File No. 211102 **Committee Item No.** 4
Board Item No. 19

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee **Date** November 17, 2021
Board of Supervisors Meeting **Date** November 30, 2021

Cmte Board

Cmte	Board	
☐	☐	**Motion**
☒	☒	**Resolution**
☐	☐	**Ordinance**
☐	☐	**Legislative Digest**
☐	☐	**Budget and Legislative Analyst Report**
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☐	☐	**Introduction Form**
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☐	☐	**Grant Information Form**
☐	☐	**Grant Budget**
☐	☐	**Subcontract Budget**
☐	☐	**Contract/Agreement**
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☐	☐	**Award Letter**
☒	☒	**Application**
☐	☐	**Public Correspondence**

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

☒	☒	HIV Community Planning Council Roster 2021
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☐	☐	
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☐	☐	
☐	☐	

Completed by: Brent Jalipa **Date** November 12, 2021
Completed by: Brent Jalipa **Date** November 19, 2021

FILE NO. 211102 RESOLUTION NO.

[Apply for Grant - Centers for Disease Control and Prevention - Integrated HIV Surveillance and Prevention Programs for Health Departments - $5,008,377]

Resolution authorizing the Department of Public Health to submit a one-year application for Calendar Year 2022 to continue to receive funding for the Integrated HIV Surveillance and Prevention Programs for Health Departments from the Centers of Disease Control and Prevention, requesting $5,008,377 in HIV prevention funding for San Francisco from January 1, 2022, through December 31, 2022.

WHEREAS, San Francisco Administrative Code, Section 10.170.(b), requires Board review of proposed annual or otherwise recurring grant applications of $5,000,000 or more prior to their submission; and

WHEREAS, San Francisco Department of Public Health (SFDPH) is currently a recipient of funding for Component A and Component B; and

WHEREAS, Component A contains funds for the “HIV Prevention Project” grant in the amount of $4,199,083 and the “HIV Surveillance” grant in the amount of $809,294 and Component B contains funds in the amount of $2,000,000 from the Centers of Disease Control and Prevention, Department of Health and Human Services for Calendar Year 2021; and

WHEREAS, For this round of funding, SFDPH was instructed by the Centers for Disease Control and Prevention to submit a one-year application request in the amount of $5,008,377; and

WHEREAS, SFDPH utilizes these funds to support epidemiological activities required to support this system of HIV surveillance and prevention as well as direct services provided by the Department, or those subcontracted to qualified contractors selected through Requests for Proposals; and

WHEREAS, The required strategies and activities for the Integrated HIV Surveillance and Prevention Programs for Health Departments grant are the following: 1) systematically collect, analyze, interpret and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health intervention and evaluate public health response; and 2) identify persons with HIV infection and uninfected persons at risk for HIV infection; 3) develop, maintain and implement plan to respond to HIV transmission clusters and outbreaks; 4) provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection; 5) provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection; 6) conduct community-level HIV prevention activities; 7) develop partnerships to conduct integrated HIV prevention and care planning; 8) implement structural strategies to support and facilitate HIV surveillance and prevention; 9) conduct data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention and care activities and 10) build capacity for conducting effective HIV program activities, epidemiologic science and geocoding 11) conduct a Demonstration Project (Component B) to improve HIV/HCV-related outcomes for people who are homeless and who use drugs; and

WHEREAS, Ordinance No. 265-05 requires that City Departments submit applications for approval at least 60 days prior to the grant deadline for review and approval; and

WHEREAS, The Centers for Disease Control and Prevention released the application announcement on July 22, 2021, and due on September 13, 2021, allowing 53 business days for the entire process; and

WHEREAS, In the interest of timeliness, SFDPH is making this request for approval by submitting the current year's application for the Integrated HIV Surveillance and Prevention Programs for Health Departments grant funding from the Centers for Disease Control and Prevention, also including supporting documents as required, all of which are on file with the

Clerk of the Board of Supervisors in File No. 211102, which is hereby declared to be part of the Resolution as if set forth fully herein; and now, therefore, be it

RESOLVED, That the Board of Supervisors hereby approves SFDPH application submission to the Centers for Disease Control and Prevention for the “Integrated HIV Surveillance and Prevention Programs for Health Departments” grant for funding in 2022, to be submitted no later than September 13, 2021.

Recommended:

__/s/_____

Grant Colfax, M.D.

Director of Health

Table Of Contents

Applicant:	San Francisco Department of Public Health
Application Number:	NU62PS2021005498
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted

Please verify if all attachments in the application package appear as expected.

Information for the Applicant

Online Forms

Additional Information to be Submitted

1. FY22 PS18-1802 APR Guidance

   •(Comments): Got it

2. PS18-1802 Budget Preparation Guidelines

   •(Comments): Got it

3. SF-424 Application for Federal Assistance Version 2

4. SF-424A Budget Information - Non-Construction

   - (Upload #1): Budget Narrative - HIV Prevention
   - (Upload #2): Budget Narrative - HIV Surveillance
   - (Upload #0): Indirect Cost Memo
   - (Upload #0): Appendix F
   - (Upload #0): APR Narrative
   - (Upload #0): EPMPreport
   - (Upload #0): Assurance of Compliance
   - (Upload #0): PS18-1802 Certification form
   - (Upload #0): Assurances

- (Upload #0): SAS Licensing request
- (Upload #0): PPMR

5. SF-424B Assurances - Non-Construction
6. SF-LLL Disclosure of Lobbying Activities
7. Miscellaneous
    - (Upload #0): Budget Narrative - HIV Prevention
    - (Upload #0): Budget Narrative - HIV Surveillance
    - (Upload #3): Indirect Cost Memo
    - (Upload #4): Appendix F
    - (Upload #5): APR Narrative
    - (Upload #6): EPMPreport
    - (Upload #7): Assurance of Compliance
    - (Upload #0): PS18-1802 Certification form
    - (Upload #0): Assurances
    - (Upload #0): SAS Licensing request
    - (Upload #0): PPMR
8. PS18 1802 Certifications Form
    - (Upload #0): Budget Narrative - HIV Prevention
    - (Upload #0): Budget Narrative - HIV Surveillance
    - (Upload #0): Indirect Cost Memo
    - (Upload #0): Appendix F
    - (Upload #0): APR Narrative

- (Upload #0): EPMPreport
- (Upload #0): Assurance of Compliance
- (Upload #8): PS18-1802 Certification form
- (Upload #0): Assurances
- (Upload #0): SAS Licensing request
- (Upload #0): PPMR

9. Assurances Non-Construction Programs Form (SF-424B)
    - (Upload #0): Budget Narrative - HIV Prevention
    - (Upload #0): Budget Narrative - HIV Surveillance
    - (Upload #0): Indirect Cost Memo
    - (Upload #0): Appendix F
    - (Upload #0): APR Narrative
    - (Upload #0): EPMPreport
    - (Upload #0): Assurance of Compliance
    - (Upload #0): PS18-1802 Certification form
    - (Upload #9): Assurances
    - (Upload #0): SAS Licensing request
    - (Upload #0): PPMR
10. FY 2022 PS18 1802 Appendix D - SAS Licensing Request Form
    - (Upload #0): Budget Narrative - HIV Prevention
    - (Upload #0): Budget Narrative - HIV Surveillance
    - (Upload #0): Indirect Cost Memo

- (Upload #0): Appendix F
- (Upload #0): APR Narrative
- (Upload #0): EPMPreport
- (Upload #0): Assurance of Compliance
- (Upload #0): PS18-1802 Certification form
- (Upload #0): Assurances
- (Upload #10): SAS Licensing request
- (Upload #0): PPMR

11. FY2022 PS18-1802 Year 5 APR PPMR_
    - (Upload #0): Budget Narrative - HIV Prevention
    - (Upload #0): Budget Narrative - HIV Surveillance
    - (Upload #0): Indirect Cost Memo
    - (Upload #0): Appendix F
    - (Upload #0): APR Narrative
    - (Upload #0): EPMPreport
    - (Upload #0): Assurance of Compliance
    - (Upload #0): PS18-1802 Certification form
    - (Upload #0): Assurances
    - (Upload #0): SAS Licensing request
    - (Upload #11): PPMR

Note: Upload document(s) printed in order after online forms.

Disclosures

It appears that all attachments in the application have been processed correctly. Please review the application to ensure that the attached files display correctly as uploaded.

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
○ Preapplication	○ New	
◉ Application	◉ Continuation	* Other (Specify)
○ Changed/Corrected Application	○ Revision	

* 3. Date Received:	4. Applicant Identifier:
09/10/2021	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
	NU62PS924536

State Use Only:

6. Date Received by State:	09/10/2021	7. State Application Identifier:	

8. APPLICANT INFORMATION:

* a. Legal Name:	San Francisco Department of Public Health

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
1946000417A8	103717336

d. Address:

* Street1:	101 GROVE ST
Street2:	
* City:	SAN FRANCISCO
County:	
* State:	California
Province:	
* Country:	UNITED STATES
* Zip / Postal Code:	94102-4505

e. Organizational Unit:

Department Name:	Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:		* First Name:	Tracey
Middle Name:			
* Last Name:	Packer		
Suffix:			

Title:	Director of Community Health Equity & Promoti

Organizational Affiliation:

* Telephone Number:	6282067638	Fax Number:	Susan Philip

* Email:	tracey.packer@sfdph.org

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

CDC-National Center for HIV/AIDS, Viral Hepa

11. Catalog of Federal Domestic Assistance Number:

93.940

CFDA Title:

HIV Prevention Activities_Health Department Based

*** 12. Funding Opportunity Number:**

Not Applicable

* Title:

Not Applicable

13. Competition Identification Number:

Not Applicable

Title:

Not Applicable

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

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

San Francisco Dept of Public Health High Impact Prevention

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

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

17. Proposed Project:

* a. Start Date: 01/01/2018 * b. End Date: 12/31/2022

18. Estimated Funding ($):

* a. Federal	5008377
* b. Applicant	0
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	5008377

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

( ) a. This application was made available to the State under the Executive Order 12372 Process for review on

(•) b. Program is subject to E.O. 12372 but has not been selected by the State for review.

( ) c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

( ) Yes (•) No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to com - ply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

(•) **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: susan

Middle Name:

* Last Name: philip

Suffix:

* Title: Director of Population Health Division

* Telephone Number: 6282067638 Fax Number:

* Email: susan.philip@sfdph.org

* Signature of Authorized Representative: Mr. Sajid Shaikh * Date Signed: 09/10/2021

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424 Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

OMB Approval No. 4040-0006
Expiration Date: 02/28/2022

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Component A- Prevention	93.940			$4,199,083.00		$4,199,083.00
2. Component A-Surveillanc	93.940			$809,294.00		$809,294.00
3. PS18-1802.NU62 Integrat						
4. PS18-1802.NU62 Integrat						
5. Totals				$5,008,377.00		$5,008,377.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total
	(1) Component A- Prevention	(2) Component A-Surveillance	(3) HIV Surveillance and Preve	(4) HIV Surveillance and Prev	(5)
a. Personnel	$1,095,678.00	$377,475.00			$1,473,153.00
b. Fringe Benefits	$449,898.00	$160,415.00			$610,313.00
c. Travel	$2,784.00	$4,860.00			$7,644.00
d. Equipment					
e. Supplies	$10,296.00	$2,938.00			$13,234.00
f. Contractual	$2,294,738.00	$141,400.00			$2,436,138.00
g. Construction					
h. Other	$71,770.00	$27,837.00			$99,607.00
i. Total Direct Charges *(sum of 6a-6h)*	$3,925,164.00	$714,925.00			$4,640,089.00
j. Indirect Charges	$273,919.00	$94,369.00			$368,288.00
k. TOTALS *(sum of 6i and 6j)*	$4,199,083.00	$809,294.00			$5,008,377.00
7. Program Income					

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

Previous Edition Usable

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8 Component A- Prevention				
9. Component A-Surveillance				
10. PS18-1802.NU62 Integrated HIV Surveillance and Prevention Programs for Hea				
11. PS18-1802.NU62 Integrated HIV Surveillance and Prevention Programs for Hea				
12. TOTAL *(sum of lines 8-11)*				

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$5,008,377.00	$1,252,094.25	$1,252,094.25	$1,252,094.25	$1,252,094.25
14. Non-Federal					
15. TOTAL *(sum of lines 13 and 14)*	$5,008,377.00	$1,252,094.25	$1,252,094.25	$1,252,094.25	$1,252,094.25

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Component A- Prevention				
17. Component A-Surveillance				
18. PS18-1802.NU62 Integrated HIV Surveillance and Prevention Programs for Hea				
19. PS18-1802.NU62 Integrated HIV Surveillance and Prevention Programs for He				
20. TOTAL *(sum of lines 16-19)*				

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: $4,640,089.00	22. Indirect Charges: $368,288.00
23. Remarks:	

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OMB Approval No.: 4040-0007
Expiration Date: 02/28/2022

ASSURANCES - NON-CONSTRUCTION PROGRAMS

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U. S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93- 205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

*** SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL**	*** TITLE**
Susan Philip	Acting Director of Population Health Divison
*** APPLICATION ORGANIZATION**	*** DATE SUBMITTED**
San Francisco Department of Public Health	09/10/2021

Standard Form 424B (Rev. 7-97) Back

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	**2. Status of Federal Action:**	**3. Report Type:**
b a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	b a. bid/offer/application b. initial award c. post-award	a a. initial filing b. material change

4. Name and Address of Reporting Entity:	**5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:**
☒ **Prime** ☐ **Subawardee** Tier _____ , *if known:* City & County of SF - DPH 101 Grove St San Francisco, CA 94102 **Congressional District,** *if known:* 12	
6. Federal Department/Agency: CDC	**7. Federal Program Name/Description:** National Center for HIV/AIDS, Viral Hepa CFDA Number, *if applicable:* 93.940
8. Federal Action Number, *if known:*	**9. Award Amount,** *if known:* **$**
10. a. Name and Address of Lobbying Registrant *(if individual, last name, first name, MI):* n/a, n.a -.	**b. Individuals Performing Services** *(including address if different from No. 10a) (if individual, last name, first name, MI):* n/a, n/a
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.	Signature: Mr. Sajid Shaikh Print Name: Philip, Susa Title: _____ Telephone No: _____ Date: 09/10/2021

Upload #1

Applicant:	San Francisco Department of Public Health
Application Number:	NU62PS2021005498
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	Budget Narrative - HIV Prevention

San Francisco Department of Public Health, SF Division
HIV Prevention Section, Community Health Equity and Promotion
PS18-1802 Integrated HIV Surveillance and Prevention Programs for Health Depts.
Component A HIV Prevention Budget
01/01/2022-12/31/2022

A.	Salaries	$1,095,678
B.	Mandatory Fringe	$449,898
C.	Consultant Costs	$0
D.	Equipment	$0
E.	Materials and Supplies	$10,297
F.	Travel	$2,784
G.	Other Expenses	$71,770
H.	Contractual	$2,294,738
	Total Direct Costs	**$3,925,163**
I.	Indirect Costs (25% of Total Salaries)	$273,919
	TOTAL BUDGET	**$4,199,083**

A. SALARIES **$1,095,678**

Position Title and Name	Annual	Time	Months	Amount Requested
Deputy Health Officer Director, Disease Prevention and Control Branch S. Philip, MD, MPH	NA		12	In-Kind
Manager II T. Packer	$148,538	50%	12 months	$74,269
Health Program Coordinator III J. Melichar	$122,278	50%	12 months	$61,139
Senior Health Educator Vacant – Estimated hire date April 2022	$100,126	100%	9 months	$75,095
Health Program Coordinator III J. McCright	$124,952	95%	12 months	$118,704
Health Educator N. Underwood	$115,288	45%	12 months	$51,880
Health Program Coordinator II T. Knoble	$109,226	100%	12 months	$109,226
Health Program Coordinator I Vacant - Estimated hire date April 2022	$78,962	50%	9 months	$29,611
Health Program Coordinator I Vacant - - Estimated hire date April 2022	$78,962	100%	9 months	$59,222
Health Worker II Rigoberto Narcisco Mendez	$60,866	50%	12 months	$30,433
Health Worker II Moses Vega- Jail Health Services	$60,866	50%	12 months	$30,433
Management Assistant B. Chan Lew	$96,980	50%	12 months	$48,490
Health Program Coordinator II T. Touhey	$109,226	75%	12 months	$81,920
Health Educator H. Hjord	$113,100	90%	12 months	$101,790
Disease Control Investigator/Health Worker III Gloria D. Calero	$88,348	75%	12 months	$66,261
Epidemiologist II J. Chin	$124,072	45%	12 months	$55,832
Health Program Coordinator III E. Loughran	$122,278	50%	12 months	$61,139

Health Educator M. Paquette	$113,100	10%	12 months	$11,310
Principal Admin Analyst II I Carmona	$151,216	10%	12 months	$15,122
Principal Admin Analyst I M. Girma	$138,034	10%	12 months	13,802

Job Description: Director, Disease Control and Prevention Branch and Project Co-Director (S. Philip) – This position is in-kind. Dr. Philip is a Project Co-Director for both Component A and Component B, the OPT-IN Demonstration Project, and is responsible for overseeing the disease control and prevention arm of both components. Dr. Philip works closely with other co-directors and project leads to monitor all short-term outcomes and maintain smooth implementation of all project strategies. This position shares the lead role in the CQI activities and is responsible for tracking and reporting all activities to CDC annually.

Job Description: Manager II – (T. Packer)
This position is the Director of the Community Health Equity and Promotion Branch (CHEP) which houses San Francisco's community-based HIV programs that are funded to end new HIV infections and ensure that HIV-infected persons are linked to care and treatment, in collaboration with the branch's STD and HCV prevention programs. In collaboration with Susan Scheer, Susan Philip, and the CHEP staff, and under the direction of Dr. Tomas Aragon, Principal Investigator, the Director is responsible for ensuring the SFDPH outcomes for Component A (and Component B if funded) are achieved. The Director ensures collaboration across the HIV prevention and care network in San Francisco and supports programs to work collaboratively to ensure effective, sustainable, high impact, cost-efficient programs that decrease HIV incidence and improve health equity. The Director oversees multiple HIV, STD, and HCV prevention interventions throughout SF funded with CDC funds, City General Funds, and a California State funds. The Director oversees the work of CHEP to inform policies, laws, and other structural factors that influence HIV prevention and treatment, emphasizing the need to address an individual's overall health as part of HIV prevention efforts. The Director also oversees a team of staff members that serve as the primary contact for community-based providers. The Director works closely with the HIV Community Planning Council (HCPC) and sits on the steering committee for the Getting to Zero Initiative, is a member of UCHAPS and NASTAD, and works closely with the California State Office of AIDS.

Job Description: Health Program Coordinator III – (J. Melichar)
This position acts as the Community-Based HIV Prevention Services Coordinator. Oversees all community-based program liaison activities for the CHEP branch. He manages staff that work directly with community-based organizations and other providers to support the implementation and evaluation of programs to meet the goals and objectives of the HIV prevention strategy. The position manages staff that provide technical assistance and training to contractors to build capacity and ensure deliverables are met in HIV testing, prevention with negatives and positives, condom distribution, and policy initiatives. Oversees budget

management for community-based organizations. Primary liaison to the Contract Development and Technical Assistance Section, the Business Office of Contract Compliance, the Contracts Unit and all fiscal offices. Acts as primary liaison to the data management branch, ARCHES. EvalWeb, and CDC liaison.

Job Description: Senior Health Educator – (Vacant Vice D. Geckeler – Estimate Hire Date April 2022)
This position acts as the Quality Improvement and Evaluation Coordinator for CHEP and oversees HIV, HCV, and STD program integration within San Francisco's system of HIV prevention. Using the results based accountability approach, this position works with SFDPH staff and partners, including community-based organizations, to determine expected outcomes and specific program performance measures. This approach will be used for both Component A and Component B if funded. The Senior Health Educator uses Results Scorecard for the Getting to Zero Initiative. RSC tracks the performance of program and measures the impact of funding and achievement of outcomes. This position oversees the SFDPH team that works with CBOs and monitors outcomes.

Job Description: Health Program Coordinator III – (J. McCright)
This position serves as one of the Deputy Directors of the CHEP branch and oversees HIV and STD prevention staff and integration of HIV, STD, and HCV prevention activities in community-based testing for gay men and other MSM. The Deputy Director supervises staff that perform HIV testing and outreach in the community as well as staff that implement environmental prevention in sex clubs, massage parlors, and other commercial sites where sex among men may occur.

Job Description: Health Educator – (N. Underwood)
This position serves on the quality improvement team for CHEP and is responsible for developing and monitoring performance measures for HIV prevention programs funded through CHEP. The position ensures that the goals and objectives of HIV-related grants within SFDPH grants are being met. In addition, this position is a liaison to the HCPC. This position will ensure that the new testing strategy is implemented through providing training to HIV test counselors and technical assistance to HIV test providers.

Job Description: Health Program Coordinator II – (T. Knoble)
The Program Coordinator II provides individual training, technical assistance, and quality assurance oversight to HIV testing sites and other prevention programs, meeting with them regularly as well as providing group California State Certification training. He develops implements and evaluates the training for HIV test counselor certification. Works with the State Office of AIDS to ensure testing training meets State standards. Ensures that most recent testing technologies are implemented with approval from the State and CDC.

Job Description: Health Program Coordinator I – (Vacant vice Chadderon - – Estimate Hire Date April 2022)

This position acts as government co-chair to the HCPC and supports development and implementation of HIV testing strategies in community-based settings and substance use treatment sites. Trains HIV test counselors to ensure the SF HIV strategy is implemented. The position provides direction to substance use organizations on implementation of HIV testing programs and participates in the drug user health initiative an internal planning body to SFDPH.

Job Description: Health Program Coordinator I – (Vacant vice T. Ick- Estimate Hire Date April 2022)
This position supports development and implementation of HIV testing strategies in community-based settings. Trains HIV test counselors to ensure the SF HIV strategy is implemented. Provides technical assistance on CLIA procedures. The position provides direction to substance use organizations on implementation of HIV testing programs.

Job Description: Health Worker II (Rigoberto Narcisco Mendez)
The position is a community liaison who ensures that works with community members and bodies to meet the goals and objectives of HIV-related grants within SFDPH. This position oversees community engagement programs with focus populations, especially communities with HIV health disparities.

Job Description: Health Worker II (Moses Vega- Jail Health Services)
The position is a community liaison who ensures that works with community members and bodies to meet the goals and objectives of HIV-related grants within SFDPH. This position oversees community engagement programs with focus populations, especially communities with HIV health disparities

Job Description: Management Assistant – (B. Chan Lew)
This position supports the HCPC and staff through the development and implementation of communication systems for coordination of HCPC activities. This position manages the condom distribution program that ensures condoms are accessible throughout the City and County through venues accessible to high prevalence populations. Condoms are provided to venues such as commercial venues, community-based organizations, and convenience stores.

Job Description: Health Program Coordinator II – (T. Touhey)
This position is responsible for implementation of community-based HIV, STD, and HCV testing in community settings such as gyms, clubs, and other venues where gay men and other MSM gather. He oversees training, operations, and evaluation of the program. He provides support to initiatives for high prevalence populations, especially those programs reaching African American gay men and other MSM.

Job Description: Health Educator – (H. Hjord)
This position is responsible for integrating behavioral health interventions into HIV prevention and care programs throughout the system of care. Works closely with community- based HIV prevention programs, clinical prevention, and policy areas to integrate with behavioral health. She oversees the intersection of alcohol programs and HIV prevention programs and oversees

the SFDPH strategic plan for addressing alcohol. If SF is funded for Component B, this position will project manage the entire Project
OPT. She will convene the leadership, the staff, and all partners working on the project to monitor performance measures and achieve outcomes.

Job Description: Disease Control Investigator – (G. Calero)
This position conducts interviews and field investigations of patients with communicable and other disease diagnoses and individuals named as contacts with such patients; evaluates information concerning individual patients and contacts; makes routine follow-ups in order to progress investigations to successful conclusions; keeps detailed records and files pertaining to contacts and investigations; and performs related duties as required.

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 and reports and is responsible for providing technical assistance for community-based staff collecting and entering testing data. The position interfaces with CDC and contractors to submit data and trouble shoots data problems.

Job Description: Health Program Coordinator III/ Coordinator of Community Programs for Drug Users (E. Loughran) The Coordinator works with the Project Co-Directors and leadership team to manage the *OPT-IN* project components related to community service delivery, and supervises the PSOT Coordinator. Represents the 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 drug user health. The role includes community engagement and response to the health of drug users and people experiencing homelessness.

Job Description: Health Educator – (Michael Paquette)
This position works as part of the planning team to ensure the HIV Community Planning Council (HCPC) meets the grant requirements and local planning needs. He also coordinates data and qualitative reporting to meet grantor requirements and provides administrative and coordinating support for HIV/HCV testing counseling training efforts.

Job Description: Principal Administrative Analyst II (I. Carmona)
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 process. This position will train new program managers and program liaisons on issues related to contract work.

Job Description: Principal Administrative Analyst I (M. Girma)
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 process. This position will train new program managers and program liaisons on issues related to contract work.

B. FRINGE BENFITS @ 41.061% **$449,898**

Fringe Benefit Component	Percentage of Salary	Amount
Unemployment Insurance	0.26%	2,849
Social Sec-Medicare(HI Only)	1.39%	15,230
Social Security (OASDI & HI)	5.94%	65,083
Life Insurance	0.02%	219
Dental Coverage	0.52%	5,698
Retiree Health-Match-Prop B	1.00%	10,957
Health Service-City Match	10.70%	117,238
Retire City Misc	21.23%	232,625
TOTAL		449,898

C. CONSULTANT COSTS **$0**

D. EQUIPMENT **$0**

E. MATERIALS AND SUPPLIES **$10,297**

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Office Supplies	Paper pens, handouts	12 mos	Approx. $71.21/month X 12.05 FTE	$10,297

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. TRAVEL **$2,784**

Item		Rate	Cost
Local Travel	Muni Passes and Tokens	2 passes x $66/pass x 12 months and 5 bags of tokens x $20/bag x 12 months	$2,784

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.
Staff: T. Packer, N. Underwood, J. McCright, G. Calero, E. Loughran, R Cabugo, T. Knoble, T. Touhey.

G. OTHER **$71,770**

Item	Rate	Cost
Office Rent	$1.93/sq ft x 250 sq. ft. x 12 months x 12.05 FTE	$69,770
Registration Fee	$500 x 4 staff	$2,000

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

Registration: Funds are requested to register for the CDC conference. These funds will cover cost of City staff registration.
Staff: T. Packer, N. Underwood, E. Loughran, T. Knoble

H. CONTRACTUAL **$2,294,738**

Contractor	Total Cost
Heluna Health	$787,490
San Francisco Department of Public Health Disease Prevention and Control (SFDPH STD)	$955,748
San Francisco Department of Public Health Lab	$448,000
Glide	$37,500
San Francisco Public Health Foundation	$25,000
Shanti Planning Council	$12,000
Aguilas	$5,000
API Wellness Ctr dba SFCHC	$5,000
Instituto Familiar de la Raza	$5,000

San Francisco AIDS Foundation	$5,000
Mission Neighborhood Health Center	$2,000
Native American Health Center	$2,000
UCSF /AHP	$5,000

1. Name of Contractor: Heluna Health
Method of Selection: Request for Qualifications (RFQ) RFQ36-2017
Period of Performance: 01/01/2022 - 12/31/2022
Scope of work

i) Service category: Fiscal Intermediary
(1) Award amount: $787,490
(2) Subcontractor: None
(3) Services provided: Fiscal intermediary services to the SFDPH HPS.

PHFE pays for four staff members and travel that support the goals and objectives of Category A. The staff 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 $205,604

Position Title and Name	**Annual**	**Time**	**Months**	**Amount Requested**
Front Desk Associate Handy	$53,127	40%	12 months	$21,251
Program Assistant Michaela Zaragoza-Soto	$48,810	50%	12 months	$24,405
Program Administrator Estimate hire date Jan 2022	$61,350	90%	12 months	$55,215
Finance Ops Arfana Sogal	$131,713	40%	12 months	$52,685
Community Health Education Specialist Estimate Hire date 2022	$69,397	75%	12 months	$52,048

Job Description: Front Desk Associate – (J. Handy)
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: Program Assistant (M. Zaragoza-Soto)
The position will schedule internal meetings, organize training and other logistics, submit travel requests and reimbursements, and assist program staff for both programmatic activities as needed.

Job Description: Finance and Operations Manager – (A. Sogal)
The Finance and Operations Manager is responsible for the fiscal management, policy development, and financial reporting of projects related to the SFDPH HPS CHEP. She 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: and Program Administrator – (TBD-estimate hire date Jan2022) – The Administrator provides ongoing support for the project, including coordination of meetings and on-going conference calls between all parties involved. She also assists with preparing project presentation and editing reporting documents. She works with the Finance and Operations Manager in managing project expenses.

Job Description: Community Health Education Specialist – (TBD-estimate hire date Jan2022) – Under the supervision of the Community-based Sexual Health Program Coordinator, the Community Health Field Specialist is responsible for increasing STD/HIV screening among gay and bisexual men by conducting street and venue-based outreach, workshops for community-based programs, STD screening in non-traditional clinic settings, development of culturally appropriate materials, and providing sexual health information and referrals at events and health fairs.

B.	Fringe Benefits @ 35.64% total salaries	$73,277
C.	Consultant Costs	$0
D.	Equipment	$0
E.	Materials and Supplies	$398,248

Item	Unit Cost	Amount Requested
Program Supplies	$2,020.67/month x12 months	$24,248
Lab Supplies	$4,500/month x 12 months	$54,000
HCV Test	$18/test x 7,528 test $35/control x 700 controls	$160,000
HIV Tests	$10/test x 15,520 tests $30/control x 160 controls	$160,000

Program Supplies: Funds will be used to purchase program supplies including but not limited to condoms, non-monetary incentives and promotional incentives for outreach and supplies needed for implementation of forums and focus groups. Disposable phones and minutes are purchased to address safety issues for outreach workers. In addition, this line may include supplies required to for council and community meetings, costs include materials and light refreshments. Refreshments 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.

Lab supplies: Additional supplies to perform HIV testing including but not limited to swabs, gauze, bandages.

HCV test kits: Funds for the purchase of approximately 9,488 test kits and 835 controls.

HIV test kits: Funds for the purchase of approximately 19,520 test kits and 160 controls.

F. Travel $0

G. Other Expenses $21,000

Item	Rate	Cost
Training	$1000/staff development x 7 staff = $7,000	$7,000
Shipping	$1000/month x 12 months	$12,000
Registration	$500 x 4 staff	$2,000

Training: Funds necessary to provide continuing medical education units, skills development and professional development courses and conference registration as well as phlebotomy training.

Shipping: Funds for shipping test specimens to public health lab from community agencies.

Registration: Funds are requested to register for the CDC conference. These funds will cover cost of City staff registration.

Staff: T. Touhey, H. Hjord, two Health Program Coordinators (TBD)

H. Contractual $0

Total Direct Costs	$698,129
Total Indirect Costs (@ 12.8% of Modified Total Direct Costs)	$89,361
Total Costs	$787,490

2. **N**ame of Contractor: SFDPH, Disease Prevention and Control Branch, STD Prevention and Control Services
Method of Selection: Health Department Provided Service/Municipal STD Clinic
Period of performance: 01/01/2022 - 12/31/2022
Scope of work:

i) Service category: Partner Services and Linkages for Community-Based Settings
   (1) Award amount: $955,748
   (2) Subcontractors: None
   (3) Services provided: Partner Services and Linkage.

STD Prevention and Control staff for embedded partner services and linkages staff in the two primary HIV testing sites, San Francisco AIDS Foundation and UCSF Alliance Health Project, also funded on this application. Staff works on-site within the HIV testing program to provide immediate partner services and linkage to care for HIV positive clients.

Method of Accountability: Annual program and fiscal and compliance monitoring

Itemized budget and justification:

A. Salaries $591,645

Position Title and Name	**Annual**	**Time**	**Months**	**Amount Requested**
Health Worker III – V. Love	$65,702	100%	12 months	$65,702
Health Worker II - M. Reid	$59,726	100%	12 months	$59,726
Health Worker II – TBD, anticipated start date April 1, 2022	$56,758	100%	9 months	$42,569
Health Worker III – O'Neil	$63,017	100%	12 months	$63,017
Health Worker II – O'Hara	$56,758	100%	12 months	$56,758
Social Worker – A. Scheer	$86,762	5%	12 months	$4,338
Epidemiologist II – T. Nguyen	$105,742	30%	12 months	$31,723
Epidemiologist I – H. Brosnan	$68,146	44%	12 months	$29,984
IT Operations Support – Wang –L. Feng	$63,024	25%	12 months	$15,756
Physician Specialist – Darpun Sachdev	$187,000	75%	12 months	$140,250

Health Program Coordinator II – Erin Antunez	$81,822	100%	12 months	$81,822
Total				$591,645

Job Description: Health Worker III – V. Love
This position provides case management, partner services and linkages activities for new HIV cases, early syphilis cases that are co-infected with HIV and their partners from medical settings; provides HIV/STD prevention, risk reduction, risk assessment and disclosure counseling; makes and verifies completion of referrals; performs rapid HIV test and/or phlebotomy and performs field investigation and other follow up for HIV positive clients who do not return for their test results or who are infected with an STD and need treatment.

Job Description: Health Worker II – M. Reid
This position will provide case management, partner services and linkages activities for new HIV cases, early syphilis cases that are co-infected with HIV and their partners from medical settings, provide HIV/STD prevention, risk reduction, risk assessment and disclosure counseling; make and verify completion of referrals; perform rapid HIV tests and/or phlebotomy and perform field investigation and other follow up for HIV positive clients who do not return for their test results or who are infected with an STD and need treatment.

Job Description: Health Worker II – (TBD)
The Health Worker II is Linkage to Care/Partner Services Specialist. This position ensures that new HIV cases and early syphilis cases that are co-infected with HIV form medical settings receive partner services and linkage to care; provide case management and third party partner services for sex partners of HIV infected individuals; provides HIV/STD prevention counseling, risk reduction, risk assessment and disclosure counseling; make and verify completion for referrals; perform rapid HIV tests and/or phlebotomy and perform field investigation and other follow up for HIV positive clients who do not return for their test results or who are infected with an STD and need treatment.

Job Description: Health Worker III – M. O'Neil
This position works as part of the community planning team to ensure the HPPC meets the grant requirements and local planning needs. He will provide HIV and STD prevention outreach at community events and provides technical assistance and training for HIV prevention providers. This position will also work in the San Francisco City Clinic, the municipal STD clinic, to provide HIV/STD testing to clients seeking care.

Job Description: Health Worker III – O'Hara
This position will provide case management, partner services and linkages activities for new HIV cases, early syphilis cases that are co-infected with HIV and their partners from medical settings, provide HIV/STD prevention, risk reduction, risk assessment and disclosure counseling; make and verify completion of referrals; perform rapid HIV tests and/or phlebotomy and perform field investigation and other follow up for HIV positive clients who do not return for their test results or who are infected with an STD and need treatment.

Job Description: Social Worker – A. Scheer
This position provides enhanced counseling and referrals for high risk negative clients and crisis intervention and referrals for active engagement and re-engagement in CARE for HIV positive clients identified through the third party partner notification program, counsels newly diagnosed HIV patients about the importance of partner services and assists with this activity as needed.

Job Description: Epidemiologist II – T. Nguyen
This position oversees all related surveillance activities; performs QA of data reported through the various surveillance streams; creates, implements, and oversees policy and protocol development for HIV activities; supervises data entry and other surveillance staff; identifies and problem solves parries to improving HIV surveillance; acts as back-up support for the integrated data-infrastructure of the program and liaises with partners on HIV/STD surveillance and program evaluation issues.

Job Description: Epidemiologist I – H. Brosnan
This position performs routine data QA and verification, cleaning, report generation and analysis; generates data set architectures and work with partners to ensure accurate and timely transfer of required data; assists in developing evaluations of epidemiologic data as they relate to HIV services offered and assist in analysis, presentation, and dissemination of results; and liaises with partners across programs to assist in policy development, planning and implementation.

Job Description: IT Operations Support – L. Feng
This position enters all required data into specified computerized databases, performs QA on the data and ensures that errors are identified and corrected, generates standardized statistical reports, updates data files and performs routine computer programming.

Job Description: Physician Specialist – D. Sachdev, MD
The Physician Specialist will oversee all aspects of the Expanded Testing Initiative, in addition to development and implementation of other HIV prevention initiatives in clinical settings such as navigation/retention interventions. The Physician Specialist will work with medical providers to support partner services and the SFDPH treatment guidelines. The Physician Specialist will focus on collaboration and coordination to integrate efforts into a seamless continuum of care. This position will report to the Director, Disease Prevention and Control and will supervise and provide back-up clinical support to the Navigation and Expanded Testing field staff. In addition to the responsibilities outlined above, the Physician Specialist will lead the Team efforts to analyze data, assess gaps in reporting capacity, identify barriers to reporting on reimbursement reporting and work with stakeholders to develop and implement systems to better monitor billing processes to ensure that third-party payors are the payors of first resort. This position requires acknowledge of laboratory data systems, current billing protocols and ICD-10 codes and ability to negotiate with multiple SFDPH departments and University of California San Francisco Medical Center entities.

Job Description: Health Program Coordinator I – (Erin Antunez)
The SFDPH LINCS (Linkage, Integration, Navigation, and Comprehensive Services) Navigation Coordinator works under the supervision of the Director of Clinical Prevention and leads or assists in the development of the systems, policies and procedures, quality assurance (QA) measures, and training manuals needed for LINCS operations. This staff person directly oversees the HIV care navigator and is responsible for collecting data used to track client service utilization and monitor program outcomes. The coordinator also helps build and maintain the internal capacity to monitor and evaluate the outcomes of the LINCS Program.

B. Fringe Benefit @45.025%	$266,387
C. Consultant Costs	$0
D. Equipment	$0
E. Materials and Supplies	$97,716

Item	Type	Number Needed	Unit Cost	Amount Requested
Test Supplies	Test kits	8001	$12/test x 8001 tests	$96,012
STD Supplies	n/a		$142/month x 12 months	$1,704

Test Supplies: Funds are requested to purchase safer sex packets and STD test kits to use during outreach events where staff performs rectal, pharyngeal, and urine gonorrhea (GC) and Chlamydia (CT) testing and syphilis testing.

STD Supplies: Funds are requested to purchase supplies including condoms/lube and/or STD testing supplies for use with persons being tested for HIV at community screening events.

F. Travel	$0
G. Other Expenses	$0
H. Contractual	$0
Total Direct Costs SFDPH STD	$955,748
I. Indirect Costs SFDPH STD	$0
Total Costs SFDPH STD	$955,748

3. Name of Contractor: SFDPH Public Health Lab
Method of Selection: Health Department Provided Service/Public Health Lab
Period of performance: 01/01/2022 - 12/31/2022
Scope of work

(1) Service category: HIV Testing: Laboratory Services
  (1) Award amount: $448,000
  (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: $194,400

Position Title and Name	Annual	Time	Months	Amount Requested
Senior Microbiologist - McQuaid	$114,110	100%	12 months	$114,110
Microbiologist - Tam	$90,800	25%	12 months	$22,700
Laboratory Technician II - Lew	$57,590	100%	12 months	$57,590

Job Description: Senior Microbiologist – McQuaid
The Sr. Microbiologist is responsible for overall supervision of the HIV testing section. 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 HIV testing for the HPS at SFDPH.

Job Description: Microbiologist – O. Tam
The Microbiologist conducts HIV antibody test, including screening and confirmation tests. The responsibilities include performing screening (EIA and CMMIA) and 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 – A. Lew
The Laboratory Technician processes and prepares specimens for HIV-1 antibody testing for the HIV Testing program. The Lab Technician also prepares the pooled specimens

tested or 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. Fringe Benefits @ 46% $89,424
C. Consultant Expenses $0
D. Equipment: $0
E. Materials and Supplies: $139,176

Item Requested	Type	Number Needed	Unit Cost	Amount Requested

Test Kits (HIV and RNA)	HIV Tests	7032	$7.10/ test x 7,032 HIV tests	$49,928
	RNA Tests	1810	$46.00 x 1,810 RNA tests	$83,260
Specimen Database Maintenance	n/a		$499/month x 12 months	$5,988
Total				$139,176

Test Kits – funds for the purchasing of HIV EIA, CMMIA, IFA test kits.
Monthly contract maintenance for MLAB, the laboratory's Information Management System (LIS) and other preventive maintenance service for instruments in the Public Health Laboratory.

Specimen Database Maintenance – Funds will be used to cover regular maintenance of specimen database.

F. Travel $0
G. Other Expenses $25,000

Item	Description	Cost
Rental of Equipment	$1,666.67/month x 12 months	$20,000
Message/Courier Services	Approx. $416.67/month x 12 months	$5,000
Total		$25,000

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

H. Contractual $0
Direct Costs $448,000
I. Indirect Costs $0
Total Costs $448,000

4. **Name of Contractor:** Board of Trustees of the Glide Foundation

Method of Selection: Request for Proposals (RFP) RFP30-2015
Period of performance: 01/01/2022 - 12/31/2022
Scope of work

(i) Service category: HIV Testing: Laboratory Services

1. Award amount: $37,500
2. Subcontractors: none
3. 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- TBD	$50,004	50%	6 months	$12,501
HIV Program Manager - TBD	$74,232	5%	6 months	$1,856
Clinical Director - TBD	$90,000	5%	6 months	$2,250
Phlebotomist – Chow	$51,417	6.5%	6 months	$1,671

Job Description: Health Systems Navigator- TBD
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 - TBD
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 - TBD
Provides staff with clinical supervision, both individual and group, supports the team.

Job Description: Phlebotomist – Chow
Conducts Street Outreach, provides HIV/HCV Testing, supports all aspects of programs; Phlebotomy.

B. Fringe Benefits @ 25% $4,570
C. Consultant Expenses $0
D. Equipment: $0
E. Materials and Supplies: $1,151

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Supplies	Office supplies.		$22.17/month x 12 months	$266

Duplication/Printing	Educational Materials.		$21.67/month x 12 months	$260
Technology	applications, peripherals, maintenance.			625
Total				$1,151

F. Travel $750

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

G. Other Expenses $7,860

Item	**Description**	**Cost**
Incentives	Health Visits. $10/visit x 103 clients x 2 visits per person	$2,060
Incentives	Testing. $10/test x 400 participants	$4,000
Rent & Utilities	Clinic space at 330 Ellis Street. 50/month x 6 months	$300
Training and Development	Phlebotomy Certification/Conference.	$1,500
Total		$7,860

H. Contractual $0
Direct Costs $32,609
I. Indirect Costs (15%) $4,891
Total Costs $37,500

5. Name of Contractor: San Francisco Public Health Foundation
Method of Selection: Request for Proposals (RFP) RFP36-2017
Period of performance: 01/01/2022 - 12/31/2022
Scope of work

Service category: Award
(1) Amount: $25,000

(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 $17,500

Position Title and Name	Annual	Time	Months	Amount Requested
End Hep C Coordinator – Joanne Kay	$50,000	35%	12 months	$17,500

Job Description: End Hep C Coorindator (Joanne Kay), this position will 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.

B. Fringe Benefits @ 30%	$5,227
C. Consultant Expenses	$0
D. Equipment:	$0
E. Materials and Supplies:	$0
F. Travel	$0
G. Other Expenses	$0
H. Contractual	$0
Direct Costs	$22,727
I. Indirect Cost 10%	$2,273
Total Costs	$25,000

6. Name of Contractor: Shanti Planning Council

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

Period of performance: 01/01/2022 - 12/31/2022

Scope of work

Service category: HIV Planning Council Meeting Support

(1) Award amount: $12,000

(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 @ 46%	$0
C. Consultant Expenses	$0
D. Equipment:	$0
E. Materials and Supplies:	$555

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Office Supplies	Paper pens, handouts	12 mos	Approx. $46.25/mos	$555

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. Travel $300

2. Item	Type	Rate	Cost
Taxi fare	Local Transportation	20 trips X $15/trip = $300	$300

Local Travel: Staff travel to meetings with HPPC members, community members and other key stakeholders.

G. Other Expenses $11,145

Item	Description	Rate/Formula	Cost
Needs Assessment.	Incentive vouchers for needs assessment participants.	$25 x 100 participants	$2,500

Council Meetings. Council Members Travel Expense.	Food and supplies for 12 meeting	$699.58 x 12 mtgs	$8,395
Council Members Travel Expense.	Marin, San Mateo, and San Francisco travel to meetings.	$125 per yr x 2 members	$250
TOTAL Other			$11,145

H. Contractual $0
Direct Costs $12,000
I. Indirect Costs $0
Total Costs $12,000

7. **Name of Contractor:** Aguilas

Method of Selection: Admin 21.42
Period of performance: 01/01/2022 – 06/30/2022
Scope of work
Service category: El Ambiente

(1) Award amount: $5,000
(2) Subcontractors: none
(3) Services provided: AGUILAS employs a holistic approach integrating HIV testing, interventions addressing drivers and co-factors, and referrals for other services needed. AGUILAS will implement activities: 1) that monitor HIV status by providing HIV testing and medical monitoring for those who are HIV-positive to ensure low- to non-detectable viral load rates, and 2) that help reduce the effects of drivers and co-factors for greater resiliency to HIV-risk behaviors and lower their risk for HIV infection. There are several messages that are emphasized in this effort: 1) know your health and HIV status; 2) monitor your health and HIV status every six months; 3) get connected and involved with HIV prevention activities; 4) for HIV-positives, monitor your viral load and partner with your doctor; and 5) at AGUILAS, you are always a member and welcomed. The overall approach of AGUILAS is guided by the concept of social capital, a sociological concept that focuses on the value of social networks as a way to address various areas of human and community interactions through social cohesion and personal investment in a community.

Method of Accountability: Annual program and fiscal and compliance monitoring

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

Total Direct Costs $4,250

Total Indirect Costs (@ 15% of Modified Total Direct Costs)	$750
Total Costs	$5,000

8. **Name of Contractor:** Mission Neighborhood Health Center

Method of Selection: Admin 21.42

Period of performance: 01/01/2022 – 06/30/2022

Scope of work

Service category: Center of Excellence - Prevention with Positives

(1) Award amount: $2,000
(2) Subcontractors: none
(3) Services provided: The Mission Center of Excellence (MCoE) receives referrals for HIV medical services on a regular basis from various agencies and community organizations. The Medical Case Managers conduct a comprehensive Psychosocial Assessment which includes the following information: current psychosocial situation, current mental and emotional status, coping skills, social support, previous HIV medical care, health and behavioral health history and current situation, including substance use, and also clients' religious/spiritual and health beliefs. The PWP Medical Case Manager (PMCM) will conduct a minimum of four individual in-depth therapeutic sessions with clients and will address those issues and barriers identified in the individual risk assessment, which prevent the client from adhering to treatment, engaging in care and eliminating high risk behaviors for co-morbidities and HIV transmission. By providing the PWP services described above, the Mission Center of Excellence will be able to provide a holistic, more intensive approach to HIV prevention for Latino MSM and Transgender Latina women living with HIV/AIDS. The services described above are in line with the Latino Action Plan and support the goals of both the San Francisco Prevention Plan and the Centers of Excellence: to reduce barriers to care and health disparities for Latinos.

Method of Accountability: Annual program and fiscal and compliance monitoring

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

Total Direct Costs	$1,700
Total Indirect Costs (@ 15% of Modified Total Direct Costs)	$300
Total Costs	$2,000

9. **Name of Contractor:** Instituto Familiar de la Raza

Method of Selection: Admin 21.42
Period of performance: 01/01/2022 – 06/30/2022
Scope of work
Service category: HERR for Drivers with Latino MSM

(1) Award amount: $5,000
(2) Subcontractors: none
(3) Services provided: The goal of the program is to reduce new HIV infections, HIV-related deaths and HIV-related stigma to zero in San Francisco. Services provided are groups, individual risk reduction counseling and prevention case manager

Method of Accountability: Annual program and fiscal and compliance monitoring

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

Total Direct Costs	$4,250
Total Indirect Costs (@ 15% of Modified Total Direct Costs)	$750
Total Costs	$5,000

10. **Name of Contractor:** Native American Health Center

Method of Selection: Admin 21.42
Period of performance: 01/01/2022 – 06/30/2022
Scope of work
Service category: Hozhoni Project- HIV Testing and Prevention with Positives

(1) Award amount: $2,000
(2) Subcontractors: none
(3) Services provided: Through the Hozhoni Project, NAHC's goal is to expand HIV prevention outreach activities and increase the availability of both HIV testing and prevention case management services targeted towards the Native American MSM and MSM-IDU communities, in order to reduce new HIV infections among the Native American population living in San Francisco. The Community Health Equity and Promotion-HIV Prevention Section (CHEP-HPS) funded program at NAHC will supplement and strengthen our existing HIV testing efforts, outreach/in-reach, linkages and referrals, and ongoing condom distribution by focusing our efforts on Native American MSM-IDU who have fallen out of care or are unaware of their HIV status.

Method of Accountability: Annual program and fiscal and compliance monitoring

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

Total Direct Costs	$1,700
Total Indirect Costs	$300
(@ 15% of Modified Total Direct Costs)	
Total Costs	$2,000

11. Name of Contractor: San Francisco AIDS Foundation
Method of Selection: Admin 21.42
Period of performance: 01/01/2022 – 06/30/2022
Scope of work
Service category: SFAF/Stonewall – Prevention with Positives in CoE

(1) Award amount: $5,000
(2) Subcontractors: none
(3) Services provided: Provides Prevention Case Management, Groups, and Condom Distribution services to the target population described above. Events and Provider outreach will be conducted

Method of Accountability: Annual program and fiscal and compliance monitoring

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

Total Direct Costs	$4,250
Total Indirect Costs	$750
(@ 15% of Modified Total Direct Costs)	
Total Costs	$5,000

12. Name of Contractor: UCSF
Method of Selection: Admin 21.42
Period of performance: 01/01/2022 – 06/30/2022
Scope of work
Service category: HIV Testing

(4) Award amount: $5,000
(5) Subcontractors: none
(6) Services provided: Provides Prevention Case Management, Groups, and Condom Distribution services to the target population described above. Events and Provider outreach will be conducted

Method of Accountability: Annual program and fiscal and compliance monitoring

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

13. Name of Contractor: API Wellness Ctr dba SFCHC
Method of Selection: Admin 21.42
Period of performance: 01/01/2022 – 06/30/2022
Scope of work
Service category: Transform Space

(1) Award amount: $5,000
(2) Subcontractors: none
(3) Services provided: The Asian & Pacific Islander Wellness Center (APIWC) dba San Francisco Community Health Center, EL/LA Program for Trans-Latinas ^EL/LA), Instituto Familiar de la Raza (IFR) and Native American AIDS Project (NAAP), will collaborate and form TFSM prevention collaborate -Transform-SF, to provide culturally specific HIV prevention services that respond to HPS's citywide prevention objectives for Transgender females. This collaborative effort will target residents throughout the City of San Francisco who are adults, over the age 18, Transgender female who have sex with men (TFSM), including TFSM-IDU. Transform-SF will prioritize TFSM of color,' mainly Asian and Pacific Islanders (A&PI), Latinas (TransLatinas), African Americans and Native Americans. TPC-SF's program of services will address the complex set of risk behaviors, drivers, cofactors, and barriers to HIV testing, prevention and care experienced by TFSM.

Method of Accountability: Annual program and fiscal and compliance monitoring

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

Total Direct Costs	$4,250
Total Indirect Costs (@ 15% of Modified Total Direct Costs)	$750
Total Costs	$5,000

TOTAL DIRECT COSTS:	**$3,925,164**
INDIRECT COSTS (25% of total salaries)	$273,919
TOTAL BUDGET:	**$4,199,083**

Upload #2

Applicant:	San Francisco Department of Public Health
Application Number:	NU62PS2021005498
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	Budget Narrative - HIV Surveillance

San Francisco Department of Public Health, SF Division
Applied Research, Community Health Epidemiology, and Surveillance Branch
PS18-1802 Integrated HIV Surveillance and Prevention Programs for Health Depts.
Component A HIV Surveillance Budget
01/01/2022-12/31/2022

A. Personnel	$377,475
B. Mandatory Fringe	$160,415
C. Consultant Costs	$0
D. Equipment	$0
E. Materials and Supplies	$2,939
F. Travel	$4,860
G. Other Expenses	$27,837
H. Contractual	$141,400
TOTAL DIRECT COSTS	**$714,926**
I. Indirect Costs (25% of total salaries)	$94,369
TOTAL BUDGET	**$809,294**

A. SALARIES **$377,475**

Position Title and Name	Annual	FTE	Months	Amount Requested
Deputy Health Officer Director, Disease Prevention and Control Branch S. Philip, MD, MPH	NA		12	In-Kind
Director, Applied Research, Community Health Epidemiology, & Surveillance (ARCHES) W. Enanoria, MPH, PhD	N/A		12	In-Kind
Director, HIV Epidemiology ARCHES/Manager I Vacant - Estimated Hire Date March 2022	$138,346	60%	10	$69,173
Director of HIV Case Surveillance/Manager I L. Hsu	$138,346	100%	12	$138,346
Epidemiologist II S. Pipkin (.625 FTE)	$75,286	50%	12	$37,643
Health Program coordinator II V. Delgado	$106,054	15%	12	$15,908
Epidemiologist I Vacant - Estimated Hire Date April 2022	$89,882	100%	9	$33,706
IT Operations Support B. Van	$86,008	5%	12	$4,300
IT Operations Support R. San Juan	$86,008	5%	12	$4,300
Health Program Coordinator I Vacant- Estimated Hire Date Jan2022	$95,940	30%	12	$33,579
Epidemiologist II V. Nimbal	$115,770	35%	12	$40,519

Job Description: Director, Disease Control and Prevention Branch and Project Co-Director (S. Philip) – This position is in-kind. Dr. Philip is a Project Co-Director for both Component A and Component B, the OPT-IN Demonstration Project, and is responsible for overseeing the disease control and prevention arm of both components. Dr. Philip works closely with other co-directors and project leads to monitor all short-term outcomes and maintain smooth implementation of all project strategies. This position shares the lead role in the CQI activities and is responsible for tracking and reporting all

activities to CDC annually.

Job Description: Wayne Enanoria, PhD, MPH is the ARCHES Branch Director, Associate Chief Health Informatics Officer for Population Health Division, Assistant Adjunct Professor of Epidemiology in the Division of Infectious Disease Epidemiology, and a faculty affiliate of Global Health Sciences at UCSF. His previous work experience includes applied public health as a communicable disease epidemiologist (all levels) for local and state health departments in the areas of HIV, vaccine-preventable diseases, public health preparedness & emergency response, as well as academic work at UC Berkeley and UCSF. For this cooperative agreement, he brings his research and professional experiences in population health, the control and prevention of communicable diseases, public health informatics, infectious disease epidemiology, and systems science. He will provide in-kind support to the HIV surveillance and prevention activities.

Job Description: As the Director of the HIV Epidemiology Section for the Applied Research, Community Health Epidemiology and Surveillance Branch (Vacant-– Estimated Hire Date March 2022) Principal duties include planning, developing, coordinating, directing and evaluating all scientific aspects of HIV/AIDS surveillance and epidemiological studies. She is responsible for overseeing data collection and analysis, interpreting, writing and disseminating findings. She will serve as the Co-Director of the CDC PS18-1802 NOFO and will be responsible for assuring that surveillance activities and data are fully integrated with program goals and activities and are used to evaluate programs and identify areas for improvement. She will serve as the primary representative for SFDPH on HIV surveillance activities and attend all CDC program meetings as the SFDPH surveillance representative. She will supervise four senior epidemiologists.

Job Description: Director of HIV Case Surveillance (L. Hsu) Principal duties include directing and coordinating HIV/AIDS surveillance and reporting activities, conducting epidemiological studies and statistical analyses related to the HIV and AIDS registry. She oversees data collection, management, analysis, and use of the data for HIV/AIDS surveillance. She is 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 grant proposals. She supervises the performance of one Health Program Coordinator II, three Epidemiologist II and one Epidemiologist I. She is 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 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, processing electronic laboratory reports, and developing methods to evaluate the HIV/AIDS surveillance system. She has direct supervision of four staff members: two epidemiologists, and two data entry IS operators.

Job Description: Health Program Coordinator II (V. Delgado) Principal duties include coordinating surveillance activities, establishing and maintaining active 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, and conducting validity evaluation by re-abstracting case information on 10% of previously reported cases. 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 indirectly supervises four field staff.

Job Description: Epidemiologist I (Vacant-– Estimated Hire Date April 2022) Funds will be used to support an Epidemiologist to conduct and coordinate activities related to enhancing laboratory reporting. Tasks include evaluating current laboratory reporting system and practice, contacting laboratories and working with the State Office of AIDS for electronic reporting and data standardization and quality issues, developing computer programs and standard operating procedures for laboratory data processing and management, coordinating development of laboratory data management system, and conducting analyses using CD4 and viral load data.

Job Description: IT Operations Support (R. San Juan)
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. She is responsible for implementing database back-up and assists with computer software update and other information system technical support.

Job Description: IT Operations Support (B. Van)
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. She is

responsible for implementing database back-up and assists with computer software update and other information system technical support.

Job Description: Health Program Coordinator I (Vacant – Estimated Hire Date Jan 2022) 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, and will be able to reassure MMP sites about security and confidentiality by relating it to the core surveillance guidelines.

Job Description: Epidemiologist II (V. Nimbal) 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 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.

B. MANDATORY FRINGE @ 42.5% **$160,415**

Fringe Benefit Component	Percentage of Salary	Amount
Unemployment Insurance	0.26%	981
Social Sec-Medicare(HI Only)	1.39%	5,247
Social Security (OASDI & HI)	5.94%	22,422
Life Insurance	0.02%	75
Dental Coverage	0.52%	1,963
Retiree Health-Match-Prop B	1.00%	3,775
Health Service-City Match	10.70%	40,390
Retire City Misc	22.67%	85,562
TOTAL	0.425000	160,415

C. CONSULTANT COSTS **$0**
D. EQUPMENT **$0**

E. MATERIALS AND SUPPLIES $2,939

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Office Supplies	Paper pens, handouts	12 mos	Approx. $69/month X 3.55 FTE	$2,939

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. TRAVEL $4,860

Travel		Rate	Quantity	Cost
Local Travel	Muni Pass	$81/mo./staff	x 12 mo. x 5 staff	$4,860

Local Travel: To purchase bus passes to travel to sites to conduct surveillance activities and field investigations for Surveillance staff.
Staff: L. Hsu, S Pipkin, V. Delgado, E. Mara

G. OTHER $27,837

Item	Rate	Cost
Office Rent	$1.93/sq.ft./month x 250 sq. ft. x 12 months X 3.55 FTE	$20,555
Printing	Flat Rate	$7,282

Office Rent: Funds to cover expenses of space rentals and maintenance for the Surveillance staff and security for HIV/AIDS registry for compliance with CDC requirements and mandates.

Printing: Funds cover cost of developing, printing and disseminating annual report.

H. CONTRACTUAL $141,400

1. Name of contractor: Heluna Health

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

   Period of performance: 1/1/2022 – 12/31/2022

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 $77,580

Position Title and Name	Annual	Time	Months	Amount Requested
Research Associates Jackson, Kornbluh, Raynor	$57,866	65%	12	$37,613
Front Desk Associate J. Handy	$55,139	20%	12	$11,028
Finance & Operation Manager A. Sogal	$118,436	5%	12	$5,922
Administrative Assistant A. Flandez	$76,726	30%	12	$23,017

Job Description: (Jackson, Kornbluh, Raynor) 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: (J. Handy) The Front Desk Associate will provide oversight of the reception area, answering a multi-line telephone and directing calls, guests, staff, messenger services and deliveries from various vendors.

Job Description: (A. Sogal) The Finance and Operations Manager is responsible for the fiscal management, policy development, financial reporting, and program evaluation of surveillance and research projects related to the HIV surveillance program. She 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 program needs. The Research Administrator will collaborate with PHFE and the SFDPH (Accounts Payable, Payroll, Human Resources, and Fiscal) on a regular basis to facilitate program activities.

Job Description: (A. Flandez) This position provides clerical support for the HIV surveillance program. Duties include typing, telephone contact, scheduling, taking minutes, developing memos and other communications, computer entry, and other secretarial duties.

b. Mandatory Fringe @ 37.18% $28,844
c. Consultant Costs $0
d. Equipment $0
e. Materials and Supplies $7,748

Item Requested	Unit cost	Amount Requested
Program Supplies	$645.67/month x 12 months	$7,748

Program Supplies: Funds will cover the cost of basic supplies for staff including but not limited to computers, software, pens, paper, folders, binders, presentation materials and other items used on a daily basis.

f. Travel Costs $960

Travel	Rate	Quantity	Cost
Local Travel	$80/mo. muni pass	x 12 month	$960

Local Travel: To purchase bus passes for contract employees to travel to sites to conduct surveillance activities and field investigations.

g. Other Costs $0
h. Contractual $10,000

Contract	Cost
University of California San Francisco (UCSF Hessol)	$5,000
Emerge Group	$5,000

University of California San Francisco (UCSF Hessol): Principal Investigator: Nancy Hessol-This contract is for epidemiologic consultation on Centers for Disease Control funded projects originating in the San Francisco Department of Public Health HIV/AIDS Surveillance Unit. Ms. Hessol will provide guidance on project study design, analyses, and written reports and manuscripts. Analyses will include updating our surveillance indicators on the spectrum of engagement in care, studies of underlying and multiple

causes of death, temporal trends in time from HIV diagnosis to the initiation of treatment and estimating cancer incidence and survival among persons with HIV/AIDS.

Total Year One UCSF Contractual Budget: $5,000 ($3,750 direct costs + $1,250 indirect costs)

The Emerge Group, Inc. - Rob Cory - This contract is for Enhancement of Prospective Form Tablet database (Microsoft Access front end and back end); Provide database design and visual basic coding; Work with SFDPH staff to test and debug database and write database documentation. Approximate cost is 37 hours @ $135/hour

Total Direct Costs (Heluna Health)	$125,134	
i. Total Indirect (13% of Direct Costs)	$16,267	
Total Subcontract budget (Heluna Health	$141,400	
TOTAL DIRECT EXPENSE:		**$714,926**
I. INDIRECT COST (25% of total salaries)		**$94,369**
TOTAL BUDGET 2021:		**$809,294**

Upload #3

Applicant:	San Francisco Department of Public Health
Application Number:	NU62PS2021005498
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	Indirect Cost Memo

DATE: March 3, 2021

TO: Grants Managers
Naveena Bobba
Jennifer Boffi

FROM: Drew Murrell
Deputy Finance Officer

DS DM

DocuSigned by: Drew Murrell
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RE: FY21-22 Overhead Costs

Effective immediately, the Indirect Cost rate for Population Health & Prevention-Public Health Division is 25.00% of salaries and benefits. This rate was based on FY 2018-19 costs and includes the COWCAP allocation (FY 20-21) based on the OMB Circular 2 CRF Part 200 Cost Allocation Plan. Public Health Division Grant Managers should use 25.00% indirect cost rate on all current grants and new or renewal grant applications, unless the grantor has specified a maximum rate lower than 25.00% .

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

	Amount
Mental Health	19,578,692
Substance Abuse	3,329,900
Primary Care	13,732,679
Health at Home	1,427,772
Jail Health	5,112,683
Laguna Honda Hospital	37,786,225
ZSFG	99,066,881

cc: Christine Siador
Patrick Fosdahl
Susan Philip
Joshua Nossiter

Upload #4

Applicant:	San Francisco Department of Public Health
Application Number:	NU62PS2021005498
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	Appendix F

Appendix F: Certification of Compliance for Data Security and Confidentiality

Example Certification of Compliance Statement

CERTIFICATION OF COMPLIANCE WITH THE NCHHSTP DATA SECURITY AND CONFIDENTIALITY STANDARDS AND DESIGNATION OF OVERALL RESPONSIBLE PARTY (ORP)

We certify our program complies with the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention's (NCHHSTP) Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011) available at:
https://www.cdc.gov/nchhstp/programintegration/data-security.htm

We acknowledge that all standards in the NCHHSTP Data Security and Confidentiality Guidelines are implemented for the HIV surveillance and HIV prevention programs funded by **NOFO PS18-1802** and for programs with which we share data, unless otherwise justified in an attachment to this statement. We agree to ensure that all standards are applied to all local/state staff and sub-recipients that have access to and/or maintain confidential, personally identifiable public health data. We agree to ensure that all sites where applicable public health data are maintained are informed about the standards. Documentation of required local data policies and procedures is on file with the Overall Responsible Party (ORP) and available upon request.

The signed Certification of Compliance statement by the designated ORP will be submitted annually or when changes in the ORP designation occur.

Please select one of the options below:

☒ In full compliance with the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011) for HIV surveillance and HIV prevention programs funded by **NOFO PS18-1802**. We ensure that all standards are applied to all local/state staff and sub-recipients that have access to and/or maintain confidential, personally identifiable public health data. We ensure that all sites where applicable public health data are maintained are informed about the standards; there are no attachments to this statement.

☐ Not in full compliance with the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011). We are pursuing compliance for HIV surveillance and/or HIV prevention programs funded by **NOFO PS18-1802**. A justification for non-compliance is included as an attachment.

Instructions for Justification Statement: Please describe the reasons for non-compliance with the NCHHSTP Guidelines. Outline the steps being taken to address issues and achieve full compliance. Include a timeline and provide specific information for program areas that are non-compliant or pursuing compliance (e.g., surveillance, prevention, information technology, sub-recipients, community-based organizations, programs with which you share data etc.).

Name(s), title, and organizational affiliation of the proposed ORP(s)

ORP Name	Title	Affiliation
Susan Philip, MD	Director, Population Health	Principle Investigator – San Francisco Department of Public Health

Applicant/Jurisdiction Name San Francisco Department of Public Health	Grant/Cooperative Agreement Number 93.940 (CFDA) PS18-1802
Signature Overall Responsible Party (ORP) DocuSigned by: Susan Philip 4C9D2E27476A474... Susan Philip, MD	Date 8/16/2021 | 5:55:58 PDT
Signature Authorized Business Official DocuSigned by: Heidi Burbage F5598927EC6844A... Heidi Burbage	Date 8/12/2021 | 11:29:19 PDT
Signature Principle Investigator (s) DocuSigned by: Susan Philip 4C9D2E27476A474... Susan Philip, MD	Date 8/16/2021 | 5:55:58 PDT

Upload #5

Applicant:	San Francisco Department of Public Health
Application Number:	NU62PS2021005498
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	APR Narrative

PROJECT NARRATIVE

Directions: Please answer the following questions for your Annual Performance Report (APR). Attach in the "Miscellaneous Attachments" section and name document "Project Narrative." Attach the document as a PDF file.

The Annual Performance Report requires the recipient to report on progress made during the current reporting period, **January 1, 2021 – June 30, 2021** and to report on proposed programmatic activity for the new budget period (Year 5) **January 1, 2022 – December 31, 2022**. ***Unless otherwise noted, responses to the questions in this guidance should accurately reflect program activities conducted during the reporting period of January 1, 2021 – June 30, 2021.***

The following questions are core questions to be used for programmatic and data reporting for this reporting period.

SECTION I: COMPONENT A: Core Strategies and Activities for Integrated HIV Surveillance and Prevention

Please provide responses to the following questions for each of the required core strategies and activities under Component A.

Strategy 1. Systematic collection, analysis, interpretation, and dissemination of HIV data for surveillance and prevention program monitoring and evaluation

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

   SFDPH continued to conduct ongoing HIV case surveillance activities including collecting CD4, viral load, molecular laboratory test results, vital status and geocoding. Data are reviewed and evaluated for completeness, timeliness and quality on an ongoing basis. Evaluation outcomes assessed in January 2021 for 2019 diagnoses found that completeness of case reporting was 98%, 98% were reported within six months of diagnosis, 100% cases entered without critical error or required fields missing, 94% had complete risk factor ascertainment, 96% had a CD4/viral load test within one month of diagnosis, 95% had antiretroviral use history, 57% had a lab-documented negative HIV test, 97% of deaths in 2018 had cause of death information, 100% duplicated records were resolved, all of which met or exceeded CDC surveillance outcome standards.

   We continued to analyze and disseminate data for program monitoring and evaluation. HIV testing data including both positive and negative test results from select medical sites and community sites as well as viral load testing among persons with HIV are monitored on a monthly basis. These data were used to assess the impact of COVID-19 on HIV prevention and care, shared with Getting to Zero (GTZ) and our community partners, and also included in our 2020 HIV Epidemiology Annual Report.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   A high staff turnover rate and number of unfilled positions coupled with continued COVID-19 response make it challenging to fully implement and support data collection, management, and analysis activities in a timely manner. We are working closely with HR to fill vacancies.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 5 (including proposed changes in approach, contracts, objectives, staffing/personnel, funding resources, etc.).

   None expected at this time.

4. Complete Laboratory Reporting
   a. Has the jurisdiction implemented and maintained activities to support complete laboratory reporting of all HIV-related tests? ☒ Yes ☐ No
   b. Was the volume of CD4 and viral load laboratory test results received between January-June 2021 similar (≤ 5% change) to the volume received for the six months prior (July-December 2020)? ☒ Yes ☐ No
   c. Were all CD4 and viral load laboratory test results reported to the Health Department between January-June 2021 submitted to CDC each month? ☒ Yes ☐ No
   If you responded "No" to questions 4a, b or c above, please explain
5. Evaluation Performance Measurement Plan
   a. Please use the CDC template(s) to update and upload your Year 4 Evaluation Performance Measurement Plan (EPMP) for Component A and Component B (if applicable) as a miscellaneous attachment with your APR to www.grantsolutions.gov by the due date, September 13, 2021. You may update your Year 3 EPMP or use the new abbreviated CDC EPMP template(s) for this submission.
6. Describe the impact of COVID-19 on surveillance activities.

   HIV surveillance staff remained activated as Disaster Service Workers (DSWs) for COVID-19 response during this reporting period, however we managed to continue all essential HIV surveillance activities.

7. Describe the impact of COVID-19 on NHM&E activities.

   HIV testing effort was impacted due to stay at home orders and the limited space and the need to maintain physical distance at testing sites. HIV prevention staff remained activated as DSWs for COVID-19 response.

Strategy 2. Identification of persons with HIV infection and uninfected persons at risk for HIV infection

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

HIV Testing

SFDPH continues to support high-volume, targeted testing to high-prevalence populations (MSM, PWID, and trans women) and casts a wide net to reach populations not yet reached with the current testing strategy. Testing is incorporated into holistic "Special Projects" for prioritized populations i.e. AAMSM, Latino MSM, transwomen as well as integrated into programs providing substance use treatment. We have added a focus on those experiencing homelessness and have incorporated COVID-19 work into outreach activities.

In order to reach populations effectively, community-based organizations increased collaborations over the years, and this strategy has created strong community partnerships and communication networks that have been of enormous benefit since the COVID-19 epidemic began. Agencies are familiar with outreach activities, culturally competent messaging to increase acceptability of COVID testing in the community. We are working closely with street-based outreach teams to ensure maximum collaboration and efficiency.

HIV testing dramatically declined last year as a result of the COVID-19 pandemic. Since January 2021, the system of care is focusing on rebuilding testing and treatment programs to pre-COVID capacity and continue expansion of low threshold treatment models. In March 2021, we saw HIV screening tests at select medical facilities HIV testing back up to pre-COVID levels. HIV screening tests at community sites are still lower than pre-COVID levels. Laboratory-based HIV screening tests are increasing for all ages groups. Overall HIV viral load tests among persons living with HIV are back to pre-COVID levels.

Partner Services

Partners services are offered to all clients newly diagnosed with HIV. Partner services are also offered to clients who are both not-in-care and working with a LINCS navigator. Efforts to increase participation in partner services include working closely with partner CBOs (SFAF and GLIDE) such that CBO staff counsel patients that they will be contacted by a LINCS DIS who will offer partner services and encourage patients to participate in the process.

Data to Care Activities

SFDPH has been conducting Data to Care activities as a joint activity between HIV surveillance and the LINCS program since 2012 and Data to Care activities have increased with supplemental funding (CDC PrIDE and Component B). Drawing on past experience, we continue to refine and improve our Data to Care efforts and apply lessons learned in Data to Care to local Data to PrEP efforts. In addition, we will have implemented HIV-TRACE to identify recent and growing transmission clusters and are currently

conducting a series of pilot tests to determine if HIV-TRACE is also an effective tool to identify persons who are not virally suppressed and could benefit from LINCS navigation services.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   SFDPH is confident in its strategies and has developed a cadence for monitoring and oversight of programs. The unforeseen effects of the COVID-19 pandemic continue to impact HIV testing, in particular community-based testing. Communities with higher rates of HIV, HCV and STIs were also disproportionately impacted by COVID-19, clinical and community-based services disrupted, public health workforce continue to be re-directed to COVID-19, and Sexual and drug use behaviors affected by shelter-in-place, and emotional and mental health consequences of social isolation, job loss and trauma. In 2021 we had several of our staff activated to work on COVID-19 and had delays in hiring staff vacancies. In addition, the COVID-19 Delta variant has impacted the ability to do testing safely in the community. Our community partners continue to find thoughtful and creative ways to engage with their respective communities, provide safe street-based services, and ensure that their staff are safe as well.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 5 (including proposed changes in venues, contracts, target populations, recruitment strategies, testing technologies or algorithms, objectives, staffing/personnel, funding resources, etc.).

   We expect no significant changes to this approach during 2021 and hope services will increase over the next six months as long as staff are able to provide them safely.

4. For HIV testing related activities associated with Strategy 2, your submitted National HIV Monitoring and Evaluation (NHM&E) data in EvaluationWeb will be used to assess the jurisdiction's progress for Q1 and Q2 during Year 4. Please include any additional comments and/or clarifications for the submitted NHM&E data and/or the PS18-1802 Data Tables within EvaluationWeb. Also, include any justification(s) for partial/late data submission. Information provided will be used for consideration during the review process.
   ☒ No additional comments and/or clarifications needed.
   ☐ Additional comments and/or clarifications

5. If you have an HIV self-testing strategy or approach, describe the impact of HIV self-testing strategies in place. Also, describe any plans in place or being created to scale up HIV self-testing activities.

   The San Francisco Department of Public Health (SFDPH) is a current participating jurisdiction in the Take Me Home, Home-Based STI/HIV testing program. All San Franciscans, specifically our priority

population, have access to free lab-based HIV, GC/CT (three site testing), Syphilis, and Hepatitis C testing from the privacy of their own home. The goal is to increase HIV/STI testing among our priority population (Black and Latino MSM) who bare a disproportionate burden of HIV acquisition. However, this service is available to all San Francisco residents.

COVID-19 taught us that we needed to create more access to supportive sexual health and wellness solutions outside the clinic. The COVID-19 mandated shutdown forced clinics to reduce capacity by over 70%. The home-based testing program allowed clients who were not experiencing symptoms to remain proactive in their sexual health.

SFDPH just launched a "Have GOOD Sex" social media campaign in April 2021 in effort to scale up HIV self-testing activities. We are also exploring partnering with local CBOs to act as a mailing hub for people experiencing homelessness, youth, and for people who do not live in a home where they feel comfortable receiving a home testing kit.

Pilot Phase: MAR-DEC 2020

- The San Francisco HIV/STD Home Testing Program was in a pilot phase from March to December 2020. During this period, only the HIV Oraquick test was offered.

Phase II of Program: JAN-Current 2021

- The San Francisco HIV/STD Home Testing Program began phase II of the program starting JAN 2021. Offering the following test:
    - HIV Lab-based test (dried blood spot)
    - GC Three site
    - CT Three site
    - Syphilis lab based
    - HEP C (eligibility questionnaire required)
    - Remaining HIV OraQuick kits distributed/ordered in the month of JAN 2021 (7 kits), March (1 kit)
- **Total Number of Kits Distributed: 122**
    - Broken down by specimens included in the kits: Each kit can obtain up to 5 test.
        - OraQuick: 8
        - HIV Lab-based: 103
        - HepC: 83
        - GC: 111
        - CT: 111
        - Syphilis: 111
- **Total number of people who received at least one HIV self-testing kit**:
    - 121 persons (De-duplicated by name and age).

- **During phase II positive results:**
    - Syphilis: 2 positives
    - CT Oral: 3 positives
    - CT Urine: 1 positive
    - CT Rectal: 3 positives
    - GC Rectal: 1 positive

    a. If your jurisdiction conducted HIV self-testing during the reporting period, please provide the following information:
        i. Total number of test kits distributed as part of your HIV self-testing program - 122
        ii. Total number of people who received at least one HIV self-testing kit - 121

6. If you do not have an HIV self-testing strategy or approach, have you considered HIV self-testing as a strategy? N/A

Strategy 3. Development, maintenance, and implementation of plans to respond to HIV transmission clusters and outbreaks

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

   During this reporting period, SFDPH continued to collect data related to cluster detection and response and conduct monthly analyses to identify time-space/molecular clusters. The clusters identified were reviewed monthly by the Cluster Detection and Response work group for prioritization, and line lists for persons in clusters of concern were shared with LINCS for cluster investigation and navigation services. During this reporting period, we did not identify, nor were notified of a cluster that met national priority cluster criteria. However, we identified one molecular cluster that met our local criteria for priority clusters. The new molecular cluster specialist was able to dedicate her time to work on navigating not-in-care persons in this priority cluster to care. These critical activities continue to be implemented routinely during the COVID-19 pandemic without interruption.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   We were experiencing persistent challenge to reach populations that are hard to reach (e.g., no phone/locating information, unhoused/transient, or history of refusal), which contributes to a low yield in our cluster work. The populations often are those that have a high burden of disease/comorbidities, trauma, psychological distress, unhoused, and have substance abuse history, which made it extremely difficult to find and link back to care and/or provide navigation support.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 5 (including proposed changes in venues, contracts, target populations, testing technologies or algorithms, implementation strategies, objectives, staffing/personnel, funding resources, etc.).

   None.

4. During the reporting period, did your program identify any:
   a. Molecular clusters involving the jurisdiction that meet CDC's national priority criteria*?
      ☐ Yes ☒ No
      If yes, please provide a brief summary.
   b. Time-space clusters involving the jurisdiction? ☐ Yes ☒ No
      If yes, please provide a brief summary.

   * For lower burden jurisdictions (defined by membership in CDC's low-burden jurisdiction workgroup), priority clusters are defined as clusters at a 0.5% genetic distance threshold with at least 3 cases diagnosed within the most recent 12-month period. For all other jurisdictions, priority clusters are defined as those with at least 5 cases diagnosed within the most recent 12-month period.

Strategy 4. Comprehensive HIV-related prevention services for persons with HIV (PWH)

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

   SFDPH has strengthened, streamlined, and addressed gaps in linkage and retention services for PLWH, with the goal of establishing a clear, patient-centered process from point of diagnosis through accessing and staying engaged in HIV care. The strategy includes Data to Care activities; centralized linkage and re-engagement activities through the LINCS program, and other key retention efforts, especially for populations with the greatest barriers to care.

   The San Francisco Health Department conducts all of the strategy 4 requirements for PLWH, including linkage to care, data to care, ART promotion, and monitoring of viral suppression and drug resistance. Data to care and centralized linkage and re-engagement activities are provided through our LINCS program, and HIV surveillance monitors HIV viral suppression on the population level and by specific demographic groups. With respect to the specific services referred to in https://effectiveinterventions.cdc.gov/, SFDPH has successfully worked with CDC in implementing a cluster response and is on track to have a documented plan per the CDC due date. SFDPH also has a mature and robust Partner Services program. Other risk-reduction interventions for PLWH are provided by CBOs and supported by other funding.

   SFDPH HIV surveillance has provided surveillance-generated NIC lists of HIV-positive individuals potentially not in care or other prioritized groups, such as persons experiencing viral failure, those with

early infection, and those in transmission clusters to the LINCS Team. In addition, HIV surveillance data are used to match clinic generated NIC lists to eHARS to confirm out of care status of patients prior to assignment by LINCS.

We actively use HIV surveillance data to monitor HIV viral suppression on the population level as well as by specific demographic groups. Viral suppression is monitored both among persons newly diagnosed with HIV and among persons living with HIV. This information is shared with HIV prevention partners for resource allocation and prioritization. SFDPH also collaborates with Getting to Zero Metrics committees to monitor and address disparities in viral suppression.

18-1802 Funded and non-funded testing programs have referral systems in place with a focus on populations with the highest disparities in access to prevention, treatment and care.

SFDPH has worked with the San Francisco AIDS Foundation, Glide, and Street Medicine, to develop and adjust different models of referral to partner services, testing both active and passive referral mechanisms. All other agencies are required to report HIV positive clients to LINCS and the LINCS staff assess client need for referral.

Overall HIV viral load tests among persons living with HIV are close to pre-COVID levels.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   We noticed a significant drop in HIV and viral load testing during 2020, both in CDC DPH programs and among our CBOs. Changes in HIV and viral load testing varied by type of facility and age group. Public settings and younger age groups have a higher percentage of decline in HIV and viral load testing suggesting a greater impact of COVID-19 on reduced HIV-related prevention and care services in vulnerable populations. Social isolation of target population associated with exacerbated substance use, mental health challenges. Safety protocols continue to necessitate reduced capacity for programs, in particular programs providing street-based and mobile services. SFDPH continues to experience diminished capacity of work force due to COVID activation. We are working closely with our clinical and community-based partners to ensure that our clients and staff are safe during this surge of COVID-19. Street-based services have an increased focus on providing supplies, harm reduction services, and addressing basic needs.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 5 (including proposed changes in venues, contracts, target populations, recruitment strategies, testing technologies or algorithms, objectives, staffing/personnel, funding resources, etc.).

None anticipated.

4. Describe if there have been any changes to your jurisdiction's processes for linking PWH to care.
    a. Specifically, describe any changes made to the definition/criteria used for identifying persons "not-in-care (NIC)" or "linked to care."

    We did two Data to Care lists in 2021: one was comprised of people who were homeless or marginally housed identified in the public housing system and matched with eHARS and the second was a "diagnosed recently but out of care" list comprised of living San Francisco residents who were diagnosed in 2019 or 2020.
    For the first list we applied the following criteria: 1) Never in care (no VL or CD4) or 2) Last VL or CD4 > 15 months ago or 3) Have a VL between 9 and 15 months ago that was > 1500 copies/mL (this allows us to capture persons with HIV who might have showed up unsuppressed in a setting like an Emergency Department and not been subsequently linked to care, a pattern we have noticed with marginally housed people who experience chaotic situations). The criteria for the second list were 1) Never in care (no VL or CD4) or 2) Most recent VL was >1500 copies/mL.

    b. Specifically, describe any challenges experienced with reporting data-to-care (D2C) NIC investigation data to CDC through eHARS.

    Data to Care/NIC data were successfully uploaded in eHARS in April 2021.

5. Describe the impact of COVID-19 on comprehensive HIV-related prevention services for PWH (i.e., linkage to care, tracking initial infection, etc.).

    HIV testing has gradually increased during this reporting period. HIV testing and viral load testing at medical sites have resumed to nearly the level before the pandemic while HIV testing at community settings is still below the pre COVID-19 pandemic level.

Strategy 5. Comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

    San Francisco continued high volume HIV testing at SFDPH City Clinic as well as in Jail Health Services with funding from 18-1802. Using local funding, San Francisco began the year continuing high volume community-based testing for high prevalence populations (MSM, trans women, PWID) at San Francisco AIDS Foundation's Magnet clinic, UCSF Alliance Health Project, and as well as testing in

agencies providing services to AAMSM (SFAF), Latino MSM (AGUILAS, IFR) trans women (SFCHC) and PWID (Glide, SFAF) and people in substance use treatment settings (Bayview Hunter's Point Foundation, Bay Area Addiction Research and Treatment (BAART), University of California Opioid Treatment Outpatient Program).

San Francisco continues to support its PrEP demonstration project as a service at its STD Clinic. San Francisco has continued to support a continuum of PrEP services at five community-based agencies providing services to AAMSM (SFAF), Latino MSM (AGUILAS, IFR) trans women (SFCHC) and PWID (Glide, SFAF.) and Youth (LYRIC). Include PrEP as a component of all HIV test counselor trainings.

San Francisco continued its long-standing support for Special Projects for prioritized populations, projects that include a full spectrum of services from outreach, engagement, testing, referral to PrEP or HIV/HCV/STI treatment as appropriate and medication maintenance for clients on PrEP or PLWH. This is a spectrum of prevention services, from low to high threshold at five agencies providing Special Project services to AAMSM, Latino MSM, trans women, and MSM.

San Francisco City Clinic has been offering non-occupational pre-exposure prophylaxis (nPEP) for over a decade. nPEP is offered to patients who report a potential exposure to HIV infection within the preceding 72 hours. Patients who elect to initiate PEP receive a 2-day starter kit of medications, and a prescription for the remainder of the course. Uninsured patients are either enrolled in a patient assistance program (which provides free medication) or referred to the SF General Hospital pharmacy where they can fill the medication at no-cost. A health worker follows up with every client who initiates PEP 2-3 days and 28-45 days after PEP is initiated, and provides ongoing support, adherence counseling and assists with prior authorizations or applying for co-payment assistance when necessary. Patients with ongoing risk for HIV-infection are encouraged to transition to PrEP without a gap in coverage. As PrEP uptake has increased at City Clinic and in San Francisco as a whole, the number of PEP courses administered at City Clinic has declined. PEP is also provided in the SFGH Emergency Department, Urgent Care Clinic, and the Rape Treatment Center, as well as by private providers (e.g., Kaiser). Ward 86, the HIV care center at SFDPH, has recently started a PrEP program, and is providing PEP navigation support to patients initiated on PEP at the Urgent Care Clinic.

These testing programs have referral systems in place with a focus on populations with the highest disparities in access to prevention, treatment and care.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   Many of the patients identified as not-in-care (NIC) and we are unable to locate.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 5 (including proposed changes in venues, contracts, target populations, recruitment strategies, testing technologies or algorithms, objectives, staffing/personnel, funding resources, etc.).

   None anticipated.

4. Briefly describe which populations and what activities you supported for high-risk HIV-negative individuals during the reporting period.

   San Francisco's high prevalence populations receive the most resources, but CBOs are not funded with CDC dollars. Populations include: MSM, trans women, PWID, AAMSM, Latino MSM, PWID, people in substance use treatment settings, and people experiencing homelessness.

5. Describe the impact of COVID-19 on comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection (i.e., PrEP, other prevention activities, etc.).

   All community-based infectious disease testing and prevention activities in San Francisco declined substantially due to COVID; hours have been reduced, some clients still prefer to not leave home to access services, group activities were ceased, and agencies included COVID mitigation strategies in their work, integrating into some of the HIV prevention staff work. However, as the City became accustomed to the new COVID mitigation strategies, services are increasing.

Strategy 6. Perinatal HIV prevention and surveillance activities **Opt-out/N/A**

If you are implementing <u>any</u> of the perinatal HIV prevention and surveillance activities, please respond to the following questions (1-3):

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.
2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?
3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 5 (including proposed changes in venues, contracts or partnerships, target populations, testing technologies or algorithms, objectives, staffing/personnel, funding resources, etc.).

   For more information on Perinatal HIV prevention and surveillance required activities for all and a subset of jurisdictions, please refer to https://www.cdc.gov/hiv/pdf/funding/announcements/ps18-1802/CDC-HIV-PS18-1802-Attachment-I.pdf

Strategy 7. Community-level HIV prevention activities
☐ Not applicable if opt-out approved

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

   San Francisco continued the citywide condom distribution program (agencies/businesses can request free condoms from SFDPH). Condoms and safer sex supplies are distributed at community venues such as bars, health fairs and events such as Carnival and Pride which were held during this reporting period. San Francisco continues to provide condom distribution at SFDPH clinics and SFDPH-funded HIV prevention programs.

   San Francisco has included social media strategies such as including ads for Social Marketing campaigns on gay "hook-up" apps such as Grnder, or more mainstream media channels such as FaceBook and YouTube as appropriate to the needs of the community.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   None other than those presented by COVID mitigation efforts.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 5 (including proposed changes in venues, contracts, target populations, recruitment strategies, objectives, staffing/personnel, funding resources, etc.

   None noted.

4. Describe the impact of COVID-19 on community-level HIV prevention activities (i.e., social marketing campaigns, condom distribution, syringe services programs, etc.).

   Shelter in place orders have curtailed outreach and put events, both big and small on pause in San Francisco. Agencies have successfully continued services online wherever possible, but high touch outreach and field activities have ceased. As COVID-19 cases decreased in the Spring, San Francisco "reopened" on June 15, 2021 so we anticipate an increase in community-level HIV prevention activities moving forward.

Social Marketing Campaigns

5. Did you promote and/or support any CDC social marketing campaign during the reporting period?
   ☐ Yes ☒ No. If yes, please specify
6. Were other social marketing campaigns utilized? ☒ Yes ☐ No
   If yes, please describe

Have GOOD Sex is not just another safe sex campaign. Have GOOD Sex is a new platform that celebrates sex-positivity, health, and wellness in communities of color in San Francisco.

The goal of the campaign is to go beyond testing and safety to address the stigma around the conversation on sexual health and pleasure in homes and in communities, offline and online. Everyone deserves a space where sexual positivity, sexual representation, and sexual health is non-stigmatized. Have GOOD Sex also tackles conversations of Pleasure, Health, Consent, and Empowerment. Because GOOD sex isn't just safer sex. It's inclusive, it's void of shame, and it's for all of us.

Have GOOD Sex is in the process of creating a strong social media presence with the help of local influencers and unique community sponsorships. In addition, clients who opt-in, will receive a Have GOOD sex swag box as an incentive for participating in the home-based testing program. https://www.havegoodsex.org/

7. Were any COVID-19 + HIV-related information disseminated during the reporting period?
   ☒ Yes ☐ No. If yes, please specify the source of the materials disseminated
   https://www.sfdph.org/dph/files/ig/Tips-Safer-Sex.pdf

8. During the reporting period, what kinds of activities did you conduct as part of your social marketing efforts? *(Please check all that apply).*
   ☐ Blogs
   ☒ Materials Distribution
   ☐ Events
   ☒ Internet/Digital Advertising
   ☐ Traditional Advertising (e.g., print, TV, radio, billboards)
   ☒ Social Media (e.g., Facebook, Instagram, Twitter)
   ☐ Email Blasts
   ☐ Other
   ☐ None. We did not conduct any social marketing activities.

Condom Distribution

9. Provide the total number of condoms distributed overall during the reporting period = 239,146

Syringe Services Programs (SSP)

10. For Syringe Services Programs, please provide the following information:
    Does the jurisdiction already have a Determination of Need (DON) in place? ☒ Yes ☐ No
    If no, does the jurisdiction plan to submit a DON for Syringe Services Programs (SSP)? ☐ Yes ☐ No

    a. Describe SSP and harm reduction activities conducted during the reporting period for high-risk or vulnerable populations.

SFDPH Community Health Equity & Promotion (CHEP) Branch funds a collaborative of community-based organizations that provide client-centered harm reduction Syringe Access and Disposal services to people who inject drugs, distributing 2,357,088 syringes during the period of January 1, 2021 – June 31, 2021. Each site provides an opportunity for disposal. Each site offers harm reduction supplies, overdose prevention education, Naloxone trainings, and resources and referrals to HIV/Hep C testing, and other community services.

b. Provide the number of SSPs funded within the jurisdiction, location of services, and the number of clients served, if available (regardless of funding source).

SFDPH funds the San Francisco AIDS Foundation (SFAF) to provide Syringe Access & Disposal Services. SFAF subcontracts with Glide Harm Reduction Services, Homeless Youth Alliance, San Francisco Drug User's Union, and St. James Infirmary to provide citywide coverage. Services are available at various locations 7 days a week. (see schedule below). Total number of duplicated contacts served by Syringe Access Services during this reporting period = 57,746

SFAIDS Foundation: Harm Reduction Supplies & Narcan **look for THE BIG DARK GRAY VAN!!** **Narcan, harm reduction supplies, and referrals
Schedule:
Mondays 4 - 6pm: BAYVIEW Innes Ave, btw 3rd & Phelps
Tuesdays 6 - 8pm: DUBOCE Duboce Ave, in bike alley behind Safeway
Wednesdays 6 - 8pm: MISSION Weise Alley @ 16th, btw Julian & Mission
Thursdays 7 - 9pm: POLK GULCH Hemlock Alley @ Van Ness
Fridays 7 - 9pm: MISSION & 16th, on sidewalk comer opposite BART

Glide Harm Reduction Services Monday - Friday, 9am - 1pm 330 Ellis, btw Jones & Taylor, on the Taylor side of the building! **DOOR SERVICE: Narcan & harm reduction/safe use supplies

Homeless Youth Alliance Monday, Wednesday &. Friday, 5:30- 7:30pm 558 Clayton @ Haight **Narcan & harm reduction/safe use supplies. You will be screened for COVID-19 symptoms upon entry!

San Francisco Drug Users Union Sunday - Wednesday, Noon - 7pm ; Thursday, Noon - 6pm 170 Turk Street (btw Jones & Taylor)

St. James Infirmary Monday, 5 - 6:30pm @ Hope Center (253 Hyde, btw Eddy & Turk) Tuesday, 5:30 - 7:30pm @ 730 Polk (btw Bills & Eddy) on 1st floor Friday, 6- 8pm @ 234 Eddy (btw Jones & Taylor) **Narcan & harm reduction/safe use supplies.

c. Provide the amount of PS18-1802 funding for SSP and harm reduction activities. N/A

d. If PS18-1802 funding is not being used for SSPs and harm reduction services, provide the other funding sources.

Syringe Access Sites are funded solely through the City and County General Fund.

Strategy 8. Partnerships for integrated HIV prevention and care planning

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

   We have managed to maintain access to testing during COVID-19 shelter in place, and as things have started to reopen. We have moved closer to integrating HIV, Hepatitis C, STI and overdose prevention work during the last year. Some sites were able to add in rapid COVID-19 Binax testing. We were also able to train over 90 CBO staff who have HIV counselor and other CBO experience in Case Investigation and Contact Tracing efforts based on our successful HIV testing network to combat COVID-19.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   COVID-19 did not stop services but did have a major impact on our testing and prevention efforts. The reduction in HIV testing has meant a drop in HIV positive tests. We cannot tell if this is due to fewer tests or a true reduction in new positives.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 5 (including proposed changes to the Plan, updates to the planning groups, uses of the Plan document, local funding resources, etc.).

   Anticipated changes to programming are related to how COVID-19 has changed the approach to community public health overall. We have newer CBO pertners and many more DPH staff have been working closely with CBO's during COVID. These new relationships will lead to greater prevention

efforts citywide. Overdose prevention efforts were lifted up even higher in our drug user health efforts to address the overdose endemic in San Francisco.

4. Did you make any changes to your Integrated HIV Prevention and Care Plan and/or planning group process during the reporting period? ☒ Yes ☐ No

   SFDPH has moved to a virtual community planning process. The Planning Council has continued and no business was missed during this reporting period.

5. How are you currently using/implementing the Integrated HIV Prevention and Care Plan (e.g., guides RFP process, target resources locally, etc.)?

   Due to COVID-19, there has been a delay in the release of the Request for Proposals (RFP) for Integrated HIV/HCV/STD Prevention Programs due to COVID. Once released, SFDPH will work closely with CBOs to plan for shifts in HIV prevention strategies and activities. CBA needs will be assessed, and CBA plans developed annually thereafter. The data that informed this RFP echoed COVID data, i.e., African-Americans and Latino populations were underserved and experienced a disproportionate burden of disease. The RFP prescribed a "Health Access Point" model where clients can access a broad spectrum of social and clinical services; COVID can be incorporated into this model.

6. Does your jurisdiction have in place and utilize other HIV plans to guide prevention efforts?
   ☐ Yes ☒ No If yes, please indicate. N/A

7. Describe the impact of COVID-19 on integrated HIV prevention and care planning activities (i.e., HIV Planning Groups, etc.).

   The HIV Community Planning Council (HCPC) has managed to continue to meet via Zoom during this reporting period and attendance has been strong. Some members were offered iPads for loan in order to participate in the calls which have been shortened from 3 hours to 2 hours. Thomas Knoble and Kevin Hutchcroft remain in leadership roles as Government Co-Chairs.

Strategy 9. Implementation of structural strategies to support and facilitate HIV surveillance and prevention

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

   During this reporting period, we continued to ensure the security and confidentiality of information collected, maintained and shared for HIV surveillance and prevention activities. SFDPH staff and funded contractors are trained in the local SFDPH data and confidentiality standards (which comply

with NCHHSTP standards), the CDC security and confidentiality standards and the State Office of AIDS standards at the time of hire and yearly thereafter. SFDPH HIV surveillance maintains secure procedures for data sharing, including data-to-care activities and use of surveillance data across HIV programs including prevention programs and LINCS within the context of existing laws. In addition, we continued to strengthen our health information system infrastructure including use of the newly implemented electronic health record system (EPIC) for SFDPH and enhancement of a relational database (eHARSxtra) for supplemental surveillance data collection.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   HIV surveillance and prevention staff remained activated for COVID-19 response. The development of an integrated HIV/STD/HCV database for more efficient and streamlined HIV testing data collection and management was delayed due to COVID-19 pandemic.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 5 (including proposed changes in venues, contracts, partnerships, target populations, existing policies and procedures, use of advance technology, objectives, staffing/personnel, funding resources, etc.).

   None anticipated.

4. Describe the procedures you are using or intend to use to ensure data are secured when stateno/cityno information is shared and stored and if there have been any changes in procedures. In your description, include a statement if you are not sharing stateno/cityno and do not intend to share this information.

   We share stateno/cityno information between eHARS and EvaluationWeb. EvaluationWeb data are managed by a HIV surveillance data manager and we have procedures and protocols in place to protect data security and confidentiality consistent with CDC NCHHSTP Data Security and Confidentiality Guidelines. Data linkage of EvaluationWeb and eHARS is conducted in the HIV surveillance secure area and datasets containing personal identifiers including stateno/cityno are stored on an encrypted flash drive and locked in the case registry room when not in use. All staff that have access to confidential case information receive the SFDPH privacy and data security training, SFDPH HIV surveillance program security and confidentiality training, and the State Office of AIDS security and confidentiality training on an annual basis.

5. Describe any changes in security and confidentiality procedures/policies impacting the jurisdiction, funded local/state/tribal staff and contractors, and programmatic activities. For example, changes in policies and procedures related to working in a virtual environment (including telework capabilities,

needed equipment, VPN access, security enhancements), data sharing (including sharing data between programs and between systems such as between eHARS and EvaluationWeb) or data sharing agreements. ***If policies are updated, provide a copy or share the link where updated policies can be found.***

HIV surveillance continued to follow established security and confidentiality procedures and policies for telecommuting and for data sharing with other programs which requires a data sharing agreement. We have protocol in place to allow staff accessing PHI for surveillance related medical record abstraction and performing analyses using de-identified datasets in a remote and secure environment. Staff are required to complete telecommuting application and training and use office-approved devices, software, and network connection for telework. Any individual level case information must be retained in the SFDPH secure network and designated folders accessible only to authorized personnel through unique user login and password. Any files containing confidential case information will be deleted using PGP shredder after the task is completed.

The CDC monitoring team will conduct a review of your Security and Confidentiality (SC) policies and procedures to validate your program's SC implementation process. Validation normally requires a site visit where a visual inspection of the office environment and a policy review are conducted, However, due to travel restrictions and mass telework, CDC is unable to conduct such inspections. At this time, CDC will review your policy's general content to include annual training and agreements, data use, release and sharing, disaster recovery, and information technology, and records retention. After review of your policies, CDC will discuss our findings with you, make recommendations as needed and determine providing provisional validation. Once travel restrictions are lifted, CDC will proceed with on-site inspections.

Note: *Programs sharing data between eHARS and EvaluationWeb (e.g. stateno/cityno) are required to take necessary steps to ensure that data are maintained in a secure environment consistent with CDC NCHHSTP Data Security and Confidentiality Guidelines* *https://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf*.

Security and Confidentiality Notice: *PS18-1802 recipients should comply with the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention's (NCHHSTP) Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011). All standards included in the NCHHSTP Data Security and Confidentiality Guidelines should be implemented for funding recipients funded by PS18-1802, unless otherwise justified. Security and Confidentiality successes, challenges, and anticipated changes for surveillance and prevention recipients should be described in the narrative. A "Certification of Compliance for Data Security and Confidentiality Statement" (Appendix F) must be signed by an Overall Responsible Party or parties (ORP) and submitted annually at the same time the APR is submitted for the reporting period of 1/1/2022 – 6/30/2022 to www.GrantSolutions.gov.*

6. The **FY 2022 SAS Licensing Request/Memorandum of Acceptance (MOA)** and **2022 List of Assigned SAS Users** are due with the 2021 APR. For instructions on completing the SAS MOA and requesting additional SAS workstations/server licenses see **Appendix D-E** and **SECTION IV: BUDGET.**

For information on the data security and confidentiality guidelines, please refer to *https://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf* .

Strategy 10. Data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

   We continued to use HIV surveillance data and testing data to monitor our progress towards GTZ as well as the impact of COVID-19 on HIV prevention and care in San Francisco. We continued to implement activities to ensure completeness, timeliness and quality of HIV surveillance data and support data to care activities. HIV surveillance data are disseminated through semi-annual surveillance reports, HIV Epidemiology Annual Report, and presentations to community and prevention partners including the SFDPH health commission, the GTZ consortium, the HCPC and community-based agencies. Additionally, analyses using HIV surveillance data are presented in surveillance or scientific conferences and published in peer-reviewed journals.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   Staff continued to be activated for COVID-19 response and responses to data requests were delayed.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 5 (including proposed changes in data sharing, venues, method of service delivery, contracts, target populations, partnerships, implementation strategies, objectives, staffing/personnel, funding resources, etc.).

   None anticipated.

4. Describe how surveillance data was disseminated to inform prevention activities.

   During this reporting period, we published one semi-annual surveillance report that included data for HIV diagnoses through December 2020. We closely monitored the number of and care outcomes for new diagnoses as well as trends in HIV screening tests and viral load tests conducted at medical and community settings. We responded to increasing data demands and participated in analyses and publications of several manuscripts including development of a Citywide rapid ART initiative, disparities in Integrase Inhibitor usage in the modern treatment era, and COVID-19 among people living with HIV in San Francisco.

5. Describe how the program disseminated its program monitoring and evaluation data and provided feedback to healthcare and non-healthcare providers and other community partners to inform and/or improve HIV prevention efforts.

   During this reporting period, HIV surveillance data was disseminated through semi-annual reports, the annual report and presentations to community and prevention partners including the SFDPH health commission, the GTZ consortium, the HCPC, Ending the HIV/HCV/STI Epidemics (ETE) Steering Committee and community-based agencies.

6. **RESOURCE ALLOCATION (for HIV prevention funding only)**
   Please identify each city/MSA with at least 30% of the HIV burden within the jurisdiction. For directly-funded cities, please report areas (or zip codes) within the MSA with at least 30% of the HIV burden within the jurisdiction. If no area represents at least 30% of the HIV epidemic, then identify the top three MSAs, cities, or areas within the jurisdiction that have the greatest burden of disease. **See Appendix A: Resource Allocation.**

Strategy 11. Capacity building activities for HIV programs, epidemiologic science, and geocoding

1. Describe **successes** experienced with implementing this strategy and associated activities funded under Component A during the reporting period.

   As new prevention strategies and activities are being developed, SFDPH will continue its communication with its community partners and HCPC and develop trainings to ensure providers are successful in their new ventures.

   We continued to promote capacity building for epidemiologic science through participation in SAS and database trainings, manuscript writing, collaboration with research groups, and attending/presenting at professional and scientific conferences. Surveillance epidemiologists are trained and capable of conducting geocoding and ArcView GIS analyses. Surveillance data are used to assess patterns of and disparities in geographic distribution and social determinants of health for persons with HIV.

2. Describe **challenges** experienced with implementing this strategy and associated activities funded under Component A during the reporting period. What plans or actions have been taken to address the challenges?

   None noted.

3. Describe **anticipated changes** to the approach to this strategy and associated activities funded under Component A for Year 5 (including proposed changes in provision of capacity building assistance (CBA), types of CBA offered, contracts, partnerships, objectives, staffing/personnel, funding resources, etc.)

Due to COVID-19, there has been a delay in the release of the Request for Proposals (RFP) for Integrated HIV/HCV/STD Prevention Programs. Once released, SFDPH will work closely with CBOs to plan for shifts in HIV prevention strategies and activities. CBA needs will be assessed, and CBA plans developed annually thereafter.

4. Did you access CBA/technical assistance (TA) services during the reporting period? ☐ Yes ☒ No
   Note: CBA accessed and provided via CDC-funded providers will be pulled via the CBA Tracking System (CTS).
   a. However, please explain (be specific) if any of the CBA/TA provided did not meet your needs/expectations. N/A

5. Please provide the type of CBA/TA received and the name(s) of CBA/TA provider(s) for any non-CDC provided CBA to include training provided by your internal training unit (if applicable).

   There are some Community Health Equity and Promotion (CHEP) staff members who provide training to both internal SFDPH staff as well as our local partners/community-based organizations. In January 2021, a California State HIV/HCV/STD Skills Certification Test Counselor Training was facilitated by CHEP staff reaching approximately 26 individuals. This was a follow-up training to the December on-line trainings where participants were trained face-to-face on using the various HIV/HCV testing technologies.

   Two additional California State HIV/HCV/STD Skills Certification Trainings were held (in-person) during this reporting period – May 3-7 and June 28-July 2. A total of 21 people from our funded community-based organizations were trained and certified.

6. Please include CBA/TA needs for Year 5.

   None anticipated at this time.

7. Describe the impact of COVID-19 on capacity building activities for HIV programs, epidemiologic science, and geocoding.

   The California State HIV/HCV/STD Skills Certification Trainings have been scaled back and attendance at these trainings has been smaller than normal due to space limitations and social distancing required due to COVID-19.

   None noted for surveillance.

Note: *Quantitative information for HIV testing and Partner Services for Component A will be reviewed via the PS18-1802 Data Tables that will be auto-populated with NHM&E data submitted via EvaluationWeb®. Please review these tables (template) for reference.*

Quantitative information for HIV surveillance, molecular HIV surveillance, perinatal HIV surveillance, and surveillance-based Data-to-Care will be captured in eHARS and reported in the end of calendar year Standards Evaluation Report (SER).

SECTION II: COMPONENT B: Demonstration Projects for Integrated HIV Surveillance and Prevention

☐ Not applicable

Please select your Demonstration Project Focus Area:

- ☐ Data to Care
- ☐ Data Sharing
- ☐ Data Use
- ☐ HIV Testing Models
- ☐ Outbreak Planning - PWID/HCV
- ☐ Partner Services Model
- ☐ PrEP
- ☒ Structural Interventions

Please provide responses to the following questions for your demonstration project under Component B.

1. Provide an **update on the implementation** of your main project activities and state whether the activities are fully implemented, partially implemented, or not yet implemented.

   Project OPT-In (Outreach, Prevention, Treatment and Integration) seeks to reduce new infections and increase viral suppression among people experiencing homelessness and people who inject drugs (PWID). We have identified three primary goals of OPT-In: 1) Establish low barrier HIV/PrEP/HCV and sexual health services in community and clinical sites, 2) Build a seamless system of care to reduce patient churn through intentional care coordination and 3) Train and retain a trauma-informed HIV/HCV/sexual health workforce.

   Establish low barrier HIV/PrEP/HCV and sexual health services in community and clinical site. Fully implemented.

   During this reporting period our community programs continued to navigate COVID Health orders and safety precautions. We continue to strategize how to best meet the needs of people experiencing homelessness and people who use drugs while prioritizing staff safety. Overdoses continued to increase during this reporting period so we expanded overdose prevention messaging and naloxone distribution.

   The San Francisco AIDS Foundation (SFAF) focused on (4) project areas during the time period 1/12021 - 6/30/2021.

   1. **Shelter in Place (SIP) Hotel Project -** This is a collaboration with SFDPH to provide harm reduction supplies, safe use messaging, and naloxone at 30 SIP hotels. During this reporting period these supplies were distributed:

- **Nasal Naloxone:** 2,640 kits
- **IM Naloxone**: 730 doses
- **Fentynal Test strips:** 4,700

2. **Primary Care Clinic supply Project** - Provided HR training and supplies to (6) primary care clinics.

- The video training modules were created by SFAF SAS health education staff on two main topics; supplies and how to use them/safer use education and dismantling drug related stigma in a medical care environment.

3. Safe Sleeping Village (SSV) to HCV Linkage to Care Project - San Francisco AIDS Foundation conducted targeted outreach to Safe Sleeping Villages during the COVID 19 pandemic. The goal is to link people to HCV testing and treatment at their Harm Reduction Center.

- During this reporting period they linked 12 people to HCV care and treatment.
- They have pending SVR12 testing for all 12 of these participants, but each of them achieved an undetectable viral load during treatment, an excellent predictor of achieving virologic cure.

4. HIV and STD Screening and Care - SFAF's HCV linkage to care also took a syndemic approach to infectious disease screening during this reporting period.

- They diagnosed 2 HIV cases, 3 syphilis cases and 4 gonorrhea cases.
- All STD cases were treated (including presumptive treatment of partners), and both HIV cases were connected to the SFDPH "LINCS" program for people living with HIV who are out of care
- One of HIV+ individuals is connected with SFAF for HIV care and will be starting HCV care in August, 2021.

Glide continued to provide outreach to PEH and/or PWUD in encampments and on the streets throughout this reporting period. They safely navigated testing opportunities ensuring the safety of their staff and participants. During this reporting period, Glide OPT-IN staff focused on (3) priorities.

1. **Outreach & Engagement-**They continued throughout the pandemic to provide safer injection and smoking supplies, first aid, hygiene supplies, sexual health, water, snacks, and socks to unhoused individuals across San Francisco.
    - Glide OPT-In has prioritized service provision at encampments throughout San Francisco, particularly in areas where resources have closed or otherwise become inaccessible due to COVID-19.

2. **Collaboration & Coordination**- The OPT-In team has continued to partner with DPH's Street Medicine Program whose clinicians accompany the Glide OPT-In mobile team on a regular basis to assist with care.
    - Partnered with other OPT-IN teams (SFAF, DPH's Community Health Response Team, and Street Medicine) on a weekly basis in the Southeast section of the City which has had many encampments and syphilis cases.

3. **HIV/HCV/STI Testing at Shelter in Place (SIP) Hotels –**During this reporting period, Glide OPT-IN staff provided testing at 5 SIP sites on a rotating schedule. They had a total of 24 testing events.
    - 62 HIV Tests
    - 43 HCV Tests
    - 9 STI Tests

The Community Health Equity & Promotion (CHEP) OPT-In Health Worker and Street Medicine Nurse continued to provide outreach & engagement, testing, and follow-up to people experiencing homelessness 3 times per week. They collaborate with the Harm Reduction Therapy Center's street-based team for a comprehensive strategy to meet the various needs of people experiencing homelessness and/or who use drugs in the Tenderloin. Additionally, they collaborate with Glide on Fridays to provide services in encampments in the southeast corridor of the City.

- During this reporting period they had 553 engagements with individuals living on the streets and in encampments.

Build a seamless system of care to reduce patient churn through intentional care coordination. Fully implemented.

During this reporting period we continued to see changes to the safety net of services available to people experiencing homelessness. Several shelters remained closed and those that were open operated at a significantly reduced capacity because of social distancing requirements and previous outbreaks at congregate settings. Individuals continued to be placed in Shelter in Place (SIP) hotels during this reporting period. LINCS navigation case managers continued to work on communication with Shelter in Place (SIP) hotels which required ongoing relationship building with City agencies which managed the sites and the contracting service providers. Client level activities included:

- Weekly coordination calls with primary care and behavioral health clinics to locate and identify lost to follow-up (LTFU) clients who had been placed in Shelter in Place environments. This call focused on building safety plans and engagement strategies for specific clients.

- LINCS OPT-In Coordinator continued to ensure that OPT-IN navigators were trained and had ongoing access to RTZ, the client system utilized by the COVID Command for SIP and I & Q sites. RTZ is a beds management system, that also documents behavioral and medical health needs LINCS navigators were able to retain access to bed rosters as the new system was developed and implemented.

When possible, new referrals for LINCS navigation services were triaged by the LINCS Coordinator to evaluate acuity, review records of care in the Central Care Management System (CCMS) and to assess physical health diagnostic data. The health history data in the CMS system provided treatment planning opportunities for people experiencing homelessness (PEH) who have touched the system of care. During this reporting period CCMS has continued to support the linkage and re-linkage of individuals to care, allowing the LINCS team to 1) evaluate what care had been provided to individuals in the past, 2) evaluate what care would be needed and would be successful and 3) provided an opportunity to triage for acuity.

Train and retain a trauma-informed HIV/HCV/sexual health workforce. Fully implemented

A nurse practitioner (NP) continued to provide public health detailing with clinicians and front-line staff working with people experiencing homelessness and people who use substances to increase syphilis screening, appropriate staging and treatment, and reporting. Detailing was prioritized for providers and practices who served females diagnosed with syphilis in the past year in order to address rising female syphilis rates and prevent congenital syphilis.

The NP provided technical assistance to the Street Medicine team in order to increase capacity to provide a syndemic approach to testing. They now have access to rapid HIV, HCV, and syphilis testing during their unsheltered street outreach and drop-in clinics. They also provide rectal, pharyngeal, and vaginal/urine testing for STIs and COVID testing to PEH.

In January 2021 a Congenital Case Review Board was conducted to highlight bright spots, missed opportunities and action items from the five CS cases reported during the prior year. The CS Review Board brought together providers and front-line staff to think through how we can address female syphilis and prevent future CS cases in SF.

2. Describe **successes achieved** during the reporting period.

Component B data cannot be separated from other data on people experiencing homelessness or injecting drugs, but the pilot contributes significantly to our efforts to reach these populations.

Successes during the COVID-era include:

Low-barrier services:

We continued to implement low barrier harm reduction supply access at over 30 SIP hotels. During this reporting period, we had a dedicated harm reduction liaison at nine SIP hotels and two Navigation Centers. The individuals in the liaison role are able to link residents to medical services & testing, provide COVID prevention education and vaccination information and overdose prevention education.

A Street medicine nurse and an outreach worker, both hired through OPT-IN funding, have developed strong relationships with PEH living in encampments. They have successfully tested, treated, and follow-up with numerous individuals that are otherwise disconnected from medical and behavioral health care.

We continue to expand opportunities for low barrier medical services at syringe access and disposal sites. During this reporting period we have added a Street Medicine nurse at a site that engages people engaged in sex work. Currently, we have low barrier medical services at four syringe locations. The goal is to expand low barrier medical services as a standard practice for syringe services.

POC rapid syphilis testing identified new cases of syphilis among women experiencing homelessness, resulting in timely treatment and one averted CS case. Street-based testing identified STI/HIV among a population who might otherwise not be receiving medical services.

Care Coordination:

Persons continue to be referred for LINCS services through surveillance generated lists and clinic-based referrals. During the first half of 2021, 25 individuals had a navigation outcome of "completed" meaning they had been outreached, accepted LINCS services and had been re-linked to HIV care. Other common Data to Care outcomes during January-June 2021 were unable to locate (n=17), refused LINCS (n=5), failed to follow-up (n=13) and out of jurisdiction (n=5).

These clients had risk of being lost to follow up (LTFU), do to competing behavioral health and substance use challenges. LTFU risk was minimized by the following strategies:

- Providing Face to Face connection for clients and Primary Care Providers who would likely disconnect without the direct and personal experience of connection to providers. Assessment was undertaken by LINCS navigation staff, who restricted their visits in community to determine which clients were specifically in this cohort and to retain in-person visits.
- Providing cell phones and cell phone chargers to clients experiencing homelessness to manage and maintain connections.
- Having a staff member that was activated to COVID Command assigned to oversee compliance to I & Q provided access to client bed lists (RTZ) so we could determine if any HIV positive individuals were place in I & Q, or SIP sites.

Train and retain workforce:

We have been working with Primary Care clinics in the San Francisco Health Network to develop a culture of harm reduction. This is a multiple step process that has included identifying clinical harm reduction champions at 5 pilot sites, training for clinical staff, and developing systems for supply ordering and management. The first phase of this project included planning the pilot and providing training to champions has been successfully completed. We are now in the implementation phase which includes harm reduction supply & naloxone distribution by clinical staff during the course of routine medical visits.

Last project period we reported on a cohort-based harm reduction training for staff at SIP sites, behavioral health programs, and supportive housing sites. This was a collaborative effort between SFDPH and the Department of Homelessness & Supportive Housing (SIP) to support staff who are on the front-line of multiple pandemics and experience daily trauma from witnessing and reversing overdoses. The “Creating Opportunities for Harm Reduction Training” (COHRT)provided training and technical assistance to 180 staff on various harm reduction topics and supported trauma-informed care and cultural competency working with people experiencing homelessness and people who use drugs. During this reporting period National Harm Reduction Coalition (NHRC) released a final report on the pilot project. The recommendations outlined will inform our training structure and curriculum in our workforce development efforts.

Public health detailing included educational outreach and technical assistance to primary care clinics, CBOs and hospitals serving PEH. The detailer met with OB-GYNs working at the largest birthing

hospital in SF, who delivered 4 of the 10 congenital syphilis cases reported from 2019-2021. We are looking at ways to continue to partner with local birthing hospitals to improve care coordination of women diagnosed with syphilis to ensure adequate treatment and linkage to prenatal care.

SFDPH is engaging in a broad, multi-divisional planning process to develop standard harm reduction trainings and performance measures for SFPH staff and our city partners. Our CBO partners are involved in this process and content experts and with close connections to the communities that use drugs. The Harm Reduction Training Workgroup includes DPH leadership, clinicians, behavioral health services, CHEP, and UCSF and CBO staff and is part of a department wide effort to address the persistent overdose crisis and skyrocketing overdose deaths in San Francisco. Having a workforce that is trained and confident in harm reduction principles and overdose prevention techniques is crucial if we want to end this public health emergency.

3. Briefly describe **implementation challenges** experienced during the reporting period as you were trying to implement the intervention and **strategies used to address each challenge**, and whether or not your strategies were successful. Implementation challenges tend to fit into the following categories: intervention characteristics (e.g., complexity), agency/setting (e.g., leadership support, existing procedures), external factors (e.g., policies, collaborations), provider (e.g., attitudes/willingness, behaviors, skills, logistics/support), and client (e.g., access, needs, attitudes, skills).

   COVID-19 continues to impact staffing at our funded CBOs so availability of testing, medical services, and outreach was inconsistent. Additionally, the mobile HCV treatment program at SFAF had been on hold due to safety concerns for both staff and participants around risk of potential COVID-19 exposure. During this reporting period, they have been able to slowly re-open services. Glide has been able to identify a candidate for a vacant OPT-IN outreach/navigator position. We will report on this during the next reporting period.

   COVID impacted health priorities and changed the landscape of how PEH were outreached to in the field, which proved challenging for the OPT-IN RN conducting rapid HIV, rapid syphilis, and STI testing. We addressed this barrier by partnering with the COVID vaccine outreach team to offer low threshold testing to this population. Due to the low uptake of vaccine and STI testing at these events (3 events = 12 people total), the pilot was discontinued.

   Due to COVID, public health detailing could no longer be conducted in-person as is the standard. The detailer addressed this challenge by pivoting to virtual detailing and was able to continue providing outreach education and technical assistance.

4. Briefly describe **challenges experienced during the reporting period that are not directly related to implementation** (e.g., planning, management, evaluation, or other factors), strategies used to address each challenge, and whether or not your strategies successfully addressed these challenges.

Housing Crisis / Displacement Challenge:

Alongside the crisis of COVID, the lack of affordable housing in San Francisco for people experiencing homelessness (PEH) continues to be a challenge. Congregate Shelters have remained closed or at limited capacity during this reporting period. While many PEH have been placed in temporary Shelter in Place (SIP) hotels, a significant number remain on the streets and are subject to constant displacement. The City's Healthy Streets Operation Center (HSOC) is focused on clearing streets and encampments, often with no offer of housing placement. This is disruptive to our community partners ability to provide follow-up care. OPT-In partners continue to have challenges locating emergency shelter and permanent housing for people experiencing homelessness. Most permanent housing exits and emergency stabilization resources, such as shelters, and navigation centers are reserved for residents transitioning from Shelter in place (SIP) hotels as they wind down.

This challenge was addressed by having continued dialogue with City leadership about disruption of services and need for temporary housing resources for our vulnerable population. We have been able get agreement from HSOC leadership that we will be notified in advance of sweeps that will disrupt or move encampments. Additionally, SFDPH Behavioral Health staff assigned to HSOC will inform us of placements so that our services can continue without interruption. This strategy will be strengthened by ongoing communication.

An ongoing challenge has been assisting non-profit partners (Glide, San Francisco AIDS Foundation) to obtain access to the electronic medical record. Currently, effort is being made at providing access, but there have been concerns for operator reliability, privacy and confidentiality. Lack of access restrains coordination of care. Individuals may be receiving services from LINCS and charting to document services provided placed in the EMR but non-profit and community partners may not be cognizant of this due to lack of access. The weekly coordination call is not a substitute for integrated care across providers and systems.

5. Describe needs for **technical assistance (TA) or resources identified** for your project during the reporting period. Did you access TA services to address them? If yes, provide the type of TA received, the name(s) of TA provider(s), and indicate whether or not the TA provided met your needs/expectations.

None noted.

6. Describe **lessons learned** during the reporting period.

San Francisco continues to learn the value of client centered care built on trust and the principles of harm reduction when addressing the complex health needs of people experiencing homelessness and/or people who use drugs. During this reporting period we saw a increase in overdoses and had to reframe our efforts to meet the immediate needs of PEH and people who use drugs. This often meant focusing on harm reduction and safety planning rather than HIV/HCV/STI testing.

Structural systems within the City system continue to create barriers to accessing services for PEH and PWUD. During the COVID 19 pandemic, we have worked more closely with our City partners at Human Service Agency (HSA) and Department of Homelessness & Supportive Housing (HSH) because we are all serving PEH and PWUD. During this reporting period our Board of Supervisors approved legislation requiring DPH, HSA, and HSH to implement an Overdose Prevention Policy. This legislation will address some of the discrepancies in providing client-centered care that we've observed at HSA and HSH housing sites. We will have more to report on this legislation during the next reporting period.

7. Provide an update on the cost analysis work that will be part of the Component B final report. Please note that the cost analysis may account for a portion of the entire Component B project or may account for all of your Component B activities. The cost analysis needs to be more than a simple budget review but does not need to be an exhaustive or sophisticated analysis (e.g., cost effectiveness study).

SFDPH will identify the number of PEH living with HIV who are re-linked to care in three months and virally suppressed within 12 months per navigator. These data will help inform how many navigators are necessary to re-link PEH to care.

8. Describe the impact of COVID-19 on Component B demonstration project activities during the reporting period.

The continued support from the COVID Command Center leadership to implement a harm reduction approach has led to success in engaging in conversations about COVID prevention and COVID vaccination acceptance. We have been able to focus on behavior change from a non-judgmental framework to be build trust and empower the individuals we engage. SFDPH is committed to supporting the health of marginalized people with compassion and respect. Our strong history of harm reduction, community engagement, and flexibility to meet people where they are at has contributed to OPT-In being so successful and accepted in the community during the COVID-19 pandemic.

9. Please complete additional Component B questions in **Appendix H: Component B Focus Area Questions**.

Appendix H: Component B Focus Area Questions.

Partner Services ☐X Not applicable

Total number of persons diagnosed with HIV* who were interviewed for partner

services: _____

Number of partners elicited from these persons diagnosed with HIV: _____

Number of partners elicited that were tested for HIV: _____

Number of these elicited partners who had a confirmed new diagnosis of HIV: _____

*Includes confirmed newly-diagnosed and previously-diagnosed HIV positive persons

c) Data to Care ☐ Not applicable

Please specify what data were used (e.g., surveillance, clinical, prevention) and provide any available quantitative outcomes (# of PWH investigated; # of PWH confirmed not in care; # of PWH linked or re-engaged to care; and # of PWH virally suppressed at last test) and contextual information.

e) Structural Interventions ☐ Not applicable

Please provide any quantitative outcomes and contextual information for the intervention(s) conducted.

Care cascade outcomes among PEH: During this reporting period, we used HIV surveillance data to evaluate homeless persons who were served by Component B efforts in 2020. The reason why we used this timeline for evaluation purposes was to have a time lag for reporting on HIV linkage, and retention in 2021. There was not enough follow-up time elapsed yet to evaluate viral suppression among those re-linked by LINCS in 2020 and we will report on this outcome in our next APR.

Re-linkage of not-in-care PEH in 2020:

There were 48 not-in-care PWH experiencing homelessness were enrolled in LINCS navigation in 2020. Of those, 71% were men, 10% women and 19% trans women; 29% were white, 40% were Black/African American, 21% Latinx and 2% AAPI. A large proportion were MSM (40%) or MSM/PWID (17%) or PWID (13%). Overall, 81% of homeless persons who were worked by our LINCS specialists were linked to care, 35% were retained in care however, these outcomes varied by demographic and risk factors, see table below.

Linkage is a test (VL, CD4 or genotype) within 90 days of opening the case; retention is when a person was linked, and then an additional test exists within the 3-9 month window after the linkage date. Suppressed is defined as suppressed at the most recent test that exists within the 12-month period after opening the case and could not be calculated for this cohort as we did not have enough follow-up time yet. A value under 200 copies/ml is considered suppressed.

Table. Re-linkage outcomes among PEH living with HIV enrolled in LINCS in 2020

	Linked (%)	Retained (%)	
Gender			
Men (n=34)	85%	65%	
Women (n=5)	40%	40%	
Trans Women (n=9)	89%	78%	
Race/Ethnicity			
White (n=14)	86%	50%	
Black/African American (n=19)	84%	74%	
Latinx (n=10)	80%	80%	
Asian/Pacific Islander (n=1)	100%	0%	
Other/Unknown (n=4)	50%	50%	
Age in Years (as of 12/31/20)			
25-29 (n=3)	100%	100%	
30-39 (n=23)	83%	65%	
40-49 (n=11)	73%	45%	
50+ (n=11)	82%	73%	

Transmission Category			
MSM (n=19)	89%	68%	
PWID (n=6)	67%	33%	
MSM-PWID (n=8)	75%	63%	
Heterosexual (n=3)	67%	67%	
Other/Unidentified (n=12)	83%	75%	
Total (n=48)	81%	65%	

Expanded point-of-care syphilis testing for PEH:

From January-June 2021, the OPT-IN RN conducted 23 rapid syphilis tests among PEH with no syphilis infections identified from this testing. Three joint STI testing/COVID vaccine events were conducted from April-May 2021 resulting in 12 HIV rapid tests, 6 rapid HCV tests, 8 rapid syphilis tests, and 9 other STI tests. During this reporting period, SFDPH and Community providers met with the consultant to review the results of the qualitative assessment of encampment health fairs and the prototype health care delivery models for HIV/HCV service delivery for PEH. We have learned that in order to improve HIV ART, PrEP, and HCV treatment access for PEH and/or people who use drugs, service delivery models must provide low barrier access in a safe and stigma free environment. The prototypes included: 1) on-call prescribing clinicians who will come to provide street-based care, 2) a trio of mobile vans that will provide syringe access, HIV/HCV/STI testing, and chronic disease management (including for HIV/HCV) at consistent times and locations, and 3) pop-up clinical spaces located in non-clinical venues, such as laundromats, meal programs, or drop-in centers. Due to COVID restrictions and activated staff, we will continue this conversation and determine next steps during the upcoming reporting period.

SECTION III: STAFFING AND MANAGEMENT

1. Were there any organizational and/or key staffing changes (i.e., health department staff responsible for implementing interventions and services for PS18-1802) that occurred during the reporting period? ☒ Yes ☐ No. If yes, please describe.

   Dr. Tomas Aragon, the San Francisco Health Officer and PI of PS18-1802 left SFDPH to direct the State of California Department of Public Health. Dr. Susan Phillip assumed the role of Health Officer and PS18-1802 PI.

2. Please indicate any vacant staff positions and provide a detailed plan with timeline for hiring/filling vacancies.

   We have not been able to fill the following positions due to COVID-19 and we are actively working with the HR department for recruitment:

   Surveillance Manager I (0922)

   Surveillance Health Program Coordinator I (2589)

   We continue to work closely with the Human Resources Unit to hire for all vacancies on the grant.

3. Were there any delays in executing contracts during the reporting period? ☐ Yes ☒ No. If yes, please explain and include any program implications.
4. If there have been any updates to contracts for indirectly funded service delivery entities (e.g., local health departments, community-based organizations [CBOs], etc.), please provide updates in **Appendix B: Contract Information for Indirectly Funded Service Delivery Entities.**
5. Describe the impact of COVID-19 on hiring/filling vacancies, changes in organizational structure, and current staffing.

   Staff are balancing COVID deployment with CDC funded activities.

SECTION IV: BUDGET

1. Did you submit a 424A form? *See Budget Information and Justification under the instructions section.*
2. Are you requesting new Direct Assistance (DA) in lieu of a portion of Financial Assistance (FA) for Year 5? If yes, please outline DA staffing needs. Recipients may request federal personnel, equipment, or supplies, including SAS licenses, as DA to support HIV surveillance and prevention activities. DHAP will continue to provide the number of SAS workstations and server licenses received in 2021 at no cost to your program. Recipients requesting SAS workstation and server licenses in excess of the number capped in 2021 will reimburse the Working Capital Fund by converting Financial Assistance to Direct Assistance (DA) at an approximated cost of $1,800.00 per unit. Recipients should clearly indicate the additional SAS workstations and server licenses in excess of the number capped in 2021 as Direct Assistance in the APR budget. The FY 2022 **SAS Licensing Request/Memorandum of Acceptance (MOA)** and **2022 List of Assigned SAS Users** are due with the APR, see **Appendix D - E.** To address staffing and/or program expertise deficits, recipient may utilize DA to recruit staff with the requisite training, experience, expertise (e.g., Public Health Associate Program [PHAP]). Recipients are responsible for supporting DA expenses and should include all DA related expense (Travel, etc.) in the APR budget. For information on DA for assigning CDC staff to State, Tribal, Local, and Territorial Health agencies, refer to: **https://www.cdc.gov/stltpublichealth/GrantsFunding/direct_assistance.html**

3. Jurisdictions with eligible state and local (city or county) health departments must discuss: (1) the proposed program approach being implemented by the local health department and (2) how the state and local area will collaborate during the project period to ensure appropriate provision of services within the metropolitan area and document any agreements reached in a letter of agreement/letter of concurrence (LOA/LOC). Please submit current LOA with this submission. The current LOA will remain in place for the new budget period (Year 5: January 1, 2022 – December 31, 2022).

Note: Please submit one line item budget for the core program that clearly delineates funding for HIV surveillance and HIV prevention within the budget narrative. Please provide one 424A that includes HIV surveillance on one column and HIV prevention on another column, and the total amount in the total column (one 424A with separate grant program functions). If funded under Component B demonstration project, please include a separate budget narrative and 424A form. A second option is to include all components on one 424A: Place Component A- Prevention in one column, Component A-Surveillance in another column, Component B in the third column, and the total (cumulative) in the column to the far right.

SECTION V: ASSURANCES OF COMPLIANCE

Instructions: Submit the completed forms for all materials used or proposed for use during the reporting period of **January 1, 2021 – December 31, 2021.** Attach the following Assurance of Compliance Forms to the application through the "Mandatory Documents" section of the "Submit Application Page" on Grants.gov. Select "Other Documents Form" and attach as a PDF file (**See Appendix C**).

- "Assurance of Compliance with the Program Guidance on the Review of HIV-Related Educational and Informational Materials for CDC Assistance Programs" (CDC 0.1113). Please see https://www.cdc.gov/hiv/pdf/funding/announcements/ps12-1201/cdc-hiv-ps12-1201-content-review-guidance.pdf to access the guidance document.

- "Assurances and Certifications: Download and complete all applicable Assurances and Certifications from http://wwwn.cdc.gov/grantassurances/Homepage.aspx. Upload these signed documents into the Assurances website identified in the instructions."

SECTION VI: ADDITIONAL INFORMATION

1. Additional Information

Please provide any explanatory information or data that would be important for CDC to receive (e.g., additional coordination and collaborations to support PS18-1802, local processes or procedures impacting program implementation).

APPENDICES

Appendix A: Resource Allocation

Identify each city/MSA with at least 30% of the HIV burden within the jurisdiction. For directly-funded cities, please report areas (or zip codes) within the MSA with at least 30% of the HIV epidemic within the jurisdiction. If no area represents at least 30% of the HIV burden, then identify the top three MSAs, cities, or areas within the jurisdiction that have the greatest burden of disease.

Reporting of MSAs/Cities/Areas with ≥ 30% of the HIV Epidemic within the Jurisdiction			
MSA/CITY/AREA	**Percentage of HIV Burden within the Jurisdiction**	**Percentage of PS18-1802 Funds Allocated**	**Strategies and Activities Funded**
City and County of San Francisco	100%	100%	San Francisco received a waiver for Strategy 6, but all other required strategies are being implemented.

Appendix B: Contract Information for Indirectly Funded Service Delivery Entities

Please provide contract updates for indirectly funded Service Delivery Entities (e.g., local health departments, community-based organizations [CBOs], etc.), contract amount and the activities the contractor is funded to provide.

Not applicable. CBOs are funded, services are all provided by the Health Department.

San Francisco only uses CDC funds to support Health Department activities, no CDC funds are used to support services provided by Community-Based Organizations.

Name of Indirectly Funded Service Delivery Entities	**Entity Type (e.g., LHDs, CBOs, Clinic, Hospitals, etc.)**	**Contract Amount $**	**Contract Activities Funded (e.g., HIV Testing, Linkage to Care, Care and Treatment, Essential Support Services, PrEP, etc.)**

Appendix C: Assurance of Compliance for PS18-1802

ASSURANCE OF COMPLIANCE
with the
"PROGRAM GUIDANCE ON THE REVIEW OF HIV-RELATED EDUCATIONAL AND INFORMATIONAL MATERIALS FOR CDC ASSISTANCE PROGRAMS"

By signing and submitting this form, we agree to comply with the specifications set forth in the "Program Guidance on the Review of HIV-Related Educational and Informational Materials for CDC Assistance Programs," revised as of June 2016.

We agree that all written materials, audio visual materials, and pictorials, including social marketing and advertising materials, educational materials, social media communications (e.g., Facebook, twitter) and other electronic communications, such as internet/webpages will be submitted to a Program Review Panel. The Panel shall be composed of no less than five persons representing a reasonable cross-section of the general population; but which is not drawn predominantly from the intended audience. See additional requirements in the referenced program guidance, especially section 2 (c-d) (1-5) regarding composition of Panel.

The Program Review Panel, guided by the CDC Basic Principles, set forth in 1(a-g), will review and approve all applicable materials before their distribution and use in any activities funded in any part with CDC assistance funds.

Following are the names, occupations, and organizational affiliations of the proposed panel members: (If panel has more members than can be shown here, please indicate additional members on the reverse side.)

CDC 0.1113 (E), Rev. 6/2016, CDC Adobe Acrobat DC Electronic Version, 6/2016

NAME	OCCUPATION	AFFILIATION
		(Health Department Representative)

Applicant/Recipient Name:	**Grant Number (If Known):**
Signature: Project Director	**Signature: Authorized Business Official**
Date:	**Date:**

Note: Appendix C is provided as a separate attachment with the submission of this report.

Appendix D: SAS Licensing Request and Memoranda of Acceptance
Please complete the CDC SAS Licensing Request Form and upload as a miscellaneous attachment.

Appendix D - SAS Licensing Request F

Recipients must utilize the electronic SAS Licensing Request form attached. Scanned signatures will not be accepted. An additional form has been attached to the guidance email. If you cannot access either copy, please contact your assigned Program Consultant.

Note: Appendix D is provided as a separate attachment with the submission of this report.

2022 Listing of Assigned SAS Users

Instructions: *For each workstation license* (WCF and DA) requested provide the name and email address of the user. This person/workstation must spend 50% of their time utilizing/analyzing HIV or HIV related data. If proposed positions are vacant, you must still list the workstation and supply the e-mail address after the position is filled. If you are to receive 21 workstation licenses, then you must provide information for 21 workstations on this list. If you need to add rows to accommodate the number of workstations for your program, you can easily do so by highlighting all four cells in row 15, clicking on layout and selecting "insert below."

Note: The information in 1-3 below is an example for instructional purposes. Please delete these examples and replace them with user information specific to your program.

Agency Name: San Francisco Department of Public Health		**Submitted By: Ling Hsu**	
Project Area	**Last Name**	**First Name**	**E-Mail Address**
1. HIV Surveillance	Hsu	Ling	Ling.Ch.Hsu@sfdph.org
2. HIV Surveillance	Chin	Jennie	Jennie.Cs.Chin@sfdph.org
3. HIV Surveillance	Pipkin	Sharon	Sharon.Pipkin@sfdph.org
4. HIV Surveillance	Mara	Elise	Elise.Mara@sfdph.org
5. HIV Surveillance	Chen	Mia	Mia.Chen@sfdph.org
6. HIV Surveillance	Phan	Linda	Linda.Phan@sfdph.org
7. HIV Surveillance	Nimbal	Vani	Vani.Nimbal@sfdph.org
8. HIV Surveillance	Melo	Jason	Jason.Melo@sfdph.org
9. HIV Surveillance	Liu	Yan Yuan	Yanyuan.Liu@sfdph.org
10. HIV Surveillance	Ongpin	Melissa	Melissa.Ongpin@sfdph.org
11. Viral Hepatitis Surveillance	Nishimura	Amy	Amy.Nishimura@sfdph.org
12. HIV Surveillance	Hughes	Alison	Alison.Hughes@sfdph.org
13. HIV Surveillance	Vacant		
14. HIV Surveillance	Vacant		
15. HIV Surveillance	Vacant		
16. HIV Surveillance	Vacant		

Appendix E: SAS Licensing Request and Memoranda of Acceptance Instructions

Tip #1: Please contact your Assigned Program Consultant with any questions

Tip #2: PS18-1802 recipients (prevention/surveillance) submit one joint request addressing total programmatic need.

Box Number:

1. **Center Name**: Using the dropdown box enter "NCHHSTP".
2. **Grant Title**: Enter the NOFO number and title as follows - PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments.
3. **Recipient/Grant Institution**: Enter the official agency name as exactly as it stated on the Notice of Award (NoA).
4. **Grant State/Grant Jurisdiction Name**: Enter the name of the jurisdiction making the request (i.e. San Francisco, Maine, Puerto Rico).
5. **Grant Award Period Start**: Using the dropdown box enter January 1, 2018.
6. **Grant Award Period End**: Using the dropdown box enter December 31, 2022.
7. **Grant Principal Contact**: Enter the name of the principal program contact who will be responsible for the licenses and is to be notified when communications regarding collective licenses are required.
8. **Grant Principal Contact Email**: Enter the email address of the Grant Principal Contact.
9. **Is this a New Grant**: Enter "No" using the dropdown menu.

License Request Section

TIP #1: Disregard The statement "enter License Requirements below, One license per row." No Recipient input is necessary.

TIP #2: Disregard The statement in column 7. "LICENSE EMAIL ADDRESS" this column is only to be used in special circumstances when the grant Principal Contact cannot direct the licenses to appropriate staff.

License Request Table Instructions:

10. Enter the information in the appropriate columns for each SAS product type and product version requested:
    a. **Grantee/Recipient Award #**: Enter your program's PS18-1802 award # using the following format only: NU62PS9245XX. Once you enter it in the first row it will automatically fill the other rows. It the Grant award number is not exact the system will not recognize/acknowledge your request.
    b. **Product Type**: Enter the SAS license type you are requesting using the dropdown box. There are 5 types available (32 - bit or 64 - bit Workstation, 32 - bit or 64 – bit server, or Core/Processor (off-site). You may need to check with your IT Department to ensure you are requesting the correct product version.
    c. **Quantity**: Enter the number of SAS licenses you are requesting. This number is capped by to the number of licenses you received (at no cost to your program) prior to FY 2018. If there are

questions concerning your capped numbers seek assistance from your assigned Program Consultant.

d. **SAS Product Version Requested** – Using the dropdown box enter the version you are requesting. There are five versions available (SAS 9.1.3, SAS 9.2TS1MO, SAS 9.2 TS2M3, 9.3 TS1MO, and SAS 9.4). You may need to check with your IT Department to ensure you are requesting the correct product version.
e. **Media**: Using the dropdown box enter one of the three options (CD/DVD Set and License, CD/DVD Set Only, or License file Only).
f. **License (New or Renewal)**: Using the dropdown box enter whether these licenses are a new or renewal request. A new license request is defined as one that has never been requested. A renewal license request is defined as one approved in the last fiscal year (FY 2021).
g. **Licensee Email Address**: This column is to be used only when it is necessary to send the media to IT staff at multiple sites. Since we are sending the approved media to the Grant Principal Contact only this column should not be used unless approved by your assigned Program Consultant.

Special Consideration: *Direct Assistance (DA) License Acquisition* – Recipients may request DA to acquire SAS licenses above their capped license amount by reimbursing CDC's Working Capital Fund by converting Financial Assistance (FA) to Direct Assistance (DA) at an estimated cost of $1800 per unit. Recipients should clearly indicate the additional SAS licenses as Direct Assistance in the APR budget narrative/justification's "Other" Item line (for example, 5 additional licenses would cost $9,000.00) and reduces the overall FA budget by the appropriate amount. **Recipients requesting additional SAS licenses via the DA mechanism will be notified of the actual license costs prior to 12/31/2021 which will allow them to use the actual for their budget revisions which will be due by February 1, 2022.**

11. **Describe the "Bona Fide" need for SAS Licenses** – Enter a statement a statement similar to the following:
"PS18-1802 requires all Surveillance data to be reported using the eHARS system, this system uses SAS software to develop, manage, and analyze all datasets. Also, surveillance performance evaluation tools are SAS based. Additionally, the number of SAS workstation licenses are indicative of the number of program staff that spend 50% of their time processing, analyzing, and interpreting HIV case data."
12. For SAS license related matters, the email of your assigned Program Consultant shall be entered. The Program Consultant is responsible for processing your request through approval and troubleshooting any issues related to SAS licensing. If you unsure who your assigned Program Consultant is, please contact a member of your PS18-1802 Monitoring Team.

Memoranda of Acceptance Section

13. **Name**: Enter the Name of the Principal Contact (See Line #7 of SAS Request Section).
14. **Organization**: Enter the Recipient Institution's Legal Name (See Line #3 of SAS Request Section).
15. **Recipient Award Number**: Enter the PS18-1802 Grantee Award number using the same format as provided for column a on Line #10.
16. **Title**: Enter the NOFO number and title as "NOFO PS18-1802, Integrated HIV Surveillance and Prevention Programs for Health Departments."
17. **Expires**: Enter the date that the FY 2022 SAS licenses ends. That is December 30, 2022.
18. **My Role within the Grant or Cooperative Agreement**: List the position or role of the Grant Principal Contact.
19. **Grantee Email Address**: Enter the Grant Principal Contact's email address

20. **Grantee/ Recipient Signature**: Have the Grant Principal Contact sign the MOA using only the SAS Request/ MOU pdf form provided as an attachment. Also, the signature can only be done utilizing the signature tool provided in the document. Any other signature method will result in the request not being accepted by the Software request system. It is highly recommended that you send your assigned Program Consultant a courtesy copy for a cursory review and feedback.
21. **Listing of Assigned SAS Users**: For each workstation license requested, provide the name and email address of the user (See Attachment D to acquire the form). This person/ workstation must spend 50% of their time utilizing/analyzing HIV or HIV related data. If proposed positions are vacant, you must still list the workstation and supply the e-mail address after the position is filled. You are to provide information for workstations for which you receive licenses. If you need to add rows to accommodate the number of workstations for your program, you can do so by highlighting all four cells in row 15, clicking on layout and selecting “insert below”.

    Final Reminder: Although the FY 2021 SAS licenses expire on December 31, 2021, an automatic 60-day grace period (March 1, 2021) exists to allow that allows for final distribution of licenses without interruption of services. Initial distribution begins in early January and usually completed in late February; we are asking for your patience with the distribution process. However, it is imperative you reach out to your assigned Program Consultant if your licenses are not received by February 20th.

Appendix F: Certification of Compliance for Data Security and Confidentiality

Example Certification of Compliance Statement

CERTIFICATION OF COMPLIANCE WITH THE NCHHSTP DATA SECURITY AND CONFIDENTIALITY STANDARDS AND DESIGNATION OF OVERALL RESPONSIBLE PARTY (ORP)

We certify our program complies with the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention's (NCHHSTP) Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011) available at:
https://www.cdc.gov/nchhstp/programintegration/data-security.htm

We acknowledge that all standards in the NCHHSTP Data Security and Confidentiality Guidelines are implemented for the HIV surveillance and HIV prevention programs funded by **NOFO PS18-1802** and for programs with which we share data, unless otherwise justified in an attachment to this statement. We agree to ensure that all standards are applied to all local/state staff and sub-recipients that have access to and/or maintain confidential, personally identifiable public health data. We agree to ensure that all sites where applicable public health data are maintained are informed about the standards. Documentation of required local data policies and procedures is on file with the Overall Responsible Party (ORP) and available upon request.

The signed Certification of Compliance statement by the designated ORP will be submitted annually or when changes in the ORP designation occur.

Please select one of the options below:

☒ In full compliance with the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011) for HIV surveillance and HIV prevention programs funded by **NOFO PS18-1802**. We ensure that all standards are applied to all local/state staff and sub-recipients that have access to and/or maintain confidential, personally identifiable public health data. We ensure that all sites where applicable public health data are maintained are informed about the standards; there are no attachments to this statement.

☐ Not in full compliance with the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011). We are pursuing compliance for HIV surveillance and/or HIV prevention programs funded by **NOFO PS18-1802**. A justification for non-compliance is included as an attachment.

Instructions for Justification Statement: Please describe the reasons for non-compliance with the NCHHSTP Guidelines. Outline the steps being taken to address issues and achieve full compliance. Include a timeline and provide specific information for program areas that are non-compliant or pursuing compliance (e.g., surveillance, prevention, information technology, sub-recipients, community-based organizations, programs with which you share data etc.).

Name(s), title, and organizational affiliation of the proposed ORP(s)

ORP Name	Title	Affiliation

Applicant/Jurisdiction Name	Grant/Cooperative Agreement Number
Signature Overall Responsible Party (ORP)	Date
Signature Authorized Business Official	Date
Signature Principle Investigator (s)	Date

Note: Appendix F is provided as a separate attachment with the submission of this report.

Appendix G: COVID-19 HIV Surveillance and Prevention Activities Check-In			
COVID-19 was declared a national emergency and many state and local health departments also declared emergencies. As a result, HIV surveillance and prevention services and activities funded under PS18-1802 may have been impacted in some way. This section provides the opportunity to expand upon the impact of the COVID-19 pandemic on the continuity of PS18-1802 services and activities during the period of January 1, 2021 – June 30, 2021. Please check the box that represents the current status of your program activities. This information will help us better respond to the needs of jurisdictions in the future.			
Jurisdiction:	**Date:**		
Strategy 1: HIV data	**Status of Activity**		
Identify and report all persons with diagnosed HIV infection	☒ On-track	☐ Scaled Back	☐ Interrupted
Collect and report to CDC all HIV-related laboratory results	☒ On-track	☐ Scaled Back	☐ Interrupted
Conduct monthly eHARS data transfers Not Applicable	☐ On-track	☐ Scaled Back	☐ Interrupted
Investigate cases of public health importance (COPHI)	☐ On-track	☒ Scaled Back	☐ Interrupted
Conduct death ascertainment activities	☒ On-track	☐ Scaled Back	☐ Interrupted
Conduct intrastate de-duplication of HIV cases	☒ On-track	☐ Scaled Back	☐ Interrupted
Conduct cumulative interstate duplicate review (CIDR)	☒ On-track	☐ Scaled Back	☐ Interrupted
Complete routine interstate duplicate review (RIDR)	☒ On-track	☐ Scaled Back	☐ Interrupted
Conduct risk factor ascertainment	☐ On-track	☒ Scaled Back	☐ Interrupted
Analyze HIV surveillance data and disseminate findings	☒ On-track	☐ Scaled Back	☐ Interrupted
Assess data quality and evaluate surveillance system	☒ On-track	☐ Scaled Back	☐ Interrupted
Implement and maintain activities to support complete laboratory reporting	☒ On-track	☐ Scaled Back	☐ Interrupted
Identify early HIV infection	☐ On-track	☒ Scaled Back	☐ Interrupted
Collect treatment information/HIV antiretroviral use history information	☐ On-track	☒ Scaled Back	☐ Interrupted
Monitor HIV drug resistance and HIV genetic diversity	☐ On-track	☒ Scaled Back	☐ Interrupted
Ensure that all CDC provided software releases and upgrades are installed within required time frames (e.g., eHARS)	☒ On-track	☐ Scaled Back	☐ Interrupted
Conduct geocoding and data linkage activities	☒ On-track	☐ Scaled Back	☐ Interrupted
NHM&E data collection and reporting	☒ On-track	☐ Scaled Back	☐ Interrupted

EPMP monitoring and completion	☒ On-track	☐ Scaled Back	☐ Interrupted
Strategy 2: Identify persons with HIV infection and persons at risk for HIV infection	**Status of Activity**		
Conduct HIV testing (healthcare and non-healthcare settings)	☐ On-track	☒ Scaled Back	☐ Interrupted
Implement HIV self-testing, if applicable	☒ On-track	☐ Scaled Back	☐ Interrupted
Provide Partner Services	☒ On-track	☐ Scaled Back	☐ Interrupted
Conduct Data to Care (D2C) activities	☒ On-track	☐ Scaled Back	☐ Interrupted
Strategy 3: Cluster detection and outbreaks	**Status of Activity**		
Analyze data to identify HIV transmission clusters and outbreaks	☒ On-track	☐ Scaled Back	☐ Interrupted
Analyze data to identify HIV transmission clusters and outbreaks	☒ On-track	☐ Scaled Back	☐ Interrupted
Rapidly respond to and intervene in HIV transmission clusters and outbreaks	☒ On-track	☐ Scaled Back	☐ Interrupted
Communicate with CDC and other partners during investigation of and intervention in transmission clusters and outbreaks	☒ On-track	☐ Scaled Back	☐ Interrupted
Strategy 4: Linkage to medical care, treatment, and prevention services for PWH	**Status of Activity**		
Linkage to care for PWH	☒ On-track	☐ Scaled Back	☐ Interrupted
Strategy 5: Prevention services for HIV-negative persons at risk for HIV (e.g., PrEP)	**Status of Activity**		
PrEP screening and referrals	☒ On-track	☐ Scaled Back	☐ Interrupted
Linkage to and support for PrEP (e.g., Navigation Services, Enrollment, Maintenance and Retention)	☒ On-track	☐ Scaled Back	☐ Interrupted
Strategy 6: Perinatal HIV prevention and surveillance Opt-out/N/A	**Status of Activity**		
Promote prenatal HIV testing according to CDC recommendations	☐ On-track	☐ Scaled Back	☐ Interrupted
Case surveillance activities for women and children < 13 years of age	☐ On-track	☐ Scaled Back	☐ Interrupted
Annual matching of HIV-infected women reported to surveillance to the state birth registry	☐ On-track	☐ Scaled Back	☐ Interrupted

Analysis and dissemination of data on HIV-infected women of childbearing age, perinatal HIV exposures, and infected infants	☐ On-track	☐ Scaled Back	☐ Interrupted
Activities required for the following 16 jurisdictions: California (excluding Los Angeles County and San Francisco), Delaware, The District of Columbia, Florida, Georgia, Houston, Louisiana, Maryland, Mississippi, New Jersey, New York City, North Carolina, Philadelphia, Puerto Rico, South Carolina, and Texas (excluding Houston).			
Perinatal HIV Exposure Reporting (PHER)	☐ On-track	☐ Scaled Back	☐ Interrupted
Perinatal HIV Services Coordination (PHSC)	☐ On-track	☐ Scaled Back	☐ Interrupted
Case review and community action of perinatal HIV transmission and exposure using the FIMR/HIV methodology	☐ On-track	☐ Scaled Back	☐ Interrupted
Strategy 7: Community-level prevention activities	**Status of Activity**		
Social marketing campaigns	☒ On-track	☐ Scaled Back	☐ Interrupted
Community outreach activities	☒ On-track	☐ Scaled Back	☐ Interrupted
Condom distribution	☐ On-track	☒ Scaled Back	☐ Interrupted
Syringe services programs	☒ On-track	☐ Scaled Back	☐ Interrupted
Evidence-based interventions (individual-level, group-level, and community-level)	☒ On-track	☐ Scaled Back	☐ Interrupted
Strategy 8: Integrated HIV prevention and care planning	**Status of Activity**		
Collaborative activities for HIV prevention and care planning	☒ On-track	☐ Scaled Back	☐ Interrupted
HIV Planning Group (HPG) processes and activities	☒ On-track	☐ Scaled Back	☐ Interrupted
Other jurisdictional planning activities	☒ On-track	☐ Scaled Back	☐ Interrupted
Strategy 9: Implement structural strategies to support and facilitate HIV surveillance and prevention	**Status of Activity**		
Procedures to ensure data security and confidentiality	☒ On-track	☐ Scaled Back	☐ Interrupted
Data sharing agreements	☐ On-track	☒ Scaled Back	☐ Interrupted
Strategy 10: Data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities	**Status of Activity**		
Data-driven planning, monitoring, and evaluation activities	☒ On-track	☐ Scaled Back	☐ Interrupted
Dissemination of data reports	☒ On-track	☐ Scaled Back	☐ Interrupted
Allocation of resources	☒ On-track	☐ Scaled Back	☐ Interrupted

Execution of contracts	☒ On-track	☐ Scaled Back	☐ Interrupted
Strategy 11: Capacity building	**Status of Activity**		
Capacity building activities	☐ On-track	☒ Scaled Back	☐ Interrupted
Execution of planned technical assistance and training events	☐ On-track	☒ Scaled Back	☐ Interrupted

Appendix H: Component B Focus Area Questions

Please complete the information below based upon your Component B Focus Area:

a) If you conducted PrEP activities:

i. Provide any quantitative data or contextual information you collected on reasons why clients fall out of the PrEP cascade (e.g., number of HIV seroconversions, persons who no longer need PrEP due to decreased risk, etc.).

ii. Indicate which PrEP cascade steps you are conducting and provide any quantitative data that are collected for each step, including age, sex, race/ethnicity, and risk of clients:

Step 1 →	**Step 2 →**	**Step 3 →**	**Step 4 →**	**Step 5 →**	**Step 6 →**	**Step 7**
# of persons eligible for referral	**# referred to PrEP provider**	**# linked to PrEP provider**	**# PrEP prescribed**	**# PrEP initiated**	**# in PrEP care for ≥ 3 months**	**# adherent to PrEP medication**

b) If you conducted HIV testing, linkage to care, and/or partner services during the reporting period, please provide the following:

HIV Testing ☐ Not applicable

Specify if testing is in health care settings ☐ , non-health care settings ☐ , or both ☐ , and if possible, provide the information below separately if conducting testing in both settings.

Total number of HIV tests: _____

Total number of persons newly-diagnosed with HIV infection[1]: _____

Total number of persons previously-diagnosed with HIV infection[1]: _____

[1]Includes unconfirmed preliminary positive tests plus confirmed positive tests.

Linkage to Care ☐ Not applicable

Total number of persons newly-diagnosed with HIV infection*: _____

Number of persons newly-diagnosed with HIV infection who were linked to HIV medical care within 30 days of the diagnosis, i.e., attended an appointment with an HIV medical provider within 30 days of the diagnosis: _____

*Includes unconfirmed preliminary HIV-positive persons plus confirmed HIV-positive persons

Total number of persons previously-diagnosed with HIV who were not in care **: _____

Number of persons previously-diagnosed with HIV who were not in HIV medical care but then were re-engaged in care: _____

**Only includes confirmed previously-diagnosed HIV positive persons

Partner Services ☐ Not applicable

Total number of persons diagnosed with HIV infection* who were interviewed for partner services: _____

Number of partners elicited from these persons diagnosed with HIV infection: _____

Number of partners elicited that were tested for HIV infection: _____

Number of these elicited partners who had a confirmed new diagnosis of HIV infection: _____

*Includes confirmed newly-diagnosed and previously-diagnosed HIV positive persons

c) Data to Care ☐ Not applicable

Please specify what data were used (e.g., surveillance, clinical, prevention) and provide any available quantitative outcomes (# of PWH investigated; # of PWH confirmed not in care; # of PWH linked or re-engaged to care; and # of PWH virally suppressed at last test) and contextual information.

d) Data use or sharing ☐ Not applicable

Please specify what data were used or shared for which activities and provide any quantitative outcomes and contextual information.

e) Structural Interventions ☐ Not applicable

Please provide any quantitative outcomes and contextual information for the intervention(s) conducted.

f) Outbreak Planning ☐ Not applicable

Please provide any quantitative outcomes and contextual information for the outbreak planning.

g) Other Main Activities ☐ Not applicable

If conducting other main activities, provide a summary of the work and include any quantitative outcomes and contextual information.

Note: Appendix H is embedded within question #9 of Component B starting on page 32 of this report.

Upload #6

Applicant:	San Francisco Department of Public Health
Application Number:	NU62PS2021005498
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	EPMPreport

PS18-1802 Combined Jurisdictional Evaluation Performance Measurement Plan (EPMP) and Work P for Component A (2019 Recipient Update)

(Updated June 6, 2019)

Name of Jurisdiction/Agency Submitting Plan:
San Francisco

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Version/Document Date: 09/09/2021

Table of Contents

Section 1: Detailed Program Activities

In the tables below, please update, concisely, what will be done in Year 2 and Years 3-5 under each CDC-required primary HIV prevention activity (e.g., conduct HIV testing), surveillance activity (e.g., collect HIV case data), CDC-required sub-activity (e.g., implement and/or coordinate opt-out HIV testing of patients in healthcare settings; CIDR, risk factor ascertainment, data quality), and locally defined activity that will be implemented to address the PS18-1802 goals/priorities and strategies. Activities from Year 1 that have not be started or are in progress should remain in the table, completed activities should be removed. Add lines as needed.

Note: The primary activities and sub-activities should be the same as those identified in your PS18-1802 program logic model available in your Year 1 EPMP.

Goal/Priority 1:	**Cross-cutting Core Surveillance and Program Monitoring & Evaluation Activities**	
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response		
Activity 1.A: HIV surveillance: Collect HIV case data, including (but not limited to) data on CD4 cell count, HIV viral load, molecular laboratory test results, vital status, and geocoding	SFDPH will conduct ongoing HIV case surveillance activities and HIV prevention program evaluation to identify specific populations at risk for HIV and living with undiagnosed HIV and to assess trends and disparities along the HIV Care Continuum. Data collected will be continually evaluated for completeness, timeliness and accuracy. The data will be shared with clinical and community-based providers and San Francisco's integrated HIV prevention and care planning group, the HIV Community Planning Council (HCPC) HIV prevention strategies will be rapidly adjusted to align with the most current trends.	No anticipated changes.
Activity 1.B: HIV prevention program monitoring & evaluation: Collect data to monitor and evaluate HIV prevention programs	EvaluationWeb will be used as the repository of and reporting system for HIV testing data for both 18-1802 funded and non-18-1802 funded programs. In some cases, data is keyed in but all other 18-1802 data is uploaded from agencies' own systems.	No anticipated changes.

Goal/Priority 2:	**Increase individual knowledge of HIV status**	
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV infection		
Activity 2.A: Conduct HIV testing	SFDPH will continue to support high-volume, targeted testing to high prevalence populations (MSM, PWID, and trans women) as well as casting a wider net to reach populations not yet reached with the current testing strategy. RNA pooling and 4th generation rapid testing continue to enhance our testing strategy by making individuals aware of their acute HIV status, reducing risk to partners and linking to care faster. SFDPH will also reinvigorate medically based opt-out HIV testing and	SFDPH conducted a "Roadmap" process that informed changes in strategies and approaches to HIV prevention and care activities. The resulting changes in systems and program requirements were described in an released in 2019. The allocation process was initially delayed by funding challenges, then significantly delayed by COVID. We will continue to provide updates to our Project Officers on this process and our discussions during our regular scheduled teleconferences.

Goal/Priority 2:	Increase individual knowledge of HIV status	
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
	work to find late testers earlier in their course of infection as well as the estimated 6% of PLWH who are unaware of their infection. Although not supported by 18-1802, San Francisco will continue to report on testing performed in medical settings.	
Activity 2.B: Conduct HIV partner services (for new and previously diagnosed persons)	Partner services will be offered to all clients newly diagnosed with HIV. Partner services will also be offered to not-in-care clients enrolled in navigation who are IDU, women, diagnosed with an STD or identified to be part of a transmission cluster.	No anticipated changes.

Goal/Priority 3:	Rapidly detect and interrupt HIV transmission	
Strategy 3: Develop, maintain, and implement a plan to respond to HIV transmission clusters and outbreaks		
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
Activity 3.A: Identify and investigate HIV transmission clusters and outbreaks	SFDPH, as a previous Molecular Surveillance funded jurisdiction, is experienced and well- equipped to develop a Cluster/Outbreak Response Plan and investigate clusters (via the Linkage Integration Navigation, Comprehensive Services [LINCS] team). We will implement Secure HIV-TRACE to analyze HIV nucleotide sequences and identify molecular clusters at the local level. We will work with Project Inform, a community think tank, to engage the community, building knowledge and support for these activities.	No anticipated changes.
Activity 3.B: Rapidly respond to and intervene in HIV transmission clusters and outbreaks	SFDPH will prioritize and investigate transmission clusters that are concerning for recent and ongoing transmission. For newly identified HIV- positive cluster members, prioritize for rapid intervention and partner services. PLWH in transmission clusters who are not virally suppressed will be prioritized for engagement in HIV care services.	No anticipated changes, but will consistently monitor for any changes in demographics or other trends.
Activity 3.C: Maintain outbreak identification and response plan	SFDPH has an extensive infectious disease emergency response plan involving multiple branches within the SFDPH Population Health Division. We will modify this plan to specifically address a potential HIV outbreak or rapidly growing transmission cluster. As part of the response, we will confirm the cluster, identify and characterize risk networks involved with the cluster, and identify communities who are in need of targeted testing, prevention efforts, and linkage to care. SFDPH staff regularly discuss all-hazards response plans with other jurisdictions throughout the San Francisco Bay Area and the state. We will utilize existing health alert communication systems in order to communicate with other public health professionals as needed. As part of our ongoing public health emergency preparedness and response plans, we are assessing and evaluating jurisdictional capacity for cluster detection and response	No anticipated changes.

Goal/Priority 3:	Rapidly detect and interrupt HIV transmission	
	involving epidemiological investigations and surveillance on an ongoing basis.	

Goal/Priority 4:	Reduce transmission from persons living with HIV infection	
Strategy 4: Provide comprehensive HIV-related prevention services for people living with diagnosed HIV infection		
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
Activity 4.A: Provide linkage to HIV medical care for persons with newly and previously diagnosed HIV infection identified through HIV testing and partner services	SFDPH will strengthen, streamline, and address gaps in linkage and retention services for PLWH, with the goal of establishing a clear, patient-centered process from point of diagnosis through accessing and staying engaged in HIV care. The strategy will include Data to Care activities; centralized linkage and re-engagement activities through the LINCS program, and other key retention efforts, especially for populations with the greatest barriers to care.	No anticipated changes. We plan to work to work with San Francisco Health Network and Ryan White case managers to improve retention of PLWH who are loosely engaged in care.
Activity 4.B: Conduct data-to-care activities • Identify persons with previously diagnosed HIV infection who are not in care through data-to-care activities • Provide linkage to, re-engagement in, and retention in HIV medical care services for persons with previously diagnosed HIV infection who are not in care identified through data-to-care activities	HIV surveillance will continue to support the LINCS team in DTC activities by providing lists of PLWH who are not virally suppressed or linked to HIV care, those with early infection or other prioritized groups. In addition, HIV surveillance will match clinic generated NIC lists to eHARS to identify persons to prioritize for investigation and navigation. Persons identified in transmission clusters who are not linked to care or virally suppressed will also be included in NIC lists provided to LINCS.	No anticipated changes.
Activity 4.C: Promote early ART initiation	Rapid initiation of treatment for those testing HIV positive is a pillar of San Francisco's Getting to Zero efforts and is a priority for all linkage to care efforts. Through component B funding, SFDPH has implemented public health detailing to educate medical providers and frontline workers about RAPID as well as LINCS and PrEP.	No anticipated changes.
Activity 4.D: Support medication adherence	Programs funded to serve HIV positive clients have two primary goals, to link to care and to maintain HIV treatment in order to reduce HIV viral load to undetectable and agencies must report on their efforts. Through component B funding, SFDPH is exploring opportunities to improve medication safe storage, particularly for patients who are homeless or unstably housed. For programs providing PrEP, navigation services are available to ensure maintenance out to six months of initiation.	No anticipated changes.
Activity 4.E: Promote and monitor HIV viral suppression	Viral suppression at the population level is monitoring by analyses of HIV surveillance data for persons newly diagnosed with HIV as well as viral suppression among all PLWH. SFDPH is working with quality improvement efforts and EMR team in the San Francisco Health Networks to routinely identify PLWH who are presenting for services but are not engaged in primary care.	The San Francisco Health Network migrated to EPIC EMR in Fall 2019. We will assist in the development of new workflow to ensure routine HIV panel management and improved understanding of care coordination team in the EMR record.

Goal/Priority 4:	Reduce transmission from persons living with HIV infection	
Activity 4.F: Monitor HIV drug resistance	SFDPH collects, process, and import HIV nucleotide sequences to eHARS routinely. We monitor transmitted drug resistance over time using CDC processed HIV sequence dataset and accompanying SAS programs. The results are presented in SFDPH HIV annual report for dissemination.	No changes. We will work with State Office of AIDS and Association of Public Health Laboratories to assist Stanford Laboratory with reporting to improve the completeness of HIV nucleotide sequence data.
Activity 4.G: Conduct risk-reduction interventions for PLWH	All SFDPH programs serving prioritized populations have goals of linking to appropriate HIV/HCV/STI testing and treatment as well as referral to PEP and PrEP. These services have been integrated into holistic programs or "Special Projects" to meet the needs of prioritized populations, i.e. MSM and AAMSM (SFAF), Latino MSM (AGUILAS & IFR) and trans women (SFCHC). All activities within these Special Projects for PLWH have the objective of linkage to care, retention in treatment and medication adherence.	No anticipated changes.
Activity 4.H: Actively refer PLWH to essential support services, including screening and active referral for healthcare benefits, behavioral health services, and social services	18-1802 Funded and non-funded testing programs have referral systems in place with a focus on populations with the highest disparities in access to prevention, treatment and care.	No anticipated changes.

Goal/Priority 5:	Prevent new infections among HIV negative persons	
Strategy 5: Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection		
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
Activity 5.A: Provide periodic HIV testing and risk screening	Continue high volume HIV/STI testing at SFDPH City Clinic. This activity is funded by 18-1802. Continue HIV/STI/HCV testing in Jail Health Services which is partially funded by 18-1802. • Continue high volume community- based HIV/HCV/STI testing for high prevalence populations (MSM, trans women, PWID) at San Francisco AIDS Foundation's Magnet clinic, UCSF Alliance Health Project, and as well as testing in agencies providing services to AAMSM (SFAF), Latino MSM (AGUILAS, IFR) trans women (SFCHC) and PWID (Glide, SFAF) in "Special Projects. • Continue HIV/HCV testing in substance use treatment settings (Westside, Bayview Hunter's Point Foundation) • We are dropping rapid HIV rapid testing from PrEP f/u visits at Magnet, (highest volume site) and that we are considering doing the same at SFCC, and that once the rapid HIV test is dropped, we will continue to test patients for HIV using a pooled HIV RNA. So no longer testing them twice. If clients reports not being adherent to PrEP rapid test will run. be run. This should free up fund to allow for expanded	No anticipated changes.
Activity 5.B: Provide screening for PrEP eligibility	• Continue continuum of PrEP services in community-based settings at five agencies providing services to MSM (AHP)	No anticipated changes.

Goal/Priority 5:	Prevent new infections among HIV negative persons	
	AAMSM (SFAF), Latino MSM (AGUILAS, IFR) trans women (SFCHC) and Youth (LYRIC). • Continue continuum of PrEP services in clinical settings at San Francisco City Clinic, SFDPH Primary Care clinics and Mission Wellness Pharmacy.	
Activity 5.C: Provide linkage to and support for PrEP	Provide services as in 5B above and include PrEP as a component of all HIV test counselor trainings.	No anticipated changes.
Activity 5.D: Provide risk reduction interventions for HIV-negative persons at risk for HIV infection	Continue spectrum of prevention services, from low to high threshold at five agencies providing services to AAMSM, Latino MSM, trans women, and MSM through Special Projects as described above.	No anticipated changes.
Activity 5.E: Actively refer HIV-negative persons at risk for HIV infection to essential support services, including screening and active referral for healthcare benefits, behavioral health services, and social services	• Funded: Continue high volume HIV testing at SFDPH City Clinic. • Non-funded: Continue high volume community- based testing for high prevalence populations (MSM, trans women, PWID) at San Francisco AIDS Foundation's Magnet clinic, UCSF Alliance Health Project, and as well as testing in agencies providing services to AAMSM (SFAF), Latino MSM (AGUILAS, IFR) trans women (SFCHC) and PWID (Glide, SFAF). These testing programs have referral systems in place with a focus on populations with the highest disparities in access to prevention, treatment and care.	No anticipated changes.
Strategy 6: Conduct perinatal HIV prevention and surveillance activities (or indicate if opt-out has been approved by CDC)		
Activity 6.A: Promote universal prenatal HIV testing	San Francisco was granted a waiver for Strategy 6 given 12 years of 0 perinatal transmissions.	
Activity 6.B: Provide perinatal HIV service coordination		
Activity 6.C: Conduct case surveillance for women with diagnosed HIV infection and their infants		
Activity 6.D: Conduct perinatal HIV exposure reporting		
Activity 6.E: Conduct fetal and infant mortality reviews		

Goal/Priority 6:	Cross-cutting Program Core Strategy	
Strategy 7: Conduct community-level HIV prevention activities (or indicate if opt-out has been approved by CDC)		
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
Activity 7.A: Conduct condom distribution programs	• Continue citywide condom distribution program (agencies/businesses can request free condoms from SFDPH).	No anticipated changes.

Goal/Priority 6:	Cross-cutting Program Core Strategy	
	• Distribute condoms and safer sex supplies at community venues such as bars and events and health fairs, such as Carnival, Pride, and Folsom Street Fair. • Continue to provide condom distribution at SFDPH clinics and SFDPH- funded HIV prevention programs	
Activity 7.B: Coordinate and collaborate with syringe services programs	• Not funded: Continue to support San Francisco AIDS Foundation and its community-based subcontractors to provide syringe access and disposal programs throughout SF. • Continue to expand disposal options, including large kiosks and wall-mounted disposal boxes placed in "hot spots". • Continue to engage people who use drugs about the importance of proper syringe disposal and gather input on placement of kiosks and boxes. • Continue to engage with communities and neighborhoods regarding importance of syringe services. • Continue to develop DPH Community Health Response Team to address syringe disposal issues. • Continue to provide syringe access and disposal services at homeless encampments and health fairs for people experiencing homelessness and/or who use drugs.	No anticipated changes.
Activity 7.C: Conduct social marketing campaigns	Continue two existing campaigns funded by GTZ and PriDE that focus on reducing anti HIV stigma and decreasing barriers to PrEP particularly among AAMSM and other communities of color.	No anticipated changes.
Activity 7.D: Implement social media strategies	Ensure that current and upcoming social marketing campaigns continue to incorporate social media strategies in their efforts when appropriate for the audience.	No anticipated changes.
Activity 7.E: Support community mobilization	Work with the HCPC and other community partners to develop innovative strategies for reaching and mobilizing communities of color.	No anticipated changes.

Goal/Priority 7:	Reduce HIV-related Health Inequalities (cross-cutting)	
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
G/P.7 Address Stigma as a driver of health disparities.	Reducing HIV related stigma to zero in San Francisco is one of GTZ's 3 goals and also one of the initiative's 4 strategies. DPH will continue to support the GTZ Stigma Committee and consider recommendations on how to address stigma among people at risk for and living with HIV, particularly among people of color. A campaign to promote U=U is in development.	No anticipated changes.

Goal/Priority 8:	Cross-cutting Operational and Foundational Strategies
Strategy 8: Develop partnerships to conduct integrated HIV prevention and care planning	

Goal/Priority 8:	Cross-cutting Operational and Foundational Strategies	
Activities & Sub-activities	**What will be done**	
	Year 2	**Years 3-5**
Activity 8.A: Maintain HIV planning group	• Continue to maintain partnership with the HCPC and build Council members' capacity to participate in integrated planning. • Write, submit, and disseminate an updated SF EMA Integrated HIV Prevention and Care Plan, incorporate HCPC recommendations. • Monitor the SF EMA Integrated HIV Prevention and Care Plan.	No anticipated changes
Activity 8.B: Develop HIV prevention and care networks	• Co-develop an integrated prevention and care "roadmap" with the HCPC to guide future funding and services. • Conduct extensive community engagement with care and prevention provider networks to give input on the roadmap. • Continue to maintain and support GTZ initiatives and subcommittees using the goals and strategies of the initiative as a lens for prioritizing services. • SFDPH will continue to engage the HCPC in data-driven planning through annual and as-needed presentations and discussions focusing on trends in the HIV Care Continuum by demographic groups. Population-based surveillance data as well as community and program-level data will inform this process.	Continue to maintain networks during roadmap implementation, to get feedback on what is working and what needs to be changed.
Strategy 9: Implement structural strategies to support and facilitate HIV surveillance and prevention		
Activity 9.A: Ensure data security, confidentiality, and sharing	SFDPH staff and funded contractors are trained in the local SFDPH data and confidentiality standards (which comply with NCHHSTP standards), the CDC security and confidentiality standards and the State Office of AIDS standards at the time of hire and yearly thereafter. SFDPH HIV surveillance maintains secure procedures for data sharing, including D2C activities and use of surveillance data across HIV programs including prevention programs and LINCS within the context of existing laws.	No anticipated changes
Activity 9.B: Strengthen laws, regulations, and policies	The State of California has laws governing how HIV surveillance data is collected and shared in place that have allowed SFDPH HIV surveillance to successful ensure data security, confidentiality and sharing.	No anticipated changes
Activity 9.C: Strengthen health information systems infrastructure	SFDPH is in the process of implementing a new electronic health record (EHR) system for DPH (Go Live is August 3, 2019). The two main hospitals (ZSFG and Laguna Honda Hospital), Ambulatory Care clinics, the Population Health Division clinics, the Public Health Laboratory, and Jail Health Services, and Behavioral Health clinics are undergoing adoption of the new EHR and we are currently in the adoption phase of the build. Representatives from HIV surveillance and HIV prevention have been meeting regularly with this EHR team to assess how the new EHR will enhance public health surveillance, analysis and reporting. We are identifying changes in work flows and resource needs that will support	No anticipated changes

Goal/Priority 8:	Cross-cutting Operational and Foundational Strategies	
	the new EHR when we are live with the new system while taking a critical look at improving our work flows and becoming more efficient in the work that we do. We are discussing metrics and reporting of standardized data definitions and processes.	
Activity 9.D: Promote expansion of technological advances	SFDPH staff is working with a large community testing site to pilot test a more efficient and secure mechanism using DocuSign for passive HIV case reporting. The pilot will be used to identify reporting issues and inform protocol revisions and roll-out to other passive reporting sites.	After this pilot test, lessons learned will be applied and additional testing sites will be invited to participate in case reporting using DocuSign.
Strategy 10: Conduct data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities		
Activity 10.A: Conduct data-driven planning for HIV surveillance, prevention, and care activities	SFDPH, in collaboration with the Getting to Zero Consortium, is developing a formalized system for data driven planning, monitoring, and evaluation using "scorecards" developed using the Results-Based Accountability framework (Friedman). The scorecards will be used to monitor data at community-based organizations as well as at the population level. In addition, HIV surveillance data will be continued to be analyzed and shared to monitor the impact of local HIV prevention efforts on the population level and to provide a data-driven basis for changes in policies or strategies.	No anticipated changes
Activity 10.B: Conduct data-driven monitoring and evaluation and use findings to continuously improve HIV surveillance and prevention activities	Program-level, strategy-level, and collective impact scorecards have begun to illuminate successes as well as disparities and gaps that need to be addressed. HIV surveillance data is being actively shared with GTZ subcommittees focusing on specific vulnerable populations including the homeless and people who inject drugs and with community prevention partners.	No anticipated changes
Strategy 11: Build capacity for conducting effective HIV program activities, epidemiologic science, and geocoding		
Activity 11.A: Assess capacity-building assistance needs	2018 will be an intensive planning year for SFDPH as it embarks on formative work for an RFP being released in 2019. SFDPH will work closely with CBOs to plan for shifts in HIV prevention strategies and activities. CBA needs will be assessed and CBA plans developed annually thereafter.	No anticipated changes
Activity 11.B: Develop and implement capacity-building assistance plans, including technical assistance	As the new prevention strategies and activities are being developed, SFDPH will continue its communication with its community partners and HCPC and develop trainings to ensure providers are successful in their new ventures.	No anticipated changes
Activity 11.C: Enhance epidemiologic and analytic capacity (e.g., data to care, cluster detection and investigation) and other prevention activities	SFDPH has been conducting Data to Care (DTC) activities as a joint activity between HIV surveillance and the LINCS program since 2012 and DTC activities have increased with CDC PrIDE funding in recent years. Drawing on past experience, we continue to refine and improve our DTC efforts and apply lessons learned in DTC to local Data to PrEP efforts for prevention of HIV. In addition, we will implement HIV-TRACE as a new tool to identify persons of concern who are not virally suppressed and/or who are part of a recent transmission cluster and continually evaluate the utility of this new tool as a prevention activity.	No changes.

Goal/Priority 8:	Cross-cutting Operational and Foundational Strategies	
Activity 11.D: Enhance geocoding and data linkage capacity	SFDPH surveillance collects complete address at time of diagnosis and current address is updated through routine follow-up chart abstraction. This information is geocoded to the census tract level and maps showing, for example, the geographic distribution of all PLWH, newly diagnosed cases, and their viral suppression and linkage to care rates as well as testing rates by neighborhood and zip code are produced and shared in our annual epidemiology report.	No anticipated changes

Section 2: Timeline for Evaluation Tasks

Use the timeline below to list the project tasks and responsible parties associated with evaluating your program. Place an "X" in the appropriate date box to indicate task timeframes. If your project officer has exempt your program from performing specific activities, please note the exemption by entering "NA" or "exempt" on the Evaluation Task line. Project tasks should support the activities described in Section 1.

Evaluation Task	Responsible Party	Timeframe for Conducting Task				
		TASK COMPLETED	MONTHLY	QUARTERLY	SEMI-ANNUALLY	ANNUALLY
Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response						
Activity: 1.A	**HIV surveillance: Collect HIV case data, including (but not limited to) data on CD4 cell count, HIV viral load, molecular laboratory test results, vital status, and geocoding**					
Routinely conduct evaluation of completeness, timeliness and data quality of HIV case and lab reporting and ensure surveillance process and outcome standards are met.	Ling Hsu		x			
Activity 1.B	HIV prevention program monitoring & evaluation: Collect data to monitor and evaluate HIV prevention programs					
Routinely conduct evaluation of completeness, timeliness and data quality of HIV testing data and work with reporting sites to resolve data issues.	Annie Vu		x			
Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV infection						
Activity 2.A	Conduct HIV testing					
Community-based organizations key in HIV testing data into EvalWeb within a week of collection	Thomas Knoble, Elise Mara	x				
City Clinic extracts data from its own system (ISHTR) and uploads into EvalWeb q 3 months	Bob Kohn			x		
Reviewed HIV testing data at quarterly HIV Test Coordinators Meeting	Thomas Knoble			x		
Activity 2.B	Conduct HIV partner services (for new and previously diagnosed persons)					
Community-based organizations report HIV positive cases to Surveillance within 24 hours	Thomas Knoble	X				
Surveillance alerts DPH Partner Services-LINCS counselors upon receipt.	Ling Hsu		x			
Partner Services and LINCS data are reviewed by joint CHEP-DPC staff quarterly	Erin Antunez			x		
Strategy 3: Develop, maintain, and implement a plan to respond to HIV transmission clusters and outbreaks						
Activity 3.A	Identify and investigate HIV transmission clusters and outbreaks					
No response necessary.						
Activity 3.B	Rapidly respond to and intervene in HIV transmission clusters and outbreaks					
No response necessary.						
Activity 3.C	Maintain outbreak identification and response plan					

Evaluation Task	Responsible Party	Timeframe for Conducting Task				
		TASK COMPLETED	MONTHLY	QUARTERLY	SEMI-ANNUALLY	ANNUALLY
No response necessary.						
Strategy 4: Provide comprehensive HIV-related prevention services for people living with diagnosed HIV infection						
Activity 4.A Provide linkage to HIV medical care for persons with newly and previously diagnosed HIV infection identified through HIV testing and partner services						
Funded sites notify Partner Services – LINCS Team at City Clinic for partner services and linkage.		As needed.				
LINCS verifies linkage to care for funded sites by reviewing labs and clinic data.			x			
LINCS contacts NIC or unlinked persons per protocol.			x			
Activity 4.B: Conduct data-to-care activities						
Provide surveillance generated NIC lists to the LINCS team, of HIV-positive individuals potentially not-in-care or other prioritized groups such as persons experiencing viral failure, those with early infection, and those in transmission clusters.	Ling Hsu	As needed or requested.			x	
Incorporate LINCS and PHAST team data into surveillance data including updating any missing information (e.g. address, demographics).	Ling Hsu	As needed.	x			
Activity 4.C: Promote early ART initiation						
Implement regular public health detailing to educate medical providers and frontline workers about RAPID	Darpun Sachdev Alyson Decker Frontline Organizing Group	As needed.				
Activity 4.D Support medication adherence						
Support trainings such as HIV Health Coaching training to cover adherence counseling, medication reconciliation and action planning.	Thomas Knoble	As needed.				
Activity 4.E Promote and monitor HIV viral suppression						
Calculate percent virally suppressed among persons living with HIV including new and known diagnoses and identify populations with lower level of viral suppression for intervention.	Ling Hsu			x		
Activity 4.F Monitor HIV drug resistance						
Collect and process HIV nucleotide sequences reported by laboratories and use the CDC processed HIV sequence dataset and accompanying SAS programs to assess transmitted drug resistance among new HIV diagnoses.	Mia Chen		x			
Present results in our HIV annual report for dissemination.	Mia Chen					x
Activity 4.G Conduct risk-reduction interventions for PLWH						
Continue to fund PWP interventions at CBOs.	Hanna Hjord		x			
Support efforts to reach prioritized populations with the highest disparities in retention and viral load suppression.	Hanna Hjord		x			
Activity 4.H Actively refer PLWH to essential support services, including screening and active referral for healthcare benefits, behavioral health services, and social services						
Funded sites notify Partner Services – LINCS Team at City Clinic for partner services and linkage.	Hanna Hjord		x			
Strategy 5: Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection						
Activity 5.A Provide periodic HIV testing and risk screening						
San Francisco continued high volume community-based testing for high prevalence populations (MSM, trans women, PWID) at San Francisco AIDS Foundation's Magnet clinic,	Hanna Hjord		x			

Evaluation Task	Responsible Party	Timeframe for Conducting Task				
		TASK COMPLETED	MONTHLY	QUARTERLY	SEMI-ANNUALLY	ANNUALLY
UCSF Alliance Health Project, and as well as testing in agencies providing services to AAMSM (SFAF), Latino MSM (AGUILAS, IFR) trans women (SFCHC) and PWID (Glide, SFAF) and people in substance use treatment settings (Bayview Hunter's Point Foundation, Bay Area Addiction Research and Treatment (BAART), University of California Opiod Treatment Outpatient Program).						
Activity 5.B Provide screening for PrEP eligibility						
All funded HIV testing sites are required to screen for PrEP eligibility.	Thomas Knoble Nikole Trainor		x			
Activity 5.C Provide linkage to and support for PrEP						
Support three PrEP programs for all at-risk populations, and three population-specific programs I.e. AAMSM, Latino MSM, and TFSM.	Nikole Trainor		x			
Activity 5.D Provide risk reduction interventions for HIV-negative persons at risk for HIV infection						
Continue planning for updating data collection system with PrEP eligibility, documentation of linkage to referrals	Thomas Knoble Nikole Trainor		x			
Activity 5.E Actively refer HIV-negative persons at risk for HIV infection to essential support services, including screening and active referral for healthcare benefits, behavioral health services, and social services						
Increase integrated testing models, supporting sites to include STD and HCV testing.	Thomas Knoble		x			
Strategy 6: Conduct perinatal HIV prevention and surveillance activities (or indicate if opt-out has been approved by CDC)						
Activity 6.A *Promote universal prenatal HIV testing*						
San Francisco has been approved to opt-out of this strategy.						
Activity 6.B *Provide perinatal HIV service coordination*						
Activity 6.C *Conduct case surveillance for women with diagnosed HIV infection and their infants*						
Activity 6.D *Conduct perinatal HIV exposure reporting*						
Activity 6.E *Conduct fetal and infant mortality reviews*						
Strategy 7: Conduct community-level HIV prevention activities (or indicate if opt-out has been approved by CDC)						
Activity 7.A Conduct condom distribution programs						
Include lineitem for condom purchasing in all contracts.	Nikole Trainor	As needed.				
Buy and distribute condoms to agencies not funded by CHEP.	Betty Lew		x			
Buy and distribute condoms to SFAF program for secondary city-wide distribution for .	Betty Lew		x			
Activity 7.B Coordinate and collaborate with syringe services programs						
Participate in monthly Syringe Access Committee meetings.	Eileen Loughran		x			
Collect number of syringes made available, collected, and number of contacts made for all syringe programs.	Eileen Loughran		x			
Collect data on number of syringe sweeps and total number of hours dedicated to clean-up efforts.	Eileen Loughran		x			

Evaluation Task	Responsible Party	Timeframe for Conducting Task				
		TASK COMPLETED	MONTHLY	QUARTERLY	SEMI-ANNUALLY	ANNUALLY
Activity 7.C Conduct social marketing campaigns						
Work with Stigma Committee for SF Loves; broaden stigma focus from HIV to include other populations such as people experiencing homelessness, trans persons.	John Melichar		x			
Continue PrEP Supports, enhance with new artwork, new models, continue to produce collateral and increase placement in the community.	Nikole Trainor		x			
Activity 7.D Implement social media strategies						
Continue to fund community-based organizations to use social media platforms to educate and recruit populations into programs.	Nikole Trainor		x			
Activity 7.E Support community mobilization						
Continue to staff the following advisory and advocacy groups. Trans Advisory Group (TAG) Getting to Zero (GTZ) End Hep C SF	Oscar Macias Nikole Trainor Katie Burk		x			
Strategy 8: Develop partnerships to conduct integrated HIV prevention and care planning						
Activity 8.A Maintain HIV planning group						
Continue to support HIV Community Planning Group by funding logistics, staffing, and maintaining government co-chair position.	Thomas Knoble		x			
Continue to support steering, membership, subcommittees and ad hoc groups that support the HIV Community Planning Group.	Thomas Knoble		x			
Activity 8.B Develop HIV prevention and care networks						
Use 19-1906 End the HIV Epidemic planning process to convene a broad spectrum of stakeholders and community voices for input long-term strategies and priorities.	Hanna Hjord		x			
Strategy 9: Implement structural strategies to support and facilitate HIV surveillance and prevention						
Activity 9.A Ensure data security, confidentiality, and sharing						
Conduct annual security and confidentiality training.	Ling Hsu					x
Activity 9.B Strengthen laws, regulations, and policies						
Review and clarify HIV reporting regulations and requirements and provide assistance to providers and laboratories as needed.	Ling Hsu					x
Activity 9.C Strengthen health information systems infrastructure						
Review reporting systems, data flows and databases for HIV surveillance and prevention data and make modifications to improve functionality and efficiency.	Ling Hsu					x
Activity 9.D Promote expansion of technological advances						
Evaluate the implementation of DocuSign for HIV case reporting.	Ling Hsu	x				
Strategy 10: Conduct data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities						
Activity 10.A Conduct data-driven planning for HIV surveillance, prevention, and care activities						
Release RFP allocating funding to prioritized populations based on epidemiology and equity matrix.	Tracey Packer					x
Apply for and begin to coordinate Ending the Epidemic planning and prioritization process						x
Activity 10.B Conduct data-driven monitoring and evaluation and use findings to continuously improve HIV surveillance and prevention activities						
Present HIV surveillance data at GTZ and HIV prevention and care planning meetings.	Ling Hsu					x

Evaluation Task	Responsible Party	Timeframe for Conducting Task				
		TASK COMPLETED	MONTHLY	QUARTERLY	SEMI-ANNUALLY	ANNUALLY
Strategy 11: Build capacity for conducting effective HIV program activities, epidemiologic science, and geocoding						
Activity 11.A Assess capacity-building assistance needs						
Assess technical assistance needs for funded entities at each HCPC meeting, HIV Testing Coordinator	Thomas Knoble			x		
Activity 11.B Develop and implement capacity-building assistance plans, including technical assistance						
In coordination with the Business Office, conduct program monitorings and develop action plans for improvement where it is needed.	Hanna Hjord					x
Activity 11.C Enhance epidemiologic and analytic capacity (e.g., data to care, cluster detection and investigation) and other prevention activities						
Conduct analysis and disseminate findings through HIV annual report, conference presentations and peer-reviewed journals.	Ling Hsu					x
Activity 11.D Enhance geocoding and data linkage capacity						
Train staff, collaborate with California Office of AIDS and follow CDC guidance to conduct geocoding and data linkage activities.	Ling Hsu					x

Section 3: Collection and Quality Assurance of CDC-Required Data

In the table below, please list any experienced or anticipated delays in collecting required data, the reason for the delay, the resolution, and any capacity-building assistance you will need to help resolve the delays. At a minimum, you should consider **NHM&E** and **Surveillance** data. If you do not have any data collection delays or capacity building/TA needs, please enter "NA" in the "Delayed Activities" column.

Data Collection Delays (refer to Year 1 EPMP Table 8)		
Delayed Activities	**Reason for Data Collection Delay and Anticipated Resolution**	**TA and Capacity Building Needs**
N/A		

Section 4: Updates to Other Sections of the Year 1 EPMP (if any)

In the table below, please describe any other updates to the Year 1 EPMP. If there are no changes to the sections listed, indicate "No Updates".

Updates to Other Sections of the Year 1 EPMP (if any)			
EPMP Component	**EPMP Table**	**No Updates**	**Briefly Describe Update (if any)**
Logic Model	NA	☒	

Updates to Other Sections of the Year 1 EPMP (if any)			
EPMP Component	**EPMP Table**	**No Updates**	**Briefly Describe Update (if any)**
Priority/Target Populations	2	☒	
Stakeholder Engagement	3	☒	
Primary Users of Evaluation	4	☒	
Local Monitoring and Evaluation Measures	6	☒	
Data Collection and CDC Transmission	7	☒	
Data Management Plan	9	☐	The newly required variables, eHARS state and city numbers, are managed by the HIV Surveillance Unit and meet CDC standards for physical and digital security. Testing events with eHARS data are analyzed in an area with restricted access and PGP-shredded off local computer at the end of the day. When not in use, the data is stored on an encrypted flash drive and stored in the HIV registry, a room with an alarm within the restricted space. Updates to positive tests are made by an HIV surveillance epidemiologist directly into Evaluation Web.
Evaluation Reports	10	☒	
Data Monitoring Reviews and Use	11	☒	
Sharing of Evaluation Findings and Lessons Learned	12	☒	
Contract Support for Program or Evaluation Related Activities	13	☒	
MOU, MOA, or Data Sharing Agreements	14	☒	
Key CDC Indicators	15	☒	
Local Objectives	16	☒	

Upload #7

Applicant:	San Francisco Department of Public Health
Application Number:	NU62PS2021005498
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	Assurance of Compliance

Appendix C: Assurance of Compliance

ASSURANCE OF COMPLIANCE
with the
"PROGRAM GUIDANCE ON THE REVIEW OF HIV-RELATED EDUCATIONAL AND INFORMATIONAL MATERIALS FOR CDC ASSISTANCE PROGRAMS"

By signing and submitting this form, we agree to comply with the specifications set forth in the "Program Guidance on the Review of HIV-Related Educational and Informational Materials for CDC Assistance Programs," revised as of June 2016.

We agree that all written materials, audio visual materials, and pictorials, including social marketing and advertising materials, educational materials, social media communications (e.g., Facebook, twitter) and other electronic communications, such as internet/webpages will be submitted to a Program Review Panel. The Panel shall be composed of no less than five persons representing a reasonable cross-section of the general population; but which is not drawn predominantly from the intended audience. See additional requirements in the referenced program guidance, especially section 2 (c-d) (1-5) regarding composition of Panel.

The Program Review Panel, guided by the CDC Basic Principles, set forth in 1(a-g), will review and approve all applicable materials before their distribution and use in any activities funded in any part with CDC assistance funds.

Following are the names, occupations, and organizational affiliations of the proposed panel members: (If panel has more members than can be shown here, please indicate additional members on the reverse side.)

CDC 0.1113 (E), Rev. 6/2016, CDC Adobe Acrobat DC Electronic Version, 6/2016

NAME	OCCUPATION	AFFILIATION
Celia Gomez	Substance Use Specialist	Community Member
David Gonzalez	HIV Navigator	Kaiser
Travis Tuohey	Sexual Health Program Coordinator	Community Health Equity & Promotion Branch
Joe Imbriani	Retired	Community Member
Oscar Macias	Health Program Coordinator III	SFDPH COVID-19 Task Force/Vaccine Branch (Health Department Representative)

Appendix C: Assurance of Compliance

Applicant/Recipient Name: San Francisco Department of Public Health	**Grant Number (If Known):** 93.940 (CFDA) PS18-1802
Signature: Project Director Tracey Packer, MPH 	**Signature: Authorized Business Official** Heidi Burbage DocuSigned by: Heidi Burbage E5598927EC6844A...
Date: 8/12/21	**Date:** 8/12/2021 | 11:29:19 PDT

Upload #8

Applicant:	San Francisco Department of Public Health
Application Number:	NU62PS2021005498
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	PS18-1802 Certification form

CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency.

(b) Have not, within a 3-year period preceding this proposal, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

(c) Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification.

(d) Have not, within a 3-year period preceding this application/proposal, had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package. The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

(b) Establishing an ongoing drug-free awareness program to inform employees about –

(1) The dangers of drug abuse in the workplace.

(2) The grantee's policy of maintaining a drug-free workplace.

(3) Any available drug counseling, rehabilitation, and employee assistance programs.

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above.

(d) Notifying the employee in the statement required by paragraph (a), above, that as a condition of employment under the grant, the employee will –

(1) Abide by the terms of the statement.

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant.

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted –

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended.

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. Certification Regarding Lobbying

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and

that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (ACT), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Public Health Services strongly encourage all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Signature of Authorized Certifying Official:	**Title:**
DocuSigned by: Heidi Burbage 66E504DE67E94C6... Heidi Burbage	Acting Dep. Dir, PHD
Applicant Organization *(Please Print)*:	**Date Signed & Submitted:**
City & County of San Francisco	9/9/2021

Upload #9

Applicant:	San Francisco Department of Public Health
Application Number:	NU62PS2021005498
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	Assurances

ASSURANCES - NON-CONSTRUCTION PROGRAMS

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
DocuSigned by: Heidi Burbage 66F504DE67F94C6... Heidi Burbage	Acting Dep. Dir, PHD
APPLICANT ORGANIZATION	DATE SUBMITTED
City & County of San Francisco	July 20, 2021

Standard Form 424B (Rev. 7-97) Back

Upload #10

Applicant:	San Francisco Department of Public Health
Application Number:	NU62PS2021005498
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	SAS Licensing request

Internal Use

SAS LICENSING REQUEST

Center Name NCHHSTP

* Grant Title: PS18-1802 Integrated HIV Surveillance and Prevention Programs for Health D

* Grant Institution: San Francisco Department of Public Health

* Grant State: CA Grant Award Period Start: 01/01/2018 Award Period End: 12/31/2022

* Grant Principal Contact: Ling Hsu

*Grant Principal Contact email: Ling.Ch.Hsu@sfdph.org

* Is this a new Grant? No

Enter license requirements below, 1 license per row.

Grantee Number (Ex: 5H46EH000184) No Spaces Please	Product Type	Quantity	SAS Product Version Requested (9.1 / 9.2 / 9.3 / 9.4)	Media (disk+license disk only license only)	License New or Renewal	Licensee Email Address (When licenses to be sent by CDC to multiple email addresses)
NU62PS924536	64-Bit Workstation	10	Base SAS 9.4	License File Only	Renew	
NU62PS924536	32-Bit Workstation	6	Base SAS 9.4	License File Only	Renew	
NU62PS924536						
NU62PS924536						

* Briefly describe the "bona fide" need for SAS. *If requesting more than 3 licenses justification is required:*

CDC requires all PS 18-1802 recipient surveillance data be reported via their eHARS system. This system requires SAS to develop, manage, and analyze all datasets. Additionally all performance evaluation programs are written in SAS language. The total number of workstations indicates the number of persons who spend at least 50% of their time processing, managing, analyzing HIV case data.

Project Officer Email qxh4@cdc.gov

Memorandum of Acceptance
For Use of SAS Products Provided by CDC

To: SAS Program Consultant/Project Officer
Centers for Disease Control and Prevention
1600 Clifton Rd NE (MS-K91)
Atlanta, GA 30333
Email: OCIOSASLicense@cdc.gov

Section I. CDC Partner Acceptance of Responsibility

Name: Ling Hsu

Organization: San Francisco Department of Public Health

I am an official of my organization, which has been awarded the CDC Grant designated:

Number: NU62PS924536

Title: PS18-1802 Integrated HIV Surveillance and Prevention Programs for H

Expires: 12/31/21

My role within the Grant or Cooperative Agreement is: Director of HIV Core Surveillance

CDC has provided my organization access to certain SAS software products as described in the Enterprise License Agreement between DHHS and parties representing SAS Institute. I understand that the license products are for the sole benefit of CDC must be used strictly in accordance with specific limitations set forth in the licensing terms. Specifically:

1. I agree to actively monitor the distribution and use the SAS products to assure that they are used to perform only CDC funded Program activities as specified in the applicable Grant or Cooperative Agreement between CDC and the CDC Grantee.
2. I agree to provide an annual detailed listing of Software requirements for workstations and servers, the number of users and location information prior to CDC SAS product distribution.
3. I will assure that my organization restricts access to the products to legitimate users and will avoid providing any opportunity for inappropriate distribution of the software to other parties.
4. In the event that my organization completes or ends the funded Program activity prior to the expiration of the license I assure my organization will promptly destroy or return all the licensed materials to CDC.
5. I understand that failure of my organization to abide by these requirements will obligate CDC to request the return of the SAS products to CDC and the termination of their use by my organization.
6. I agree to report to CDC any violations of these terms whether intentional or unintentional.
7. I understand that at the termination of the DHHS license for the SAS products, within which my organization's use of the products is allowed CDC may be required to request the return of some or all of the provided SAS products.
8. I acknowledge that no ownership rights to the provided SAS products accrue to my organization by virtue of the use of the provided products.
9. I agree to assure that all organization or location personnel will be informed of the obligations and responsibilities acknowledged by this agreement.
10. I understand that the license does not obligate SAS Institute to provide user support for any of the SAS products provided to my organization.

GRANTEE SIGNATURE PAGE

Grantee Email: ling.ch.hsu@sfdph.org

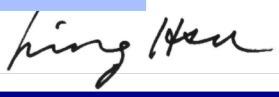
Grantee Phone: 628-217-6246

Grantee Mailing Address:
P.O. Boxes are not permitted.

25 Van Ness Ave, Suite 500

San Francisco, CA 94102

Sign Date: 8/9/2021

Grantee Signature: 

You must sign this form and return as an attachment to the PO

***CDC Internal Use Only ***

Grants no longer using SAS			
*Grantee Number no longer needs SAS	*Licenses Approved	*Total Cost of approved licenses	*Insert 7-digit CAN# (Only 1 CAN # per Division)

Section II. CDC Program Official responsible for Grant

Name:

CDC Administrative Code and Organizational Unit:

Approving Official Email Address

Upload #11

Applicant:	San Francisco Department of Public Health
Application Number:	NU62PS2021005498
Project Title:	San Francisco Dept of Public Health High Impact Prevention
Status:	Submitted
Document Title:	PPMR

PERFORMANCE PROGRESS and MONITORING REPORT (PPMR)

OMB Approval Number: 0920-1132
Expiration: 10/31/2022

Page	of Pages

1.Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS Number 103717336
Centers for Disease Control and Prevention (CDC)/National Centers for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)/Division of HIV/AIDS Prevention (DHAP)	CDC:93.940 CDC-RFA-PS18-180205CONT22 Award# 5 NU62PS924536	3b. EIN 94-600417

4. Recipient Organization (Name and complete address including zip code)	5. Recipient Identifying Number or Account Number
City & County of San Francisco, 101 Grove St, SF, Ca 94102	

6. Project/Grant Period		7. Reporting Period End Date	8. Final Report?	9. Report Frequency
Start Date: *(Month, Day, Year)* 01/01/2018	End Date: *(Month, Day, Year)* 12/31/2022	*(Month, Day, Year)* 12/21/2020	☐ Yes ☒ No	☐ *annual* ☐ *semi-annual* ☐ *quarterly* ☐ *other (If other, describe:* ANNUAL*)*

10. Performance Narrative *(**See Attachment 1- Annual Performance Report (APR) Guidance**)*

11. Other Attachments

12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

12a. Typed or Printed Name and Title of Authorized Certifying Official	12c. Telephone *(area code, number and extension)*
Heidi Burbage Acting Director of PHD	415.533.8091
	12d. Email Address heidi.burbage@dcyf.org
12b. Signature of Authorized Certifying Official DocuSigned by: Heidi Burbage 66F504DE67F94C6...	12e. Date Report Submitted *(Month, Day, Year)* 09/09/2021
	13. Agency use only

Performance Progress and Evaluation Report (PPER) Instructions

The *Performance Progress and Evaluation Report (PPER)* is a standard, CDC-wide performance progress and evaluation reporting format used by the Procurement and Grants Office (PGO) to collect performance information from recipients of CDC funds awarded under all CDC programs, excluding those that support research. General instructions for completing the *PPER* are contained below. For further instructions on completing the *PPER,* please contact the agency's points of contact specified in the "Agency Contacts" section of your award document.

Report Submissions

1. The recipient must submit the *PPER* cover page and any of the forms (*PPER A-F*), which CDC requires, as specified in the award terms and conditions.

2. The *PPER* must be submitted to the attention of the agency's points of contact specified in the "Agency Contacts" section of the award document in accordance with the requirements established in the award document.

3. If additional space is needed to support the *PPER*, supplemental pages should be attached. The additional pages must indicate the following at the top of each page: Federal Grant or other Identifying Award Number, Recipient Organization, DUNS Number, EIN, and period covered by the Report. Page numbers should be used if a particular page is used more than once.

Reporting Requirements

1. All recipients of grants or cooperative agreements awarded under all CDC programs, excluding those that support research, are required to submit a *PPER* in accordance with the terms established in the award document.

2. The *PPER* will be submitted in accordance with program guidance and award terms and conditions which may be quarterly, semi-annual, or annual. A final *PPER* shall be required at the completion of the award agreement.

3. For interim *PPERs*, due dates will be in accordance with program guidance based on required reporting frequency and budget period start dates. .

4. For final *PPERs* due dates are required not later than 90 days after the end of the reporting period end date.

Performance Progress and Evaluation Report		
Item	Data Elements	Line Item Instructions for PPER
1	Awarding Federal agency and Organizational Element to Which Report is Submitted	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.
2	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4	Recipient Organization	Enter the name of recipient organization and address, including zip code.
5	Recipient Account Number or Account Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency.
6	Project/Grant Period	Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increments known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period.
7	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
8	Final Report	Mark appropriate box. Check “yes” only if this is the final report for the project/grant period specified in Box 6.
9	Report or Frequency	Select the appropriate term corresponding to the requirements contained in the award document. “Other” may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A110.
10	Performance Narrative	Attach performance narrative in Attachment 1 as instructed by the awarding Federal agency.
11	Other Attachments	Attach other documents as needed or as instructed by the awarding Federal agency.

Performance Progress and Evaluation Report		
Item	Data Elements	Line Item Instructions for PPER
Remarks, Certification, and Agency Use Only		
12a	Typed or Printed Name and Title of Authorized Certifying Representative	Authorized certifying official of the recipient.
12b	Signature of Authorized Certifying Official	Original signature of the recipient's authorizing official.
12c	Telephone (area code, number and extension)	Enter authorized official's telephone number.
12d	Email Address	Enter authorized official's email address.
12e	Date Report Submitted (Month, Day, Year)	Enter date submitted to the awarding Federal agency. Note: Report must be received by the awarding Federal agency no later than 90 days after the end of the reporting period.
13	Agency Use Only	This section is reserved for the awarding Federal agency use.

Department of Health & Human Services
Centers for Disease Control and Prevention (CDC)
Integrated HIV Surveillance and Prevention Programs for Health Departments (CDC)

REQUIRED INFORMATION, PER SF ADMINISTRATIVE CODE SEC. 10.170(B)

Funding Source's Grant Criteria

The San Francisco Department of Public Health is currently a recipient of the CDC grant PS18-1802 from the Centers for Disease Control and Prevention (CDC), Department of Health & Human Services. The award contains HIV Prevention Project grant in the amount of $4,199,083 & HIV Surveillance grant in the amount of $809,294. The grant is awarded to the City and County of San Francisco.

Applications for PS18-1802 may be submitted by State, local, and/or territorial health departments currently funded under funding opportunity announcements PS18-1802.

Department's Most Recent Grant Application Materials

Year 2022 application announcement for the Integrated HIV Surveillance and Prevention Programs for Health Departments grant had been issued to the Department on July 22, 2021 and due on September 13, 2021. Please see Attachment A for the latest application materials dated September 10, 2021 for calendar year 2022.

Anticipated Funding Categories That The Department Will Establish In The Subsequent Request For Proposals (RFPs) Process

The funds are awarded to the Department on an annual basis to cover an integrated HIV Surveillance and Prevention Program for San Francisco residents. The funds are utilized to support epidemiological activities required to support this system of HIV surveillance and prevention as well as direct services provided by the Department, or those subcontracted to qualified contractors selected through RFP.

Required Strategies and Activities of PS18-1802 are 1) systematically collect, analyze, interpret and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health intervention and evaluate public health response; 2) identify persons with HIV infection and uninfected persons at risk for HIV infection; 3) develop, maintain and implement plan to respond to HIV transmission clusters and outbreaks; 4) provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection; 5) provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection; 6) conduct community-level HIV prevention activities; 7) develop partnerships to conduct integrated HIV prevention and care planning; 8) implement structural strategies to support and facilitate HIV surveillance and prevention; 9) conduct data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention and care activities and 10) build capacity for conducting effective HIV program activities, epidemiologic science and geocoding.

Comments From Any Relevant Citizen Advisory Body

The HIV Community Planning Council (HCPC) works with the health department to write the Prevention Plan, upon which the application for funding is based and all RFPs are based. A list of the HCPC members is included in Attachment B.

HIV Community Planning Council

Name	Affiliation/Seat	Phone Number	Email
Chuck Adams		(650) 771-6247	cdapaca@yahoo.com
Bill Blum	HHS/Primary Care	(415) 437-6346	bill.blum@sfdph.org
Jackson Bowman	Huckleberry Youth Programs	(415) 745-3546	jbowman@huckleberryyouth.org
Ben Cabangun		(951) 445-0373	ab.cabangun@gmail.com
Cesar Cadabes	UCSF	(323) 376-8898	cesar.cadabes@gmail.com
Ed Chitty	Kaiser	(415) 833-4258	edward.chitty@kp.org
Billie Cooper		(415) 424-1721	msbilliecooper@yahoo.com
Cicily Emerson	Marin DPH	(415) 413-3373	cemerson@marincounty.org
Elaine Flores		(415) 299-7284	daffybugs03@yahoo.com
Matt Geltmaker	San Mateo County Health System	(650) 573-2077	mgeltmaker@smcgov.org
David Gonzalez **Community Co-Chair**	Homeless Youth Alliance	(408) 823-2392	dgonzalez.cpg@gmail.com
Kevin Hutchcroft **Government Co-Chair**	HHS	408-569-0779	kevin.hutchcroft@sfdph.org
Paul Harkin	Health Right 360	(415) 674-5180	pharkin@healthright360.org
Ron Hernandez		(415) 867-7482	rhonhern@yahoo.com
Bruce Ito	Mayor's Office of Housing and Community Development	(415) 701-5558	bruce.ito@sfgov.org
Lee Jewell		(415) 552-5552	rljinsf@icloud.com
Juba Kalamka	St. James Infirmary	(415) 554-8494	juba.kalamka@stjamesinfirmary.org

HIV Community Planning Council

Thomas Knoble **Government Co-Chair**	CHEP	(415) 437-6214	thomas.knoble@sfdph.org
Derrick Mapp	Shanti		dmapp@shanti.org
T.J. Lee-Miyaki	San Francisco AIDS Foundation, Positive Force	(415) 724-1272	tjleeinsfca@gmail.com
Helen Lin	Ward 86	(415) 577-9579	Helen.Lin@ucsf.edu
Jessie Murphy	UCSF, Alliance Health Project	(415) 502-7583	jessie.murphy@ucsf.edu
Ney Nascimento	Shanti Project	415-316-2785	ovcsfaguilas@gmail.com
Irma Parada **Community Co-Chair**	DPH, Jail Health Services	(415) 581-3141	irma.parada@sfdph.org
Ken Pearce		(415) 863-3304	kwpsf2@gmail.com
Michael Shriver **Community Co-Chair**		(415) 235-0464	dadanation@gmail.com
Charles Siron		(415) 655-3008	charlessiron@gmail.com
Gwen Smith	DPH, Southeast Health Center	(415) 671-7057	gwensmith@sfdph.org
John Paul Soto	Lutheran Social Services of Northern California	(415) 581-0891	jpsoto@lssnorcal.org
Richard Sullivan		(415) 368-6734	richardsullivan6734@gmail.com
Laura Thomas	SF AIDS Foundation	(415) 283-6366	lgthomas@gmail.com
Mark Molnar	Program Director, Volunteer and Community Support Services (VCSS)	(415) 674-4726	mmolnar@shanti.org
Ali Cone	Program Manager, VCSS	(415) 674-4751	acone@shanti.org

HIV Community Planning Council

Dave Jordan	Program Manager, HCPC	(415) 674-4720	djordan@shanti.org
Melina Clark	Program Coordinator, VCSS	(415) 674-4723	mclark@shanti.org
Kira Perez	Program Coordinator, HCPC	(415) 792-3661	KiraP@shanti.org

City and County of San Francisco
London N. Breed
Mayor

Department of Public Health
Grant Colfax, MD
Director of Health

September 10, 2021

Angela Calvillo, Clerk of the Board of Supervisors
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

RE: Resolution authorizing the San Francisco Department of Public Health (SFDPH) to apply for the Integrated HIV Surveillance and Prevention Programs for Health Departments (CDC)

Dear Ms. Calvillo:

Attached please find an original and four copies of a proposed resolution for the approval of the Board of Supervisors, which authorizes the San Francisco Department of Public Health (SFDPH) to submit an application to the Centers for Disease Control and Prevention (CDC) for the **Integrated HIV Surveillance and Prevention Programs for Health Departments** grant. This application represents approximately $5,008,377 in HIV Prevention and HIV Surveillance funding for San Francisco for calendar year 2022.

This resolution is required by Ordinance No. 265-05, which amends Section 10-170 of the Administrative Code to require Board of Supervisors review of recurring grant applications of $5,000,000 or more prior to their submission. SFDPH received from CDC the application guidance on July 22, 2021. The application deadline is September 13, 2021.

I hope that the Board will support this resolution. If you have any questions regarding the City and County Plan or this resolution, please contact Tracey Packer, Director of Community Health Equity & Promotion.

Sincerely,

DocuSigned by:
Greg Wagner
28527524752949F...

Grant Colfax, MD
Director of Health
Greg Wagner, COO for

Enclosures
cc: Tracey Packer, Director of Community Equity & Health Promotion