Incentive Justification & Policy and Procedure:

Incentives will be used to encourage clients to attend health visit and get routine testing. Each client will receive a \$10.00 Gift card for attending their health visits and/or testing. 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.

G. Contractual**\$0****Total Direct Costs****\$28,409**

H. Indirect Costs (11%)	\$2,841
TOTAL COSTS	\$31,250

5. Name of Contractor: San Francisco Public Health Foundation (SFPHF)

Method of Selection: Request for Proposals (RFP) RFP36-2017

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

Scope of work

Service category: Award

(1) Amount: **\$20,833**

(2) Subcontractors: none

(3) Services provided: The End Hep C Initiative supports implementation of the microelimination work in which End Hep C SF concentrates elimination activities on people living with HIV and HCV. These funds will support the End Hep C SF Coordinator who coordinates activities related to general infrastructure support of the initiative including, scheduling meetings, taking and posting meeting notes, sending reminders, ordering supplies for community events, managing social media in support of events.

Method of Accountability: Annual program and fiscal and compliance monitoring

Itemized budget and justification:

A. Salaries **\$14,933**

Position Title and Name	Annual	Time	Months	Amount Requested
End Hep C Coordinator – Joanne Kay	\$71,965	25%	10 months	\$14,993

Job Description: End Hep C Coordinator (Joanne Kay)

This position will coordinate activities related to general infrastructure support of the initiative including, scheduling meetings, taking and posting meeting notes, sending reminders, ordering supplies for community events, managing social media in support of events.

B. Fringe Benefits @ 15.87 **\$3,748**

This is based on the standard fringe estimate for staff

C. Travel **\$0**

D. Equipment **\$0**

E. Materials and Supplies **\$198**

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Supplies	Office supplies	10 months	\$19.80/month x 10 months	\$198

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.

F. Other Expenses **\$0**

G. Contractual **\$0**

Direct Costs **\$18,939**

H. Indirect Cost 10% **\$1,894**

TOTAL COSTS **\$20,833**

6. 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. \$46.25/month x 10	\$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 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.

G. Contractual	\$0
Direct Costs	\$10,000
H. Indirect Costs	\$0
TOTAL COSTS	\$10,000

7. 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 organizations who are currently funded to provide 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:

A. Salaries	\$0
B. Fringe Benefits	\$0
C. Travel	\$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

TOTAL DIRECT COSTS	\$3,082,239
INDIRECT COSTS (22.462% of total salaries)	\$211,465
TOTAL BUDGET, PREVENTION	\$3,293,705

San Francisco Department of Public Health, SF Division
PS24-0047 Integrated HIV Surveillance and Prevention Programs for Health Depts.
Surveillance Budget
8/1/2024-5/31/2025 (10 months)

A. Personnel	\$328,582
B. Mandatory Fringe	\$147,862
C. Travel	\$2,020
D. Equipment	\$0
E. Materials and Supplies	\$1,303
F. Other Expenses	\$0
G. Contractual/MOU	\$81,197
Total Direct Costs	\$560,964
H. Indirect Costs (22.462% of total salaries)	\$73,806
TOTAL BUDGET	\$634,770

A. SALARIES				\$328,582
Position Title and Name	Annual	FTE	Months	Amount Requested
Director of HIV Case Surveillance/Manager I Vacant (Vice L. Hsu)– Estimate Hire Date Aug 2024	\$166,243	100%	10	\$166,243
Epidemiologist II S. Pipkin	\$146,701	50%	10	\$88,632
Health Program coordinator II V. Delgado	\$129,106	10%	10	\$15,600
Senior Clerk Vacant	\$97,011	50%	10	\$56,402
Epidemiologist II J. Chin	\$146,701	100%	10	\$0 (In Kind)
Epidemiologist II D. Bhatta	\$139,684	33%	10	\$55,699
Health Program Coordinator I A. Gallardo	\$98,042	50%	10	\$59,233

Job Description: Director of HIV Case Surveillance (Vacant, Hire Date Aug 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 (Vacant -Estimate Hire Date August 2024)

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. MANDATORY FRINGE @ 45.0%			\$147,862
Fringe Benefit Component	Percentage of Salary	Amount	
Unemployment Insurance	0.26%	854	
Social Sec-Medicare(HI Only)	1.39%	4,567	
Social Security (OASDI & HI)	5.94%	19,518	
Life Insurance	0.02%	66	
Dental Coverage	0.52%	1,709	
Retiree Health-Match-Prop B	1.00%	3,285	
Health Service-City Match	13.20%	43,373	
Retire City Misc	22.67%	74,490	

C. TRAVEL				\$2,020
Travel	Description	Rate	Quantity	Cost
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
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E. MATERIALS AND SUPPLIES				\$1,303
Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Office Supplies	Paper pens, handouts	10 mos	Approx. \$130.30/month	\$1,303

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 **\$0**

G. CONTRACTUAL **\$81,197**

1. Name of contractor: Heluna Health

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

Period of performance: 8/1/2024 – 06/30/2025

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 **\$49,011**

Position Title and Name	Annual	Time	Months	Amount Requested
Public Health Investigators K. Leal	\$77,887	40%	10	25,962
Data Manager (Vacant Start Aug 1, 2024)	\$92,197	30%	10	23,049

Job Description: (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 (Vacant)

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.

B. Fringe Benefits @ 33.37% total salaries \$16,355

Fringe Benefit Component	Percentage of Salary	Amount
FICA	7.41%	3,631
SUI	0.46%	225
ETT	0.01%	6
EAP	0.03%	15
403b Contribution	5.86%	2,872
Medical/Dental/Vision Insurance	13.64%	6,685
LTD	0.08%	39
AD&D and LIFE	0.01%	6
Accrued Vacation	4.60%	2,254
Accrued Vacation Fringe	1.27%	622

C. Travel \$0

D. Equipment \$0

E. Materials and Supplies \$666

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Office Supplies	Paper pens, handouts	10 mos	Approx. \$66.60/month	\$666

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 Costs **\$0**

G. Contractual **\$6,400**

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Consultant	Data Reporting Support	10 mos	Approx. \$640/month	\$6,400

Consultant (TBD): The consultant will be contracted to write sections for the HIV Epidemiology Section’s annual report, copy and edit annual report, and proofread final draft. Collaborate with investigators and staff in the HIV Epidemiology Section to support drafting, writing and editing manuscripts for publication; assist with responses to reviewers’ comments, and if needed, revise and re-submit manuscripts. If manuscripts are rejected, re-format, prepare and submit to other journals. Assist with preparation of abstract submissions to scientific conferences including training staff on abstract submission and help with writing and formatting abstracts. Provide assistance in developing grant proposal and writing project narrative, objectives, evaluation plan, budget justification and other supporting documents.

Total Direct Costs (Heluna Health) **\$72,432**

H. Total Indirect (12.1% of Direct Costs) **\$ 8,765**

Total Costs (Heluna Health) **\$81,197**

TOTAL DIRECT COSTS **\$560,964**

INDIRECT COSTS (22.462% of total salaries) **\$73,806**

TOTAL BUDGET, SURVEILLANCE **\$634,770**

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. Personnel	\$607,999
B. Mandatory Fringe	\$255,360
C. Travel	\$0
D. Equipment	\$0
E. Materials and Supplies	\$1,688
F. Other Expenses	\$217,752
G. Contractual/MOU	\$761,553
Total Direct Costs	\$1,844,351
H. Indirect Costs (22.462% of total salaries)	\$136,569
TOTAL BUDGET	\$1,980,920

A. SALARIES				\$607,999
Position Title and Name	Annual	FTE	Months	Amount Requested
Director HIV/STI Prevention Section Dr. Stephanie Cohen	\$212,000	3%	10	In-Kind
Health Program Coordinator III: DPC LINCS Lead (City Clinic Staff) E. Antunez	\$140,322	100%	10	\$116,935
Epidemiologist II (ARCHES EtE Epidemiologist) J. Wong	\$142,428	100%	10	\$118,690
Nurse Practitioner, PrEP/Syphilis Academic Detailer (EtE Detailer) A. Decker	\$212,100	65%	10	\$114,887
Health Worker III (Post Incarceration Navigator) A. Gomez	\$92,846	50%	10	\$38,685
Health Worker III (Gender Health Navigator) L. May Madrigal	\$92,846	50%	10	\$38,685
Health Worker I (Youth Sexual Health Ambassador) T. Jones	\$75,816	100%	10	\$63,180
Health Program Coordinator III/ EtHE Manager for Community Programs T. Knoble	\$140,322	100%	10	\$116,935

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 (3rd Street youth Clinic) to spear head 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.

B. MANDATORY FRINGE @ 42% **\$255,360**

Fringe Benefit Component	Amount	Percentage of Salary	Amount
Social Sec-Medicare(HI Only)	\$607,999	1.38%	8,390
Social Security (OASDI & HI)	\$607,999	5.89%	35,811
Life Insurance	\$607,999	0.04%	243
Dental Coverage	\$607,999	1.23%	7,478
Retiree Health-Match-Prop B	\$607,999	1.0%	6,080
Health Service-City Match	\$607,999	16.88%	102,630
Long Term Disability Insurance	\$607,999	0.38%	2,310
Retire City Misc	\$607,999	15.20%	92,416
TOTAL	\$607,999	42.0%	255,360

C. TRAVEL **\$0**

D. EQUIPMENT **\$0**

E. MATERIALS AND SUPPLIES **\$1,688**

Item	Unit Cost	Amount Requested
General Office Supplies	6.75 FTE x \$168/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 **\$217,752**

Item	Unit Cost	Amount Requested
Office Rent	\$1.93/sq ft x 250sq. ft x 10 months x 6.75 FTE	\$32,569
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		\$761,553
Contractor	Cost	
(1) SFPDH Street Medicine (Whole Person Care)	\$72,455	
(2) Heluna Health	\$555,764	
(3) TBD-RFP Solicitation in Process	\$133,333	

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

Award Amount: \$72,455

Method of Selection: Health Department Provided Service/Street Medicine

Period of performance: 08/1/2024 – 05/31/2025

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

Description of activities: Street Medicine Team Lead will provide direct services and panel management and will have a coordinating role between Street Medicine, EtE Steering Committee/implementation, and other homeless services.

Itemized budget with narrative justification:

A. Salaries \$55,768

Position Title and Name	Annual	FTE	Months	Amount Requested
Health Worker III (Street Medicine Team Lead) K. O'Connor	\$78,546	71%	10	\$55,768
Total Salaries:				\$55,768

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.

B. Mandatory Fringe @30% of Salaries \$16,675

C. Travel \$0

D. Equipment	\$0
E. Materials and Supplies	\$0
F. Other Expenses	\$12.00

Item	Unit Cost	Amount Requested
Client Stipends	\$10/gift card x 1.2	\$12.00

Client Stipends: Client Stipends will be used to engagement 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. Clients will be giving a \$10 Visa gift card or \$10 Safeway gift card. All gift cards will be lock 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. Other funds will be used to purchase gift cards.

G. Contractual	\$0
Total Direct Costs (SFDPH Street Medicine)	\$72,455
H. Total Indirect	\$0
TOTAL BUDGET (SFDPH Street Medicine)	\$72,455

2. Name of contractor: Heluna Health

Award Amount: \$555,764

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

Period of performance: 08/1/2024 – 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 **\$115,344**

Position Title and Name	Annual	Time	Months	Amount Requested
Front Desk Associate TBD Vice F.Zhao (Vacant)	\$64,272	45%	10 months	\$24,102
Executive Program Administrator H. Qasim	\$100,000	100%	10 months	\$83,333
Finance Operations Manager T. Miraglia	\$111,255	5%	10 months	\$4,636
Budget Coordinator I. Bartra	\$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. Mandatory Fringe @ 33.81% x salaries \$38,998

Based on the standard fringe estimate for staff

FICA	7.65%	\$8,823
SUI	0.19%	\$219
ETT	0.01%	\$11
Worker's Compensation	1.31%	\$1,511
EAP	0.04%	\$46
403b Contribution	6.0%	\$6,920
Medical/Dental/Vision Insurance	12.68%	\$14,625
LTD	0.11%	\$126
AD&D and LIFE	0.01%	\$11
Accrued Vacation	4.54%	\$5,236
Accrued Vacation Fringe	1.27%	\$1,464

C. Travel \$0

D. Equipment \$0

E. Materials and Supplies \$26,347

Item	Unit Cost	Amount Requested
Lab Supplies Syphilis Rapid test kits	\$2,634 x 10 months	\$26,347

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 **\$160,000**

Item	Unit Cost	Cost
EHE Community Engagement Events Sponsorship	\$1000/Month x 10 months	\$10,000
Social Marketing Development Placement	Flat Rate (Comcast/Radio Placement (\$60,00), 100/hr x 150 hours Strategy Development (\$15,000), 100/hr x 150hrs Campaign Management website (\$15,000), Social Media Management/placement \$1000/m x 10 months	\$100,000
PWIUD/PHE Community Engagement Strategy	\$5000/month x 10 months x 2 events per month (@\$2500 per event	\$50,000

Community Engagement: Collaborate with funded partners to execute EtHE specific community engagement events/activities to promote low-barrier integrated HIV/STI/HCV testing resources, including Home-Based testing program resources.

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 (\$60,00 | Flate Rate)
- Campaign Strategy Development, 100/hr x 150 hours (\$15,000)
- Campaign Management | website 100/hr x 150hrs (\$15,000)
- Social Media Management/placement \$1000/m x 10 months (\$10,000)

PWIUD/PHE community Engagement Strategy: Develop, design, and implement innovative community engagement strategies/activities to address current overdose crisis, while implementing harm reduction awareness, knowledge, and resources. Staff will work with the SFDPH Overdose Response team to design and implement community engagement activities and events. Estimate of 2 events per month@ \$2,500 per event x 10 months. Funds will also be used to support community partners who also host community-based events.

G. Contractual

\$160,000

Contract	Cost
TBD Community Based Mini Grants (<i>Selection Process TBD SEP 2024</i>)	\$160,000

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.

Total Direct Costs (Heluna Health)

\$500,689

H. Total Indirect (11% of Direct Costs)

\$55,076

Total Budget (Heluna Health)

\$555,764

2. Name of contractor: TBD RFP/Selection in Process

Award Amount: \$133,333

Period of performance: 08/1/2024 – 05/31/2025

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

Description of activities: Selected vendor will be responsible for the implementation of mobile contingency management services with people experiencing homelessness. The goal of this intervention is to reduce negative health impacts and reduce fatal overdose risks among people who use drugs, with a focus on fatal overdose mitigation, and the creation of substance use goals and stabilization. Outreach efforts will focus on priority communities impacted by opioid overdose, including people who use alone, people experiencing homelessness, BIPOC and / or PWUD communities. Outreach will occur in the area around the SFAF Bayview mobile syringe access site and at impacted safer sleeping sites in the Tenderloin. Participants will be recruited by health educators and counselors at the Bayview mobile site and at safer sleeping sites for contingency management, low threshold counseling/case management, and for our 3-session fentanyl-focused intervention. Recruitment will be done in person in various street-based settings. Palm cards and informational handouts will be created to promote the service. CDC funded incentives will be used to encourage participation in the program. Participants will receive a

\$20 Visa gift card for each of the three Safer Use coaching sessions completed for a total of \$60.

Itemized budget with narrative justification:

A. Salaries \$80,145

Position Title and Name	Annual	Time	Months	Amount Requested
Counselor I - (TBD)	\$64,116	100%	10 months	\$53,430
Health Educator - (TBD))	\$64,116	50%	10 months	\$26,715

Job Description: Counselor I

Responsible for outreach, linkage and 1 on 1 and group low threshold counseling, coaching and Contingency Management with target populations of speed and fentanyl users (and other homeless and/or marginally housed substance users at high risk for overdose) with special focus on BIPOC participants. The counselor I will provide intake; assessment; counseling; linkage; education and referral.

Job Description: Health Educator

Responsible for outreach, health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing & linkage, care & other services; harm reduction and overdose prevention focused coaching, counseling and provision of Contingency Management and other low threshold Services includes outreach to safer sleeping villages & COVID (SIP Hotels).

B. Mandatory Fringe @25% of Salaries \$20,036

C. Travel \$0

D. Equipment \$0

E. Materials and Supplies \$900

Item	Unit Cost	Amount Requested
Staff Cell Phones	1.5 FTE x 60/mo x 10	\$900

Staff Cell Phones: Cell phones will be used for staff to communicate and follow-up with clients for successful program retention and completion.

F. Other Costs \$20,131

Item	Unit Cost	Amount Requested
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Client Incentives Stipends	\$20 safeway gift cards x 838	\$16,770
Nutritional Supplements	336/ month x 10 months	\$3,361

Client incentives | Stipends

Client Stipends will be used to engagement 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 lock 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. Other funds will be used to purchase gift cards.

Nutritional supplements for participants at mobile sites. (*Bottled Water, fruit, granola bars, peanuts, roasted seaweed, and other nutritional supplements that are culturally relevant to community served.*)

G. Contractual	\$0
Total Direct Costs (TBD)	\$121,212
H. Total Indirect (10% of Direct Costs)	\$12,121
TOTAL BUDGET (TBD)	\$133,333

TOTAL DIRECT COSTS	\$1,844,351
INDIRECT COSTS (22.462% of total salaries)	\$136,569
TOTAL BUDGET, EHE	\$1,980,920

Attachment A1: Report on Programmatic, Budgetary, and Commitment Overlap



April 24, 2024

Re: Report on programmatic, budgetary or commitment overlap

To whom it may concern:

SFDPH's Application for CDC RFA-PS24-0047 is meticulously designed to ensure that program activities and funding commitments across different funding sources do not duplicate or overlap. While there may be some perceived programmatic overlap in certain areas, the programmatic activities proposed under PS-24-0047 are **distinctly unique and not duplicative of activities funded through other sources, as elaborated below.**

SFDPH has also applied for PS24-0003, Support and Scale Up of HIV Prevention Services in Sexual Health Clinics. If funded, the award will begin June 1, 2024. PS24-0003 has some overlapping objectives with PS24-0047, for example "increased rapid linkage to HIV medical care", "increased early initiation of ART", and "increased referral and rapid linkage of persons with indications for PrEP." For these types of similar objectives, the related activities described in our PS24-0047 application **are distinct from those proposed or funded under other sources.**

For example, the staff person who leads our public health detailing training and technical assistance program will be funded on PS-24-0047 and is listed as in-kind on our PS24-0003 application. The workplan activities they will lead for PS24-0047 will be distinct from those they lead as part of PS24-0003. **Therefore, there is no programmatic overlap.**

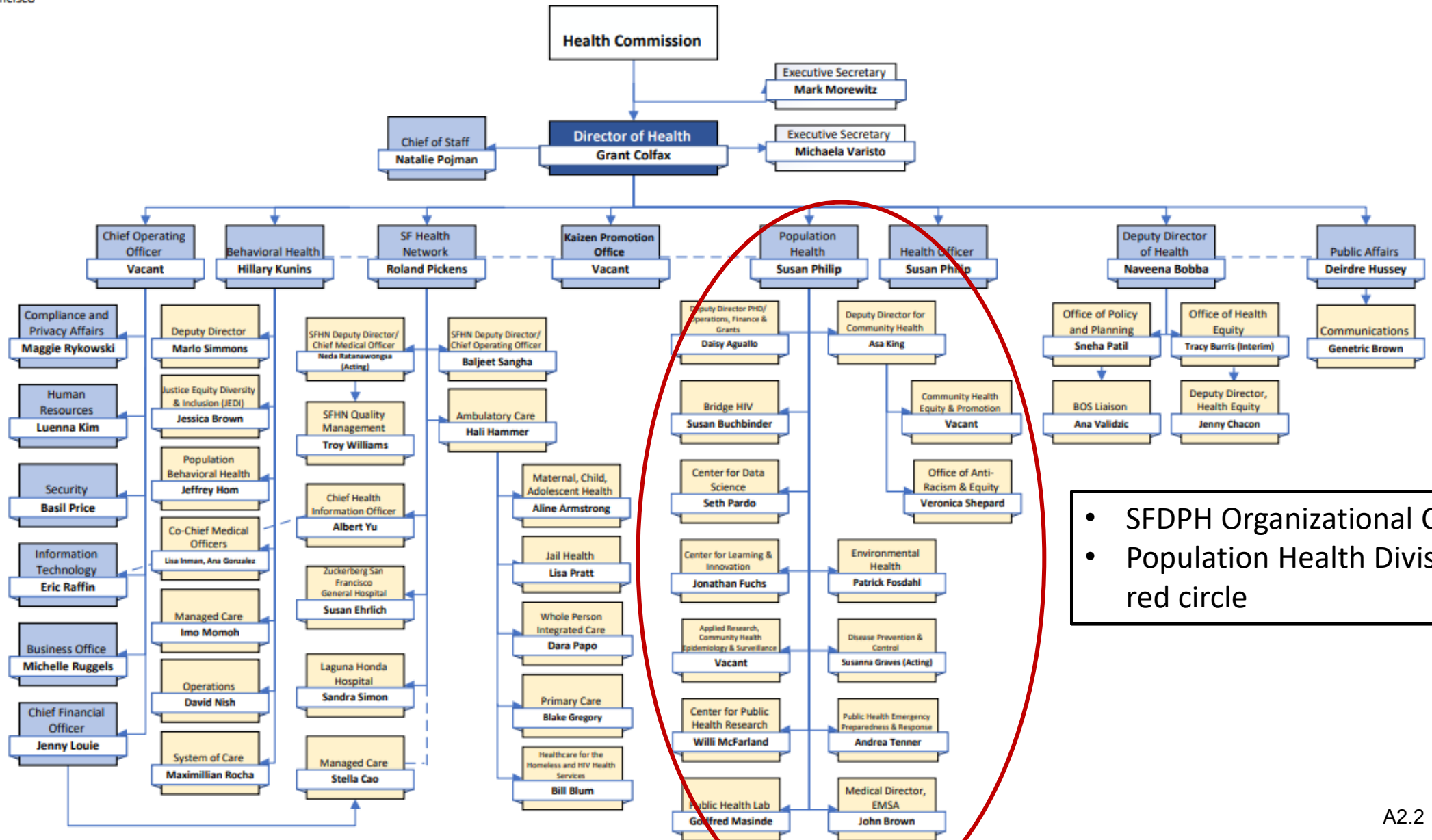
Sincerely

Nyisha Underwood

Nyisha Underwood, MPH
Director, Community Health Equity and Promotion Branch, SFDPH

Attachment A2: Organizational Charts and Staffing Plan

- Organizational Charts.....A2.2
- Staffing for Each Proposed Activity.....A2.5



- SFDPH Organizational Chart
- Population Health Division in red circle



Population Health Division (PHD) Organizational Chart – Executive and Branches

Revised 2/28/2024

Grant Colfax
Director of Health

Susan Philip
Health Officer
PHD Director &
SF Health Officer

Shonika Kumar
Management Assistant
(1840)

(2233 Vacant)
Deputy Health Officer
Research, Learning and
Development

Bridge HIV
Susan Buchbinder (2233)

**Center for Public Health
Research (CPHR)**
Willi McFarland (2232)

**Center for Learning and
Innovation (CLI)**
Jonathan Fuchs (2232)

**Information & Guidance
(I&G)**
Vacant (0922)

Daisy Aguallo
Deputy Director of Operations,
People & Infrastructure (0941)

Policy & Grants
Eduardo Sida (0923)

Operations Section Management
Vacant (0931)

Operations Branch
Lucia Angel (0931)

Vital Records
Erika Campos (1823)

DPH/PHD Finance
Maggie Han
(1824)

Compliance
Joseph Gorndt
(1824)

(0943 Vacant)
Chief Surveillance, Data and
Analytics Officer

**Applied Research
Community Health Epi &
Surveillance (ARCHES)**
Vacant (0931)
AJ Jones (HIV)
Melissa Sanchez
(TB/CD/Viral Hep)
Trang Nguyen (STD)
Sharon Pipkin

**Center for Data
Science (CDS)**
Vacant (0931)
Seth Pardo (0922)

(2233 Vacant)
Deputy Health Officer
Public Health Services

**Disease Prevention &
Control (DPC)**
Susannah Graves (acting)
(2233)

**Public Health Lab Services
(PHL)**
Godfred Masinde (0932)

Environmental Health (EH)
Patrick Fosdahl (0953)

**Public Health Emergency
Preparedness and
Response Branch (PHEPR)**
Andi Tenner (2233)

**Emergency Medical
Services Agency (EMSA)**
Medical Director
John Brown (2233)

Asa King
Deputy Director
Community Health (0953)

**Office of Anti-Racism &
Equity (OARE)**
Vacant (0922)

**Community Health and Equity
Promotion (CHEP) (0931)**
Nikole Trainor (Admin)
Christina Goette (Wellness)
Nyisha Underwood
(Sexual/Drug use)

**Equity and Community
Engagement (ECE)**
Isela Ford (acting) (0922)

- Population Health Division Organizational Chart
- ARCHES, DPC and CHEP (outlined in red) lead PS24-0047 work

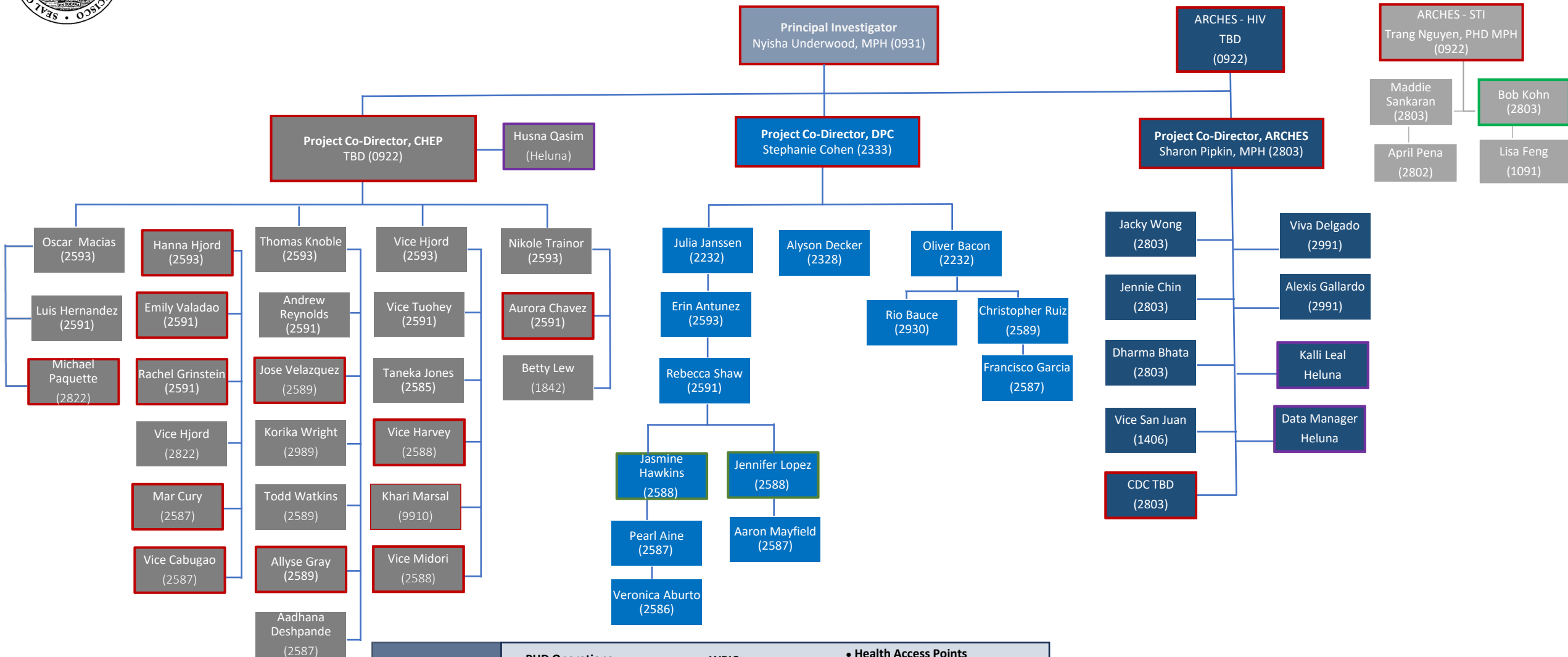
Color Key

- PHD Executive Deputies
- PHD Branches
- Vacant Positions





CHEP, DPC and ARCHES High Level Organizational Chart for PS 24-0047



Other Branches and Community Partners	PHD Operations Macias (1824) Vice Zhao (Heluna)	WPIC O'Connor (2587)	• Health Access Points
	Jail Health Services Gomez (2587)	Public Health Lab Lei (2463) Li (2463) Wong (2461)	• Glide
	BHS Gender Health Services Madrigal (2587)		• Shanti • HIV Community Planning Council • End Hep C SF

Outlined in Purple: Contractor
 Outlined in Red: in-kind
 Outlined in Green: illustrate chain of command only

Staff Name		Assigned Activities for Strategy 1: Test <i>L=Lead, X = Involved</i> <i>Activities referenced at bottom of table</i>							
First	Last	Operations Support	SF1.1	SF1.2	SF1.3	SF1.4	SF1.5	SFEHE1.6	SFEHE1.7
A.	Mayfield						X		
A.	Pena				X				
Alexis	Gallardo								
Alyson	Decker		L	L			L		
Andrew	Reynolds				X				
Arcelia	Gomez								
Aurora	Chavez					X			
Betty	Lew	X							
Dharma	Bhatta								
Erin	Antunez								
F.	Garcia						X		
Hanna	Hjord							L	L
Husna	Qasim	X							
Jacklyn	Wong								
Jennie	Chin								
Jose	Velasquez		X						
Julia	Janssen						X		
Korika	Wright				X				
L.	Feng	X							
Lila May	Madrigal								
Luis	Hernandez				X				
M.	Sankaren				X				
Michael	Paquette	X							
Nikole	Trainor	X				L			
Nyisha	Underwood								
Oliver	Bacon						X		
Oscar	Macias								
P.	Aine						X		
R.	Bauce						X		
Rachael	Grinstein								
Rebecca	Shaw						X		
Saadhana	Deshpande								
San	Juan	X							
Sharon	Pipkin								
Taneka	Jones								
TBD	TBD (2803)								
TBD	TBD (DCI)						X		
Thomas	Knoble				L				
Todd	Watkins				X				
V.	Aburto						X		

Staff Name		Assigned Activities for Strategy 1: Test <i>L=Lead, X = Involved</i> <i>Activities referenced at bottom of table</i>							
First	Last	Operations Support	SF1.1	SF1.2	SF1.3	SF1.4	SF1.5	SFEHE1.6	SFEHE1.7
Vice	Zhao	X							
Vice.	Hjord								
Vice.	Touhey								
Vice. (1825)	Carmona	X							
Viva	Delgado								
Vice (0922)	Hsu								

SF1.1 Continue to implement routine opt-out (ROOT) HIV testing, supported by public health detailing staff and clinical champions.

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.

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

SF1.4 Continue to partner with TakeMeHome (TMH), a mail order home-based HIV and STI self-testing program, to increase access to testing.

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.

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).

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

Staff Name		Assigned Activities for Strategy 2: Treat <i>L=Lead, X = Involved</i> <i>Activities referenced at bottom of table</i>					
First	Last	Operations Support	SF2.1	SF2.2	SF2.3	SFEHE2.4	SFEHE2.5
A.	Mayfield		X	X	X		X
A.	Pena			X			
Alexis	Gallardo						
Alyson	Decker				X	L	
Andrew	Reynolds						
Arcelia	Gomez						
Aurora	Chavez						
Betty	Lew	X					
Dharma	Bhatta						
Erin	Antunez		L	L			
F.	Garcia		X	X	X		X
Hanna	Hjord				X	L	L
Husna	Qasim	X					
Jacklyn	Wong						
Jennie	Chin						
Jose	Velasquez						
Julia	Janssen						
Korika	Wright						
L.	Feng	X					
Lila May	Madrigal						
Luis	Hernandez						
M.	Sankaren			X			
Michael	Paquette	X					
Nikole	Trainor	X					
Nyisha	Underwood						
Oliver	Bacon		X	X	X	X	X
Oscar	Macias						
P.	Aine		X	X	X		X
R.	Bauce		X	X			
Rachael	Grinstein				L		
Rebecca	Shaw		X	X	X		X
Saadhana	Deshpande						
San	Juan	X					
Sharon	Pipkin						
Taneka	Jones						
TBD	TBD (2803)						
TBD	TBD (DCI)		X	X	X		X
Thomas	Knoble						L
Todd	Watkins						
V.	Aburto		X	X	X		X

Staff Name		Assigned Activities for Strategy 2: Treat <i>L=Lead, X = Involved</i> <i>Activities referenced at bottom of table</i>					
First	Last	Operations Support	SF2.1	SF2.2	SF2.3	SFEHE2.4	SFEHE2.5
Vice	Zhao	X					
Vice.	Hjord						
Vice.	Touhey						
Vice. (1825)	Carmona	X					
Viva	Delgado						
Vice (0922)	Hsu						

SF2.1 Offer clients who test positive for HIV immediate support with RAPID ART start, linkage to HIV primary care, and partner services.

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.

SF2.3 Implement HCV linkage to care for HIV/HCV co-infected and HCV mono-infected individuals.

SFEHE2.4 Partner with key stakeholders to expand LAI ART with a focus on Black, Latine, PEH, and PWUD.

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.

Staff Name		Assigned Activities for Strategy 3: Prevent <i>L=Lead, X = Involved</i> <i>Activities referenced at bottom of table</i>								
First	Last	Operations Support	SF3.1	SF3.2	SF3.3	SF3.4	SF3.5	SF3.6	SFEHE 3.7	SFEHE 3.8
A.	Mayfield									
A.	Pena			X				X		
Alexis	Gallardo									
Alyson	Decker							L		
Andrew	Reynolds		X							
Arcelia	Gomez									
Aurora	Chavez						L			
Betty	Lew	X								
Dharma	Bhatta									
Erin	Antunez									
F.	Garcia									
Hanna	Hjord			L		L				
Husna	Qasim	X								
Jacklyn	Wong									
Jennie	Chin									
Jose	Velasquez		X				X			
Julia	Janssen									
Korika	Wright		X							
L.	Feng	X								
Lila May	Madrigal									
Luis	Hernandez		X							
M.	Sankaren			X						
Michael	Paquette	X								
Nikole	Trainor	X					L			
Nyisha	Underwood									
Oliver	Bacon									
Oscar	Macias		X				X			
P.	Aine									
R.	Bauce									
Rachael	Grinstein									
Rebecca	Shaw									
Saadhana	Deshpande									
San	Juan	X								
Sharon	Pipkin									
Taneka	Jones									
TBD	TBD (2803)									
TBD	TBD (DCI)									
Thomas	Knoble		L		L			L	L	L
Todd	Watkins		X							
V.	Aburto									

Staff Name		Assigned Activities for Strategy 3: Prevent <i>L=Lead, X = Involved</i> <i>Activities referenced at bottom of table</i>								
First	Last	Operations Support	SF3.1	SF3.2	SF3.3	SF3.4	SF3.5	SF3.6	SFEHE 3.7	SFEHE 3.8
Vice	Zhao	X								
Vice.	Hjord					X				
Vice.	Touhey									
Vice. (1825)	Carmona	X								
Viva	Delgado									
Vice (0922)	Hsu									

SF3.1 Provide training and technical assistance to support the HAPs to provide fully integrated whole-person services to priority populations.

SF3.2 Expand access to PrEP for PEH and PWU/ID.

SF3.3 Make free condoms and safer sex supplies widely available.

SF3.4 Expand access to harm reduction services for PEH and PWU/ID.

SF3.5 Develop and implement a prevention social marketing campaign for the Latine community.

SF3.6 Implement point of care HIV and syphilis testing for people who are or could become pregnant.

SFEHE3.7 Implement an annual conference/training for sexual and drug user health frontline workers.

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

Staff Name		Assigned Activities for Strategy 4: Respond <i>L=Lead, X = Involved</i> <i>Activities referenced at bottom of table</i>						
First	Last	Operations Support	SF4.1	SF4.2	SF4.3	SF4.4	SFEHE4.5	SFEHE4.6
A.	Mayfield							
A.	Pena							
Alexis	Gallardo							
Alyson	Decker							
Andrew	Reynolds							
Arcelia	Gomez							
Aurora	Chavez							
Betty	Lew	X						
Dharma	Bhatta							
Erin	Antunez							
F.	Garcia							
Hanna	Hjord							
Husna	Qasim	X						
Jacklyn	Wong							
Jennie	Chin							
Jose	Velasquez							
Julia	Janssen		X		X	L		L
Korika	Wright							
L.	Feng	X						
Lila May	Madrigal							
Luis	Hernandez							
M.	Sankaren							
Michael	Paquette	X						
Nikole	Trainor	X						
Nyisha	Underwood							
Oliver	Bacon							
Oscar	Macias							
P.	Aine							
R.	Bauce							
Rachael	Grinstein							
Rebecca	Shaw							
Saadhana	Deshpande							
San	Juan	X						
Sharon	Pipkin		L	X	L		L	
Taneka	Jones							
TBD	TBD (2803)							
TBD	TBD (DCI)							
Thomas	Knoble			L				
Todd	Watkins							
V.	Aburto							

Staff Name		Assigned Activities for Strategy 4: Respond <i>L=Lead, X = Involved</i> <i>Activities referenced at bottom of table</i>						
First	Last	Operations Support	SF4.1	SF4.2	SF4.3	SF4.4	SFEHE4.5	SFEHE4.6
Vice	Zhao	X						
Vice.	Hjord							
Vice.	Touhey							
Vice. (1825)	Carmona	X						
Viva	Delgado							
Vice (0922)	Hsu							

SF4.1 Maintain cross-program CDR workgroup to oversee CDR.

SF4.2 Provide updates to and facilitate discussions with internal SFDPH and community partners on CDR activities.

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

SF4.4 Prioritize and respond to clusters and prevent future outbreaks.

SFEHE4.5 Build a CDR dashboard to automate analysis and visualize trends.

SFEHE4.6 Conduct a CDR outbreak simulation activity to test current CDR outbreak response plans.

Staff Name		Assigned Activities for Strategy 5: Core HIV Surveillance				
		<i>L=Lead, X = Involved</i>				
		<i>Activities referenced at bottom of table</i>				
First	Last	Operations Support	SF5.1	SF5.2	SF5.3	SF5.4
A.	Mayfield					
A.	Pena		X	X	X	X
Alexis	Gallardo		X	X	X	X
Alyson	Decker					
Andrew	Reynolds					
Arcelia	Gomez					
Aurora	Chavez					
Betty	Lew	X				
Dharma	Bhatta		X	X	X	X
Erin	Antunez					
F.	Garcia					
Hanna	Hjord					
Husna	Qasim	X				
Jacklyn	Wong					
Jennie	Chin		X	X	X	X
Jose	Velasquez					
Julia	Janssen					
Korika	Wright					
L.	Feng	X				
Lila May	Madrigal					
Luis	Hernandez					
M.	Sankaren		X	X	X	X
Michael	Paquette	X				
Nikole	Trainor	X				
Nyisha	Underwood					
Oliver	Bacon					
Oscar	Macias					
P.	Aine					
R.	Bauce					
Rachael	Grinstein					
Rebecca	Shaw					
Saadhana	Deshpande					
San	Juan	X	X	X	X	X
Sharon	Pipkin		L	L	L	L
Taneka	Jones					
TBD	TBD (2803)		X	X	X	X
TBD	TBD (DCI)					
Thomas	Knoble					
Todd	Watkins					

Staff Name		Assigned Activities for Strategy 5: Core HIV Surveillance				
		<i>L=Lead, X = Involved</i>				
		<i>Activities referenced at bottom of table</i>				
First	Last	Operations Support	SF5.1	SF5.2	SF5.3	SF5.4
V.	Aburto					
Vice	Zhao	X				
Vice.	Hjord					
Vice.	Touhey					
Vice. (1825)	Carmona	X				
Viva	Delgado		X	X	X	X
Vice (0922)	Hsu		X	X	X	X

SF5.1 Conduct HIV surveillance data collection and reporting.

SF5.2 Report high-quality HIV surveillance data to CDC

SF5.3. Make HIV surveillance data analyses routinely available to SFDPH and community partners.

SF5.4 Support the use of data for program evaluation and priority setting, public health action, and early identification of emerging issues.

Staff Name		Assigned Activities for Strategy 6: Community Engagement & HIV Planning <i>L=Lead, X = Involved</i> <i>Activities referenced at bottom of table</i>				
First	Last	Operations Support	SF6.1	SF6.2	SF6.3	SF6.4
A.	Mayfield					
A.	Pena					
Alexis	Gallardo					
Alyson	Decker					
Andrew	Reynolds					
Arcelia	Gomez					
Aurora	Chavez				X	
Betty	Lew	X				
Dharma	Bhatta					
Erin	Antunez					
F.	Garcia					
Hanna	Hjord					
Husna	Qasim	X				
Jacklyn	Wong					
Jennie	Chin					
Jose	Velasquez					
Julia	Janssen					
Korika	Wright					
L.	Feng	X				
Lila May	Madrigal					
Luis	Hernandez					
M.	Sankaren					
Michael	Paquette	X				
Nikole	Trainor	X				
Nyisha	Underwood					
Oliver	Bacon					
Oscar	Macias					
P.	Aine					
R.	Bauce					
Rachael	Grinstein					
Rebecca	Shaw					
Saadhana	Deshpande				X	
San	Juan	X				
Sharon	Pipkin					
Taneka	Jones			X		
TBD	TBD (2803)					
TBD	TBD (DCI)					
Thomas	Knoble		L		L	L

Staff Name		Assigned Activities for Strategy 6: Community Engagement & HIV Planning <i>L=Lead, X = Involved</i> <i>Activities referenced at bottom of table</i>				
First	Last	Operations Support	SF6.1	SF6.2	SF6.3	SF6.4
Todd	Watkins					
V.	Aburto					
Vice	Zhao	X				
Vice.	Hjord					
Vice.	Touhey			L		
Vice. (1825)	Carmona	X				
Viva	Delgado					
Vice (0922)	Hsu					

SF6.1 Provide mini community grants to engage with key subpopulations.

SF6.2 Develop an approach to community engagement with youth.

SF6.3: Continue partnership with HCPC.

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**.

Attachment A3: Indirect Cost Rate

- CDPH ICR Approval Letter.....A3.2
- FY24-25 SFDPH ICR Memo.....A3.3
- Countywide Cost Allocation Plan FY23-24.....A3.4



**TOMAS J. ARAGON, M.D.,
DR.P.H.**
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

February 23, 2024

Jenny Louie
CFO
San Francisco
101 Grove Street
San Francisco, CA 94102

Dear Jenny Louie:

Thank you for submitting your Indirect Cost Rate (ICR) documentation to the California Department of Public Health (CDPH). CDPH is using a standardized process that allows each Local Health Department (LHD) to use the negotiated ICR for all contracts, unless the ICR is otherwise designated by state or federal statutes, regulations, or specific grant guidelines, with CDPH.

For Fiscal Year 2024-2025, CDPH has accepted the documentation you have provided and, on a one-year basis, will approve your ICR proposal as follows:

22.462% calculated based on Salaries, Wages and Fringe Benefits

Please note, the rate you provided was approved up to the maximum allowed by CDPH policy (up to 25% for ICR calculated based on Salaries, Wages and Fringe Benefits and up to 15% for ICR calculated based on Allowable Total Direct Costs).

We look forward to working with you to document your approved ICR in CDPH contracts with a start date of July 1, 2024 or later.

If you have any questions, contact CDPH at CDPH-ICR-Mailbox@cdph.ca.gov.

Sincerely,

A handwritten signature in green ink that reads 'Luz Lunetta'.

Luz Lunetta, Accounting Reporting Section Chief
California Department of Public Health



DATE: February 26, 2024

TO: Grants Managers
Naveena Bobba
Jennifer Boffi

FROM: Drew Murrell
Controller

DocuSigned by:
Drew Murrell
00F477D422F6463...

RE: FY24-25 Overhead Costs

Effective immediately, the Indirect Cost rate for Population Health & Prevention-Public Health Division is 22.462% of salaries and benefits. This rate was based on FY 2021-22 costs and includes the COWCAP allocation (FY 23-24) based on the OMB Circular 2 CRF Part 200 Cost Allocation Plan. Public Health Division Grant Managers should use 22.462% indirect cost rate on all current grants and new or renewal grant applications, unless the grantor has specified a maximum rate lower than 22.462%.

Other Divisions in the Health Department should add the following costs to their divisions' internal indirect costs in order to reflect total indirect costs:

	<u>Amount</u>
Mental Health	22,802,179
Substance Abuse	3,780,383
Primary Care	19,745,587
Health at Home	1,600,141
Jail Health	6,000,272
Laguna Honda Hospital	43,925,207
ZSFG	109,329,777

cc: Daisy Aguallo
Patrick Fosdahl
Susan Philip
Lily Conover

**NEGOTIATION AGREEMENT
COUNTYWIDE COST ALLOCATION PLAN**

**City/County of San Francisco
San Francisco, California**

**Date: October 9, 2023
Filing Ref: SFO24**

Pursuant to the federal Office of Management and Budget Circular *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Grants* (Uniform Guidance), found at Title 2, Code of Federal Regulations, Part 200, the State Controller’s Office formally approves the Countywide Cost Allocation Plan as described in Section I for use in fiscal year **2023-24**. This approval is subject to the conditions contained in Section III.

Departmental indirect cost proposals should clearly identify those costs that have been distributed through Sections I and II of this agreement in accordance with the guidelines of the responsible grantor agency for that department. Furthermore, data processing systems may be subject to grantor agency approval prior to the reimbursement of certain costs allocated, billed, or cost applied by the Data Processing Department.

SECTION I: COSTS DISTRIBUTED THROUGH COUNTYWIDE COST ALLOCATIONS

The indirect overhead and support service costs listed in the **Summary Schedule** (attached) are formally approved as actual costs for fiscal year **2021-22**, and as estimated costs for fiscal year **2023-24** on a “fixed with carry-forward” basis. These costs may be included as part of the county departments’ costs indicated effective **July 1, 2023**, for further allocation to federal grants and contracts performed by the respective county departments.

SECTION II: COSTS DISTRIBUTED THROUGH BILLING OR COST TRANSFER MECHANISMS

- | | |
|--|---|
| 1. Employee Fringe Benefits | 8. Admin Services – Risk Management |
| 2. Controller | 9. Human Resources – Workers’ Comp |
| 3. The Health Services System Division | 10. Central Shops Fund ISF |
| 4. Administrative Services | 11. Finance Corporation ISF |
| 5. City Attorney | 12. Reproduction Fund ISF |
| 6. Civil Service Commission | 13. Telecommunications and Information Fund ISF |
| 7. Human Resources | |

In addition to Section I, which provides for services furnished but not billed, the services listed above are furnished and billed to state/local departments and agencies.

Direct charges from the above cost centers should be billed or cost applied in accordance with the procedures established by the county as described in its Countywide Cost Allocation Plan and may be included as part of the county departments’ costs indicated in Section I.

SECTION III: CONDITIONS

A. LIMITATIONS: Use of the amounts contained in this Negotiation Agreement are subject to any statutory or administrative limitations and, when ultimately allocated to individual grants or contracts through the indirect cost proposals of each county department, are applicable only to the extent that funds are available. Acceptance of the amounts agreed to herein is predicated on the conditions: (1) that no costs other than those incurred by the county were included for distribution in its Countywide Cost Allocation Plan as finally accepted, and that such costs are legal obligations of the county and allowable under the governing cost principles; (2) that similar types of costs have been accorded consistent accounting treatment; and (3) that the information provided by the county and used as the basis for acceptance of the amounts agreed to herein is not subsequently found to be materially incomplete or inaccurate.

B. CHANGES: Fixed amounts contained in this Negotiation Agreement are based on the organizational structure and accounting system in effect at the

time the proposal was submitted. Significant changes in the organizational structure, or changes in the method of accounting for costs that materially affect the amount of reimbursement resulting from use of the amounts in this Negotiation Agreement, will require prior approval by the authorized representative of the responsible negotiation agency. Failure to obtain such approval may result in subsequent audit disallowances.

C. FIXED AMOUNTS: The fixed amounts contained in Section I of this agreement are based on an estimate of the costs that will be incurred during the period to which the amounts apply. When the actual costs for this period are determined, any differences between the fixed costs used as an estimate and the actual costs will be considered in a subsequent agreement.

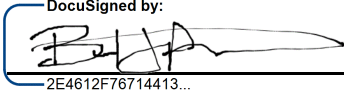
D. BILLED COSTS: Charges for the services cited in Section II will be billed or cost applied in accordance with the procedures established by the county, and recorded on the books of the cost center providing the service. Such charges will be based on the actual allowable costs, as defined by Uniform Guidance, incurred by the cost center responsible for providing the service. Any differences between the billed allowable costs and the actual allowable costs for a particular accounting period will be considered in a subsequent agreement.

E. NOTIFICATION TO STATE AND FEDERAL AGENCIES: Copies of this document will be provided to other state and federal agencies as a means of notifying them of this approval.

F. SPECIAL REMARKS: There are no adjustments in the fiscal year 2023-24 Cost Allocation Plan.

SECTION IV: ACCEPTANCE

CITY/COUNTY OF SAN FRANCISCO

BY 
2E4612F76714413...
ben rosenfield

Controller	Name
10/23/2023	Title
	Date

cc: State and Federal Agencies
Attachment: Summary Schedule

**MALIA M. COHEN
CALIFORNIA STATE CONTROLLER**

BY Sandeep Singh

**SANDEEP SINGH
Manager
Local Government Policy Section
Local Govt Programs and Services
Division**

10/23/2023
Date

**Negotiated by Tatyana Boltovskaya
Telephone (916) 306-7775**

City and County of San Francisco FY 2023-24
OMB A-87 Cost Allocation Plan

SUMMARY SCHEDULE

Department	ADM Animal Care And Control									
	Academy of Sciences	ADM-Central Shops	ADM-Real Estate	Adult Probation	Airport	Animal Care	Arts Commission	Asian Art Museum	Assessor-Recorder	Building Inspection
1 Building Depreciation	-	-	225,266	8,463	-	-	-	-	793,177	34,981
2 Equipment Depreciation	-	-	347,911	21,627	-	-	2,817	56,119	22,499	-
3 Board of Supervisors	1,079	-	-	9,840	214,649	-	9,365	2,322	7,885	18,290
4 Controller	18,293	-	-	160,338	(875,702)	-	160,292	38,624	131,279	86,418
5 Health Service System	69,396	-	-	890,949	(1,231,807)	-	350,208	424,976	1,130,102	328,911
6 Administrative Services	1,696	2,502,090	6,509,042	28,068	249,177	620,582	28,994	3,226	9,346	67,811
7 City Attorney	1,878	-	740,303	(9,462)	436,212	-	191,870	31,225	(18,616)	(880,864)
8 Civil Service Commission	247	-	-	3,296	34,466	-	810	1,201	3,992	6,541
9 Human Resources	8,144	-	-	108,572	1,135,296	-	26,672	39,574	131,504	215,448
10 Mayor's Budget Office	520	-	-	4,542	106,353	-	4,775	989	3,377	8,361
11 Admin Svcs - Risk Management	-	-	(243)	(3)	(3,070)	-	(6)	(179)	-	(1)
12 Human Resources - Workers' Comp	23,168	-	-	(0)	0	8,772	-	-	0	(0)
TOTAL CURRENT ALLOCATIONS	124,421	2,502,090	7,822,279	1,226,229	65,575	629,354	775,797	598,078	2,214,546	(114,104)
Prior Allocation in FY 2021-22 Plan	121,015	1,631,160	9,428,251	1,360,003	(128,929)	334,912	562,538	483,869	2,361,651	(607,073)
Adjustment for Difference to Prior Plan	3,406	870,929	(1,605,972)	(133,774)	194,504	294,442	213,259	114,209	(147,105)	492,969
TOTAL ALLOCATION IN FY 2023-24 PLAN	127,827	3,373,019	6,216,307	1,092,455	260,079	923,797	989,056	712,287	2,067,440	378,864

SUMMARY SCHEDULE

Department	Child Support Services	Children & Families Commission	Children, Youth & Families	City Planning	Convention Facilities	District Attorney	Economic & Workforce Development	Elections	Emergency Communications	Environment
1 Building Depreciation	-	-	-	31,958	-	48,147	127,356	392,043	111,700	-
2 Equipment Depreciation	-	-	-	43,207	-	35,312	6,412	61,005	234,397	-
3 Board of Supervisors	2,878	5,972	56,026	12,805	-	16,954	28,093	6,484	23,793	4,636
4 Controller	(14,590)	82,393	923,161	214,857	-	284,108	480,358	108,447	393,837	77,742
5 Health Service System	(74,232)	24,059	17,497	(95,879)	-	2,047,102	1,014,446	511,796	1,763,781	(18,281)
6 Administrative Services	13,966	14,638	146,167	40,989	660,920	102,781	56,890	9,337	116,101	34,678
7 City Attorney	585	(4,759)	(3,477)	(396,496)	(6,547)	482,623	258,926	466,597	(21,145)	(15,776)
8 Civil Service Commission	1,427	355	1,310	4,992	-	6,930	2,863	2,841	6,344	1,850
9 Human Resources	47,001	11,688	43,149	164,418	-	228,270	94,299	93,590	208,970	60,941
10 Mayor's Budget Office	1,239	3,077	29,254	5,774	-	7,582	14,240	2,863	11,298	2,082
11 Admin Svcs - Risk Management	-	-	-	(3)	(691)	-	-	(12)	(50)	(2)
12 Human Resources - Workers' Comp	-	-	-	22,976	-	-	-	28,775	-	(0)
TOTAL CURRENT ALLOCATIONS	(21,726)	137,422	1,213,088	49,597	653,681	3,259,809	2,083,884	1,683,767	2,849,026	147,871
Prior Allocation in FY 2021-22 Plan	(350,192)	97,224	1,314,075	536,253	405,582	2,999,723	602,273	1,251,988	2,556,890	64,529
Adjustment for Difference to Prior Plan	328,467	40,197	(100,988)	(486,656)	248,099	260,086	1,481,611	431,779	292,137	83,342
TOTAL ALLOCATION IN FY 2023-24 PLAN	306,741	177,619	1,112,100	(437,059)	901,781	3,519,895	3,565,494	2,115,546	3,141,163	231,214

City and County of San Francisco FY 2023-24
OMB A-87 Cost Allocation Plan

SUMMARY SCHEDULE

Department	Ethics	Fine Arts Museums	Fire Department	Public Health - Behavioral Health	Public Health - Health at Home	Public Health - Health Network Services	Public Health - Jail Health	Public Health - Laguna Honda Hospital	Public Health - Primary Care	Public Health - Admin
1 Building Depreciation	10,454	-	3,196	-	-	-	-	-	-	-
2 Equipment Depreciation	-	34,772	2,237,941	-	-	-	-	-	-	1,167,769
3 Board of Supervisors	1,367	4,647	92,621	113,188	1,899	63,763	7,909	66,491	23,939	32,503
4 Controller	13,204	77,194	1,406,941	1,621,587	31,637	950,844	132,792	70,044	399,728	(1,924,883)
5 Health Service System	170,844	854,514	10,606,746	1,655,559	102,409	1,290,808	327,666	3,220,592	1,209,791	1,414,517
6 Administrative Services	(381)	10,505	158,303	294,431	2,667	104,157	14,428	104,882	34,048	153,735
7 City Attorney	170,000	248,788	2,161,239	(12,613)	-	-	179,433	(227,162)	20,979	-
8 Civil Service Commission	557	2,515	39,703	15,166	938	11,825	3,002	29,503	11,082	12,958
9 Human Resources	18,351	82,839	1,307,789	499,560	30,902	389,497	98,872	971,804	365,051	426,826
10 Mayor's Budget Office	611	1,959	41,062	56,667	818	27,517	3,582	29,283	10,453	18,367
11 Admin Svcs - Risk Management	-	(492)	-	-	-	-	-	-	-	-
12 Human Resources - Workers' Comp	10,040	-	-	-	-	-	-	(0)	-	-
TOTAL CURRENT ALLOCATIONS	395,046	1,317,241	18,055,541	4,243,544	171,268	2,838,411	767,684	4,265,437	2,075,072	1,301,793
Prior Allocation in FY 2021-22 Plan	371,580	1,319,263	16,302,591	3,181,364	160,351	1,538,351	597,261	3,471,357	1,645,577	2,158,387
Adjustment for Difference to Prior Plan	23,466	(2,022)	1,752,950	1,062,180	10,917	1,300,059	170,423	794,080	429,494	(856,593)
TOTAL ALLOCATION IN FY 2023-24 PLAN	418,512	1,315,218	19,808,492	5,305,725	182,185	4,138,470	938,107	5,059,517	2,504,566	445,200

SUMMARY SCHEDULE

Department	Public Health - Public Health	Public Health - SF General Hospital	Homelessness and Supportive Housing	Human Rights Commission	Human Services	Juvenile Probation	Law Library	Mayor	Medical Examiner	MTA - MUNI
1 Building Depreciation	178,773	-	-	12,638	1,035,738	-	-	880,406	-	1,067,422
2 Equipment Depreciation	-	-	8,771	-	142,809	48,085	-	-	-	-
3 Board of Supervisors	38,344	209,578	119,850	2,852	258,173	8,978	378	48,278	-	242,016
4 Controller	647,156	246,313	2,058,267	48,257	1,654,515	126,961	6,447	826,871	-	(692,049)
5 Health Service System	1,260,229	6,961,496	1,278,327	322,339	(337,464)	1,079,147	13,879	974,987	-	(390,063)
6 Administrative Services	83,243	340,927	244,842	4,427	383,840	39,420	619	79,566	858,314	348,326
7 City Attorney	750,718	(559,510)	480,115	7,581	643,957	175,696	3,944	1,264,627	323,115	(4,608,288)
8 Civil Service Commission	11,545	63,772	4,102	744	50,419	3,692	47	3,312	-	99,245
9 Human Resources	380,270	2,100,610	135,123	24,499	1,660,787	121,613	1,547	109,103	-	3,276,094
10 Mayor's Budget Office	17,951	97,982	62,328	1,357	126,175	4,011	190	24,784	-	103,843
11 Admin Svcs - Risk Management	(475)	-	-	-	(3)	(25)	(4)	-	-	(1,789)
12 Human Resources - Workers' Comp	-	-	65,661	227	(0)	-	-	-	243,187	-
TOTAL CURRENT ALLOCATIONS	3,367,753	9,461,168	4,457,386	424,922	5,618,946	1,607,578	27,047	4,211,935	1,424,615	(555,243)
Prior Allocation in FY 2021-22 Plan	3,173,166	7,928,000	2,660,682	221,583	3,590,975	2,012,730	23,354	3,470,817	890,290	(561,872)
Adjustment for Difference to Prior Plan	194,588	1,533,168	1,796,703	203,339	2,027,970	(405,152)	3,693	741,118	534,325	6,630
TOTAL ALLOCATION IN FY 2023-24 PLAN	3,562,341	10,994,336	6,254,089	628,261	7,646,916	1,202,426	30,739	4,953,053	1,958,940	(548,613)

City and County of San Francisco FY 2023-24
OMB A-87 Cost Allocation Plan

SUMMARY SCHEDULE

Department	MTA - Parking & Traffic (Street Mgmt)		Department of Police Accountability		Port Commission	Public Defender	Public Library	Public Works - Admin	Public Works - Architecture	
	MTA - Parking & Traffic	MTA - Taxicab Commission	Permit Appeals	Police Accountability						Police Department
1 Building Depreciation	-	-	861	71,726	4,072,857	-	174,000	-	39,315	24,569
2 Equipment Depreciation	-	-	-	-	2,645,232	-	24,829	-	1,214,558	-
3 Board of Supervisors	42,636	1,380	229	2,031	139,369	15,990	9,715	36,343	1,409	5,335
4 Controller	846,576	23,306	1,057	55,601	2,329,983	11,814	162,134	321,023	(2,184,029)	107,823
5 Health Service System	(67,693)	(1,596)	(5,678)	274,056	14,738,814	(203,306)	1,350,638	(64,977)	(78,559)	(110,398)
6 Administrative Services	78,333	2,113	334	2,746	270,146	72,090	27,511	65,000	23,697	15,308
7 City Attorney	1,044,367	1,838,338	(19,011)	40,350	4,649,940	(355,299)	122,271	(46,155)	839,004	-
8 Civil Service Commission	17,260	620	95	1,002	61,965	5,069	4,576	16,259	3,220	4,525
9 Human Resources	568,547	13,402	3,140	33,011	2,041,108	166,970	150,722	535,575	106,068	149,056
10 Mayor's Budget Office	23,384	648	102	875	61,355	7,436	4,227	15,980	(1,809)	2,573
11 Admin Svcs - Risk Management	-	-	-	-	-	(2,668)	-	(6)	(7)	-
12 Human Resources - Workers' Comp	-	-	-	15,750	-	0	-	-	-	-
TOTAL CURRENT ALLOCATIONS	2,553,410	1,878,212	(18,870)	497,149	31,010,769	(281,903)	2,030,623	879,043	(37,133)	198,791
Prior Allocation in FY 2021-22 Plan	1,563,744	1,005,508	(11,491)	526,460	28,113,263	(110,821)	1,805,352	778,258	1,142,885	317,774
Adjustment for Difference to Prior Plan	989,666	872,704	(7,379)	(29,311)	2,897,506	(171,082)	225,271	100,785	(1,180,018)	(118,983)
TOTAL ALLOCATION IN FY 2023-24 PLAN	3,543,076	2,750,916	(26,249)	467,838	33,908,275	(452,985)	2,255,894	979,828	(1,217,150)	79,807

SUMMARY SCHEDULE

Department	Public Works - Street Env			Public Works - Street Sewer	Public Works - Street Use & Map	Public Works - Urban Forest	PUC		Clean Power SF	PUC-Hetch Hetchy
	Public Works - Building Repair	Public Works - Construction	Public Works - Engineering				Public Works - Street Environment	PUC-Public Utilities Bureaus	PUC-Clean Power SF	
1 Building Depreciation	-	-	38,752	-	-	11,367	-	1,010	-	-
2 Equipment Depreciation	-	-	-	-	-	-	-	-	-	-
3 Board of Supervisors	5,461	-	20,918	20,665	4,499	5,705	9,062	5,824	40,591	42,878
4 Controller	121,041	-	367,940	346,971	75,875	95,850	152,992	(3,415,431)	878,904	643,565
5 Health Service System	(49,367)	-	(142,529)	(191,512)	(34,220)	(51,354)	(65,667)	2,811	99	1,334
6 Administrative Services	15,904	-	47,432	33,017	6,832	11,802	14,512	(187,679)	69,389	49,767
7 City Attorney	136,309	-	166,243	2,485,131	-	146,593	412,348	(148,900)	-	669,041
8 Civil Service Commission	2,024	-	5,842	7,850	1,403	2,105	2,692	15,502	547	7,354
9 Human Resources	66,654	-	192,437	258,573	46,203	69,336	88,661	510,618	18,014	242,245
10 Mayor's Budget Office	3,327	-	10,319	9,358	2,097	2,595	4,250	52	21,273	21,154
11 Admin Svcs - Risk Management	-	-	-	-	-	-	-	(813)	-	(473)
12 Human Resources - Workers' Comp	-	-	-	-	-	-	-	-	-	-
TOTAL CURRENT ALLOCATIONS	301,353	0	707,354	2,970,053	102,688	294,000	618,850	(3,217,007)	1,028,817	1,676,865
Prior Allocation in FY 2021-22 Plan	310,053	0	931,390	1,805,370	134,160	281,214	385,087	(3,472,601)	707,671	13,327
Adjustment for Difference to Prior Plan	(8,701)	0	(224,036)	1,164,682	(31,472)	12,786	233,762	255,595	321,146	1,663,538
TOTAL ALLOCATION IN FY 2023-24 PLAN	292,652	0	483,318	4,134,735	71,216	306,786	852,612	(2,961,412)	1,349,962	3,340,402

City and County of San Francisco FY 2023-24
OMB A-87 Cost Allocation Plan

SUMMARY SCHEDULE

Department	PUC-Wastewater	PUC-Water	Recreation & Park	Rent Arbitration Board	Retirement Commission	SF Community College District	Community Investment & Infrastructure SF Redevelopment Agency	SF Unified School District	Sheriff	Sheriff's Department Oversight	Status of Women
1 Building Depreciation	-	-	7,223	21,706	-	-	80,465	-	857,787	-	6,756
2 Equipment Depreciation	-	-	1,259,054	-	-	-	-	-	336,798	-	-
3 Board of Supervisors	56,872	108,233	51,427	2,744	7,846	-	-	-	55,580	351	2,057
4 Controller	731,583	1,406,633	206,772	46,423	96,185	-	673,231	-	932,770	6,033	35,146
5 Health Service System	1,680	2,825	3,838,953	73,306	17,854	-	-	-	6,334,266	-	143,232
6 Administrative Services	109,181	160,059	86,851	3,824	30,515	-	-	3,431	128,678	-	4,731
7 City Attorney	(1,282,159)	(244,229)	(190,745)	(2,217)	(333,763)	33,794	(59,599)	93	2,377,059	-	79,126
8 Civil Service Commission	9,262	15,579	22,534	721	2,348	13,156	-	79,694	21,494	-	234
9 Human Resources	305,099	513,176	742,244	23,738	77,345	433,357	-	2,624,886	708,016	81	7,709
10 Mayor's Budget Office	28,153	53,977	22,705	1,305	3,676	-	-	-	25,094	184	1,038
11 Admin Svcs - Risk Management	-	-	(119)	(0)	(3)	-	-	-	(77)	-	-
12 Human Resources - Workers' Comp	-	-	-	111	-	(0)	-	-	-	-	-
TOTAL CURRENT ALLOCATIONS	(40,328)	2,016,253	6,046,897	171,661	(97,997)	480,308	694,098	2,708,103	11,777,466	6,649	280,029
Prior Allocation in FY 2021-22 Plan	373,306	1,904,433	5,574,447	38,683	(1,797,358)	351,897	971,879	2,129,834	10,584,353	0	251,471
Adjustment for Difference to Prior Plan	(413,634)	111,820	472,450	132,977	1,699,362	128,411	(277,781)	578,268	1,193,113	6,649	28,558
TOTAL ALLOCATION IN FY 2023-24 PLAN	(453,963)	2,128,074	6,519,347	304,638	1,601,365	608,719	416,316	3,286,371	12,970,579	13,298	308,587

SUMMARY SCHEDULE

Department	Technology	Treasurer/Tax Collector	Trial Courts	War Memorial	All Other Agencies	Total Allocated to non-Central CostDepts	Additional allocated to Central Cost Depts	Total Costs	Doublecheck	Difference
1 Building Depreciation	261,803	886,431	691,374	-	-	12,209,722	3,776,702	15,986,424	15,986,424	-
2 Equipment Depreciation	229,138	-	-	15,505	-	10,196,567	360,679	10,557,245	10,557,245	-
3 Board of Supervisors	29,227	9,507	27,043	5,711	-	2,524,483	167,978	2,692,461	2,692,461	-
4 Controller	226,686	159,007	454,850	96,656	-	15,986,651	3,404,279	19,390,930	19,390,930	-
5 Health Service System	18,636	1,153,010	2,554,764	77,318	-	68,686,091	6,368,798	75,054,888	75,054,888	-
6 Administrative Services	(94,875)	17,404	41,770	31,602	-	15,618,223	319,309	15,937,532	15,937,532	-
7 City Attorney	(64,093)	565,871	(2,154)	(3,715)	(96,850)	15,032,684	881,319	15,914,004	15,914,004	-
8 Civil Service Commission	5,721	4,171	9,558	1,475	-	789,449	42,943	832,392	832,392	-
9 Human Resources	188,438	137,407	314,845	48,581	-	26,003,939	1,254,293	27,258,232	27,258,232	-
10 Mayor's Budget Office	14,281	4,196	12,385	2,721	-	1,194,173	82,412	1,276,585	1,276,585	-
11 Admin Svcs - Risk Management	(238)	(15)	-	-	-	(11,469)	(108)	(11,577)	(11,577)	-
12 Human Resources - Workers' Comp	-	-	477	-	-	419,142	292,935	712,077	712,077	-
TOTAL CURRENT ALLOCATIONS	814,723	2,936,990	4,104,912	275,854	(96,850)	168,649,656	16,951,537	185,601,193		
Prior Allocation in FY 2021-22 Plan	270,398	2,652,780	3,791,868	133,830	3,819	142,643,792			0 <--must be zero	
Adjustment for Difference to Prior Plan	544,325	284,210	313,045	142,024	(100,669)	26,005,864				
TOTAL ALLOCATION IN FY 2023-24 PLAN	1,359,048	3,221,200	4,417,957	417,877	(197,518)	194,655,520				