

Application Checklist

Due by COB on ~~September 25~~, October 23, 2023

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|---|--|
| Date of Submission | 10/23/2023 |
| Coalition <u>Grantee</u> Name | San Francisco Department of Public Health |
| Application Contact Name | Harmony Bulloch, Overdose Response Analyst |
| Phone Number | (707) 327-7162 |
| E-mail Address | Harmony.bulloch@sfdph.org |

The following documents must be completed and submitted with this Application Checklist by COB on ~~September 25~~, October 23, 2023.

| Attachment | Required Document | Document Type | Please Check |
|------------|--|---------------|-------------------------------------|
| A | Application Checklist | Word | <input checked="" type="checkbox"/> |
| B | Grantee Information Form | Word | <input checked="" type="checkbox"/> |
| C | Project Narrative (including Letters of Support) | Word | <input checked="" type="checkbox"/> |
| D | Work Plan | Word | <input checked="" type="checkbox"/> |
| E | Evaluation Plan | Word | <input checked="" type="checkbox"/> |
| F | Logic Model | Word | <input checked="" type="checkbox"/> |
| G | Budget Detail | Excel | <input checked="" type="checkbox"/> |
| H | Budget Narrative | Word | <input checked="" type="checkbox"/> |
| I | Contractor Certification Clause | PDF | <input checked="" type="checkbox"/> |
| J | STD 204 - Payee Data Record | PDF | <input checked="" type="checkbox"/> |
| K | CDPH 9083 - Government Agency Tax ID Form | PDF | <input checked="" type="checkbox"/> |
| L | DGS PD 1 – Darfur Contracting Act | PDF | <input checked="" type="checkbox"/> |
| M | Attachment M. 501(C)(3) Document | PDF | <input checked="" type="checkbox"/> |



E-mail the documents to: OPI@cdph.ca.gov

**Substance and Addiction Prevention Branch (SAPB)
Grantee Information Form**

Complete all 7 sections below and submit this document with your application.

1. Organization

This information will appear on your grant agreement cover and should match the legal name and address on your IRS documents.

Federal Tax ID: 94-6000417 **Grant #:** Fentanyl Overdose Prevention Grant, RFA No. 23-10573

Name: San Francisco Department of Public Health

Mailing Address: 1380 Howard Street, San Francisco, CA 94103

Street Address (if different):

County: San Francisco

Phone #:

Website: Sfdph.org

2. Grant Signatory

The **Grant Signatory** has authority to sign the grant agreement cover.

Name: Grant Colfax

Title: Director of Health

If address(es) is the same as Organization above, check this box & skip to Phone # ☐

Mailing Address: 101 Grove Street, San Francisco, CA 94102

Street Address (if different):

Phone #:

Email: grant.colfax@sfdph.org

Substance and Addiction Prevention Branch (SAPB)
Grantee Information Form

3. Project Director

The ***Project Director*** is responsible for the day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with SAPB staff, will receive all programmatic, budgetary, and accounting information for the project, and will be responsible for the proper dissemination of program information.

Name: Jeffrey Hom, M.D.

Title: Director of Behavioral Health Services, San Francisco Department of Public Health

If address(es) is the same as Organization above, check this box & skip to Phone # ☐

Mailing Address: 1380 Howard, Room 509 San Francisco, CA 94103

Street Address (if different):

Phone #: (415) 596-4038 **Fax #:**

Email: jeffrey.hom@sfdph.org

4. Payment Receiver

All payments are sent to the attention of the ***Payment Receiver*** at the designated address.

Name: San Francisco Department of Public Health – Fiscal Unit

Title:

If address(es) is the same as Organization above, check this box & skip to Phone # ☐

Mailing Address: 101 Grove Street, San Francisco, CA 94102

Street Address (if different):

Phone #: Fax #:

Email:

**Substance and Addiction Prevention Branch (SAPB)
Grantee Information Form**

5. Fiscal Reporter

The ***Fiscal Reporter*** prepares invoices, maintains fiscal documentation, and serves as the primary contact for all fiscal related questions.

Name: Mimi Fung

Title: Budget Analyst

If address(es) is the same as Organization above, check this box & skip to Phone # ☐

Mailing Address: 1380 Howard Street, 4th Floor, San Francisco, CA 94103

Street Address (if different):

Phone #: (415) 255-3667 **Fax #:**

Email: mimi.fung@sfdph.org

6. Fiscal Signatory

The ***Fiscal Signatory*** has signature authority for invoices and all fiscal documentation reports.

Name: Miguel Quinonez

Title: Accountant IV

If address(es) is the same as Organization above, check this box & skip to Phone # ☐

Mailing Address: 1380 Howard Street, 4th Floor, San Francisco, CA 94103

Street Address (if different):

Phone #: (415) 255-3465 **Fax #:**

Email: miguel.quinonez@sfdph.org

7. Funding Amount Requested

List the ***amount of funding*** your organization is requesting on this grant application.

| | |
|--------------|---------------------|
| Year 1 | <u>\$ 427,000</u> |
| Year 2 | <u>\$ 427,000</u> |
| Year 3 | <u>\$ 427,000</u> |
| Total | <u>\$ 1,281,000</u> |

**San Francisco Department of Public Health, Office of Overdose Prevention
California Department of Public Health: Fentanyl Grant (RFA: No. 23-10573)
Attachment C: Project Narrative**

1. Community Need

The San Francisco Department of Public Health (SFPDH) – through its **Office of Overdose Prevention** – requests funding through the California Department of Public Health: Fentanyl Overdose Prevention Grant. This program will be implemented in the City and County of San Francisco (SF), a unique jurisdiction that is only 46.7 square miles yet serves a large and diverse population of more than **800,000 residents**. SF is also extremely diverse, with persons of color comprising **58.6%** of the total population (Census Reporter, 2022). Like many other urban regions, SF faces high economic inequality, housing shortages, and high rates of overdose. A 2022 point-in-time count found that SF has an **overall homelessness rate of 887 per 100,000**, well above the peer average of 578 (SF Office of the Controller, 2022). Adding considerable hardship to this housing crisis, at least **40%** of SF's homeless are estimated to be suffering from a mental illness and/or substance use condition (SF Office of the Controller, 2022).

SF has been plagued in recent years with a stark increase in opioid-related overdoses, primarily driven by the increased presence of fentanyl in the region, with fentanyl-related deaths increasing from 8% in 2015 to **79%** in 2020. With an overdose death rate of **5.9 per 100,000** residents, SF has one of the highest overdose death rates among large counties in the U.S. (Center for Disease Control and Prevention, 2023). According to the SF Fire Department, since August 2021, SF emergency services have received more than **1,863 calls** related to an overdose. Further, SF's Chief Office of the Medical Examiner (SFOCME) reports that in 2020 alone, **697** individuals died of a drug overdose in the city, 502 of which involved fentanyl. In this same year, more individuals in the city died of a drug overdose than COVID-19. Although there was a slight decline in overdose fatalities in 2021, SFOCME reports that 2023 is currently on track to be the deadliest year in history for overdose in SF. **In the last 8 months alone, 563 individuals have died of a drug overdose in SF, 456 of which involved fentanyl** (SFOCME, 2023).

New changes to the drug supply and drug market further challenge the City's overdose response. In early 2023, SFOCME completed a state-funded report on the presence of novel synthetic opioids and xylazine in 2022 accidental overdoses. Findings indicated the presence of these substances in **54 of the 617** reviewed cases, compounding the challenges of this deadly crisis for SF. The COVID-19 pandemic, a changing drug market and drug landscape, and the presence of new and emerging synthetic opioids – as well as persistent economic disparities and the ongoing housing crisis – continue to add challenges and risks to SF's overdose response. In addressing the ever-changing nature of drug use and overdose, our collective response must continually adapt and improve. SF is committed to continuing the implementation of data-driven, equity-focused, innovative health solutions and interventions to fight the City's growing overdose crisis, including through the proposed program.

2a. Approach

Recognizing that persistent gaps still exist in SF's response to the overdose crisis, our program will implement a multi-pronged approach to tackling three high-impact areas of need outlined in this Request for Application (RFA):

1. Increased testing abilities for fentanyl (required)
2. Increased social services and substance use recovery services to those addicted to fentanyl or other opioids (required)
3. Improving local surveillance (optional)

The proposed program, entitled Advancing Racial and Equity and Data-Driven Responses (AREDDR), will be overseen and coordinated by the SF Office of Overdose Prevention (OOP), and focus on system improvement and coalition building in the following two innovative public-health interventions:

Intervention 1: Providing peer-led navigation to existing clients receiving medication for opioid use disorder (MOUD) services and expanding access to and knowledge of MOUD, with a particular focus on the over-burdened Black/African American community in SF.

Medication for opioid use disorder (MOUD) for Opioid Use Disorder (OUD) is a clinically approved and widely praised evidence-based intervention. A 2015 study finds that the use of MOUD at least doubles the rates of opioid abstinence outcomes for individuals with an OUD. This study further finds that treatment in the absence of MOUD has continuously proven ineffective in treating OUDs and can even lead to an increased risk of overdose, as participants' tolerance for substances decreases substantially during iterative periods of abstinence¹. The proposed AREDDR program will provide expanded navigation to clients currently receiving MOUD at OTOP, as well as navigation and linkage to OTOP services to members of the SF community. While currently only offering dosing at their mobile site, OTOP has received external funding to expand their MOUD services and begin doing intakes for new clients. As part of this program, OTOP will provide intakes and dosing for all three of the U.S. Food and Drug Administration (FDA)-approved forms of MOUD – Naltrexone, Buprenorphine, and Methadone.

While evidence continues to support MOUD as an effective treatment for OUD, retaining clients in MOUD care remains challenging. The AREDDR program will support a strong leader in our Black/African American community, the SF African American Faith-Based Coalition (SFAAFBC) – a network comprised of 21 SF churches – to hire 1.5 FTE of Navigator staff to be based out of OTOP's Mobile Methadone Site. These Navigators will provide comprehensive navigation to existing clients receiving dosing at the mobile site, thereby increasing awareness of and linkages to social services and SUD programs. Evidence supports that having navigators from outside a clinical setting

¹ Connery, Hilary Smith MD, PhD. Medication-Assisted Treatment of Opioid Use Disorder: Review of the Evidence and Future Directions. Harvard Review of Psychiatry 23(2):p 63-75, March/April 2015. | DOI: 10.1097/HRP.0000000000000075

can serve as important peer support in SUD treatment and SFDPH believes the AREDDR program will close an important gap in navigating, linking, and retaining clients in MOUD care.

Intervention 2: Strengthening partnerships and knowledge sharing between the Office of the Chief Medical Examiner (SFOCME) and the Office of Overdose Prevention (OOP) to improve data-driven, equity-focused, real-time overdose response programs and interventions.

Since 2015, local, state, and federal surveillance of overdose data has improved greatly, in large thanks to expansive financial investment in local governments' capacity to track and respond to changes in overdose trends. Research on the impact of these investments illustrates the importance of continuous improvement in data surveillance systems and the value of data in shaping local overdose response.² The SFDPH, OOP has made significant advancements to our local surveillance capacity in the less than two years since our development – including publishing the first-of-its-kind public [SF Overdose Prevention Dashboard](#). While these achievements are significant, OOP recognizes there remain crucial investments needed to improve our data capacity and has identified improving our ability to track overdose trends and related drug use metrics as a key pillar of our recently released Overdose Prevention Plan.

The AREDDR program will expand existing partnerships with SFOCME to establish protocols and timelines for key surveillance reports. During this 3-year project period, SFOCME will meet **monthly** with OOP and key partners, conduct **at least 1 Overdose Fatality Review** and **3 Reports on Novel Synthetic Opioids and Xylazine**, and implement a monitoring system for emerging drug threats and OD cluster concerns. These activities will significantly improve OOP's ability to have real-time, proactive responses to a constantly changing drug landscape and improve the design and implementation of our overdose programs. The OOP will also leverage the continued partnership with SFAAFBC to better understand what data is missing or should be included in our expanded surveillance efforts.

SFDPH is committed to the use of a comprehensive Work Plan and key evaluation measurements as an effective strategy for demonstrating the achievement of program outcomes and objectives. As described in greater detail in the Program Objectives section below, the proposed AREDDR program outlines **5 robust objectives** that will support OOP and our partners in achieving the goals outlined in this proposal. The Work Plan complements these objectives and outlines a series of activities that will support OOP and partners in achieving the desired outcomes of this program – including advancing racial equity and health equity for our Black/African American community and expanding our data surveillance capacity.

2. Priority Populations

Existing data and insights from our community partners strongly suggest that **Black/African American** and **homeless populations** are the most dramatically

²

Hoots BE. Opioid Overdose Surveillance: Improving Data to Inform Action. Public Health Reports. 2021;136(1_suppl):5S-8S. doi:10.1177/00333549211020275

affected by overdose mortality in SF, with Black/African Americans in SF making up more than **25%** of drug overdose deaths from 2020 through 2022 while comprising only 5.7% of SF's population (SFOCME, 2023). Over 350 Black/African American residents have died from opioid, cocaine, and methamphetamine overdoses in the past two years, a rate **5 times higher than the citywide average** (see chart below).

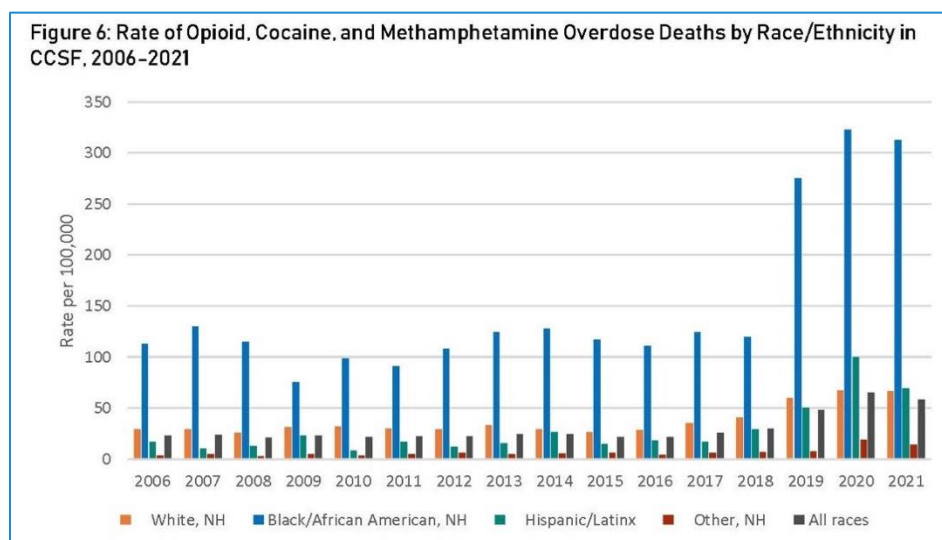
Activities outlined in the AREDDR program will focus on addressing disparities in the Black/African American community. Established coalitions and community members have long expressed the increasingly urgent need for real-time overdose fatality data for our Black/African American communities, a request SFDPH is committed to fulfilling. Through the AREDDR program, SFDPH will collaborate with SFOCME to ensure that all data sources are stratified by race/ethnicity wherever possible and improve systems of reporting for emerging drug threats.

SFDPH will also develop and implement a new navigation program as part of this proposal. The first-of-its-kind Navigator Program will focus on the Bayview-Hunters Point neighborhood – a region disproportionately impacted by overdose deaths. While the Bayview-Hunters Point has long stood as a historic Black neighborhood in SF, gentrification and cost-of-living increases have contributed to a sharp reduction in SF's Black/African American population. The 2000 census reported that while comprising 7.6% of SF's population, Black/African Americans made up 45.3% of Bayview residents. These numbers are now significantly lower according to the 2022 census data, in which Black/African American residents only represent 5.2% of SF and 27% of Bayview populations, respectively. This persistent decline in SF's Black/African American population highlights the importance of reaching this historically underserved and overburdened community.

SDPH, OOP is devoted to advancing racial equity, as outlined in our recently released Overdose Prevention Plan (2022). OOP has hired a full-time Community Initiatives Coordinator to advance our relationship with the Black/African American community and faith-based coalitions (FBC) in SF. Community-backed input from this coordinator, OTOP, SFAAFBC, and overdose data from SFOCME and community partners support the activities outlined in this proposal and will serve as key partners in ensuring that community needs and concerns are being addressed, and continuously update our Work Plan and Evaluation Plan to track program progress.

To address these high-priority outcomes OOP will complete the following measurable objectives:

- Between March 1, 2024, and February 28, 2027, the SFAAFBC Navigators will conduct **1,260 hours of community outreach and 1,260 hours of navigation** with existing OTOP clients.
- Between March 1, 2024, and February 28, 2027, the SFAAFBC Navigators will provide at least **2,880 navigating sessions** to individuals receiving MOUD or individuals interested in referral and linkage to health and substance use disorder (SUD) services. Outreach and navigation will be centered in the Bayview-Hunters Point neighborhood.
- Between March 1, 2024, and February 28, 2027, SFOCME and OOP will collaborate to expand data-sharing capacity, with a particular focus on improved tracking for racial disparities and outcomes for the Black/African Americans.



*San Francisco Center for Substance Use and Health (SFCSUH, 2022)

3. Impact of Activities

Activity #1: The Office of Overdose Prevention and the Chief Office of the Medical Examiner will build capacity to better understand overdose death trends, demographic data, including sexual orientation and gender identity (SOGI) when available, and identify emerging drug and overdose threats. Existing data illustrates that SF’s Black/African population is significantly over-burdened in overdose deaths, but significant gaps persist in understanding the demographic data of this high-risk population. The AREDDR program will support SFOCME in conducting SF’s first-ever overdose fatality review to better understand how the Black/African American community is accessing City services, and to establish points of contact where interventions are missing. Further, the City currently lacks SOGI data, severely hindering our understanding of the full impact of the overdose crisis on our LGBTQIA+ community. Increased capacity, as described in this program, will support more in-depth analysis of SOGI data by the OOP and SFOCME. As part of this proposal, SFOCME will also provide alerts to emerging overdose and drug threats in the City, including OD clusters. This real-time, de-identified data is key to SFDPH’s success in effectively and thoughtfully serving the over-burdened Black/African American community in the City.

Activity #2: The Office of Overdose Prevention (OOP) will fund the San Francisco African American Faith-Based Coalition (SFAAFBC) to support 1.5 FTE of Navigators to expand referral, linkage, and care to medication for opioid use disorder (MOUD) and substance use disorder (SUD) services in Bayview-Hunters Point. As described in the Priority Populations section above, Black/African American San Franciscans experience more than **5 times** the overdose mortality rates of other city residents. Recognizing that indigenous, community-based Black/African American service agencies already have highly developed, trusting relationships within their communities and are best able to transmit education and messages in a culturally congruent manner, AREDDR will launch a unique first-of-its-kind intervention in which our project contracts with and works in collaboration with SFAAFBC who will provide navigation and outreach directly to Black/African American communities. The principal

activity to be initially supported through this subcontract will be to recruit, train, and support 1.5 FTE of peer navigator staff. These Navigators will collaborate with OTOP to provide ongoing navigation to existing clients at the OTOP Mobile Clinic. Additional FTE will support community outreach on expanded services at the OTOP Mobile Methadone Van and conduct outreach for MOUD and other SUD services. A key outcome of this component will be the improvement of navigation to existing MOUD clients and the expansion of navigation, referral, linkage, and retention to MOUD and SUD services for the Black/African American community. As this is the first intervention of its kind to be embedded into a methadone clinic, we will continue to work in collaboration with our partners to complete continuous quality improvement and adapt our activities as needed throughout the 3-year project period in hopes that this program can serve as a model and be shared with other jurisdictions.

4. Collaborations and Partnerships

OOP will work in collaboration with community and City partners to advance knowledge, access, and retention to the continuum of MOUD services in SF. Since 1973, SFDPH has operated an innovative and successful methadone treatment program in partnership with the University of California, San Francisco (UCSF). Between OTOP providers, over **876 unique clients** were served in February of 2023 alone. This groundbreaking partnership serves more than 450 patients at the main location on the Zuckerberg SF General Hospital campus and runs California's first-ever office-based methadone treatment program. OTOP is committed to ensuring that MOUD services are as low-barrier and accessible to their clientele as possible – exemplified by their 2003 addition of a mobile-methadone van service in the historically-Black Bayview-Hunters Point neighborhood. OTOP's mobile clinic serves as a pillar of the importance of community innovation and engagement, located in the parking lot of the Metropolitan Baptist Church. This partnership underpins not only the power and importance of coalition building in overdose response, but also the success of collaborating with FBCs.

Recent months have seen a reduction in the number of unique clients receiving dosing at the OTOP mobile clinic, from approximately 100 to 70 clients per month. This reduction is likely exacerbated by the continued gentrification and cost-of-living increases in the Bayview neighborhood, as well as a historic lack of public health services and outreach to the Black/African American community in SF. The historic inability of this mobile site to conduct intakes has also posed challenges in the retention and expansion of OTOP's mobile program. Beginning in January 2024, OTOP will for the first time begin doing intakes at their mobile unit. The proposed AREDDR program will allow for wide-reaching community engagement and education around this expansion of services, critical in a particularly high-risk community.

We recognize that to reach this historically underserved community, we must lead with a thoughtful health equity lens in all health interventions. Community partnership and capacity building is key to achieving this, and SFDPH intends to collaborate with and fund the SFAAFBC to spearhead a first-of-its-kind navigation program embedded in the OTOP methadone site. SFAAFBC is a leader in SF's African American community. Comprised of more than **21 churches** in SF, SFAAFBC is committed to supporting and uplifting the African American community through innovative programs, outreach, and services to address health inequities among SF's

African American population. Funds from this grant will support 1.5 FTE of navigator staff who will provide ongoing navigation to existing clients of the methadone clinic and conduct outreach and education on SUD services for community members and groups. OTOP will serve as a collaborator and partner in developing educational materials for the community and continuing to provide the highest level of treatment to clients receiving intakes and dosing at their clinics.

SFDPH recognizes the key role that real-time data plays in improving our response to the overdose crisis and providing culturally appropriate and relevant services to our community. SFOCME has long been a partner in the fight against the overdose crisis in SF, providing overdose death data, comprehensive drug testing, and monthly reports to inform the City's programs. In September of 2023, SFDPH launched the first-of-its-kind public [Overdose Dashboard](#) – in large part due to the collaboration with and the surveillance efforts of SFOCME. While we are making great strides in advancing our data capacity as a City, SFDPH recognizes that gaps persist in reporting real-time, de-identified, demographic overdose data. Through this AREDDR program, SFOCME and SFDPH will continue to build capacity as a collaborative effort to continuously improve our testing and reporting abilities – including expanding publicly available data.

Letters of Collaboration: Letters of collaboration are included with the present application to verify planned participation in program activities and initiatives, commit to mutual planning and information-sharing, and to express support for the current application. They include the following:

- Opiate Treatment Outpatient Program (OTOP)
- San Francisco African American Faith-Based Coalition (SFAAFBC)
- San Francisco Chief Office of the Medical Examiner (SFOCME)

4a. Planned Roles and Responsibilities

Opiate Treatment Outpatient Program (OTOP):

OTOP will work in collaboration with the SFAAFBC Navigators and the OOP to develop outreach and education materials. Utilizing existing funding mechanisms, OTOP will expand services available at the Mobile Methadone Van to include MOUD intakes for clients, aiming to complete **1 intake per week** once expanded services begin. Given the new Navigator program will be the first-of-its-kind at the Methadone clinic, OTOP will meet monthly with SFAAFBC and the OOP to complete a quality improvement (QI) analysis of the program and discuss strategies and initiatives to expand MOUD access, with a particular focus on priority populations.

San Francisco Office of the Chief Medical Examiner (SFOCME):

To expand and improve collaboration and data-sharing efforts, OOP will contract with SFOCME to expand their capacity for fentanyl surveillance and reporting. SFOCME, in collaboration with SFDPH and OOP, will report timely data on OD trends, conduct a yearly report on fentanyl and fentanyl-analogues to be shared with City and State partners, and meet monthly with the OOP and relevant partners to share data and inform overdose response strategies. SFOCME will also work in partnership with OOP

to create a monitoring system for emerging drug trends and concerns, including reporting on new overdose clusters, and support SF in conducting their first-ever overdose fatality review.

San Francisco African American Faith-Based Coalition (SFAAFBC):

SFAAFBC will work in partnership with OTOP and OOP to establish a groundbreaking Navigator Program, to be embedded into SF's existing MOUD clinic. SFAAFBC will hire **2 Peer Navigators (1.5 FTE)** – each based out of an SFAAFBC church – to conduct critical navigation and referral to MOUD, health, and SUD services. This Navigator Program will provide ongoing navigation and support to clients receiving existing treatment at OTOP's Mobile Clinic, for a minimum of **15 hours per week**. Navigators will also conduct outreach in the Bayview-Hunters Point neighborhood to increase navigation and referral to the continuum of MOUD, SUD, and health services for a minimum of **15 hours per week**. Community outreach efforts in the first year of the program will focus on improving awareness of OTOP mobile services and the expanded intake services available at the Bayview Mobile Site. Years 2-3 of this project will consider expanding the role based on the feedback from community, lessons learned in the first year of the program, and a quality improvement assessment to be completed at the end of Year 1.

In recognition that no such navigator program currently exists, SFAAFBC, OTOP, and community will have a critical role in providing input and expertise in the development and continued improvement of this program for the duration of the 3-year project period. The first 9 months of the AREDDR program will focus on conducting a community needs assessment of existing navigation services for OTOP clients and individuals in the SFAAFBC network. Insights obtained from this community input process will inform the roles and responsibilities of the to-be-hired Navigators.

San Francisco Department of Public Health, Office of Overdose Prevention (SFDPH, OOP):

SFDPH will collaborate with partners to expand partnerships and organizational capacity and inform the AREDDR program design and implementation. SFDPH will develop **2 progress reports per year** on the activities outlined in this project proposal and work with the assigned Project Evaluator to improve and implement the activities proposed in the AREDDR program. SFDPH will also host monthly data-sharing and capacity-building meetings with SFOCME, as well as monthly meetings with OTOP and the SFAAFBC to discuss the progress of the Navigator Program and inform future program implementation and design.

5. Organizational Capacity and Readiness

The unprecedented surge in local opioid-involved overdose rates - exacerbated by the devastating and unanticipated effects of the COVID-19 pandemic and the homelessness epidemic - has created a crisis for the city of SF. SF's efforts to develop and implement innovative and high-impact responses to the opioid overdose crisis that are specifically tailored to the unique SF context - including the innovations described in this application - are essential not only to address the overdose crisis in its own region but in California and the West overall. SFDPH has invested in and created a new OOP. This Office consists of experts with decades of experience in community engagement,

street outreach, case management, and clinical practice. In its new capacity, the OOP recently announced the City's first [Overdose Prevention Plan](#) in October 2022.

Key pillars of the Overdose Prevention Plan include increasing availability and accessibility of the continuum of substance use services, strengthening community engagement and social support for people at high risk of overdose, implementing a "whole city" approach to overdose prevention, and tracking overdose trends and related drug use metrics to measure success and inform program development and change.

The OOP is implementing the strategies outlined in the plan, building on decades of work rooted in harm reduction. As the administrator for this grant, the OOP has extensive experience providing services to the Black/African American community, the unhoused population, and people who use drugs. SFDPH will leverage existing partnerships and knowledge to ensure that programs are designed and implemented with thoughtful community input and collaboration.

SFDPH is uniquely poised to address overdose disparities as it includes a robust system of care for people who use drugs. This includes Zuckerberg SF General Hospital, and 10 primary care sites that have built the capacity to treat substance use disorder within hospital and primary care sites. Additionally, the Behavioral Health Services section of SFDPH contracts with numerous providers to provide the entire continuum of substance use disorder services, including harm reduction, opioid treatment programs, and residential substance use treatment.

Staff Leads:

Jeffrey Hom, MD, current Director of SFDPH's Population Behavior Health Unit, will serve as the Project Director. Dr. Hom can provide extensive experience and expertise from a clinical perspective. In addition to being a board-certified physician, Dr. Hom has served as the former director of the Philadelphia Department of Public Health's Division of Substance Use Prevention and Harm Reduction, as well as a faculty member at both Jefferson Health and the University of Pennsylvania. If unable to fulfill the role of Director, Eileen Loughran, the Director of the Office Overdose Prevention, and longtime champion and leader of community engagement, will serve in this role. In her tenure with SF, Eileen has led numerous public health initiatives with incarcerated, homeless, and drug using populations.

Emily Raganold, MPH., Director of Contracts and Grants for OOP, will serve as the Project Evaluator for this program. Emily brings extensive experience in drug user health, program management, and community expertise to her role. Since joining the OOP, Emily has managed the contracts for numerous community and city partners and spearheaded the development of the City's first-ever public Overdose Prevention Dashboard. In her capacity as Project Evaluator, she will work in collaboration with CDPH's assigned evaluator to improve and implement the activities proposed in the AREDDR program. If unable to fulfill this role, Harmony Bulloch, Overdose Response Analyst, will serve in this capacity. In her time with SFDPH, Harmony has managed numerous federal grants.

6. Program Objectives

The proposed AREDDR initiative will achieve its goals through a series of at least **5 integrated process and outcome objectives**. These objectives will be refined and expanded throughout the project period to address emerging overdose trends and data,

expand collaborative planning, reduce overdose and treatment disparities, and incorporate new and evolving approaches. The objectives are grouped below according to both required and optional strategies, with process objectives listed for the entire 3-year lifespan of the program.

Strategy 1: Increased testing abilities for fentanyl:

- **Objective # 1:** Between March 1, 2024 and February 28, 2027, SFDPH, OOP will contract with SFOCME to expand and strengthen their existing collaboration around overdose surveillance and drug testing. SFOCME will complete an annual [Report on Novel Synthetic Opioid and Xylazine](#), for dissemination to local and State partners. SFOCME and SFDPH will create **a monitoring system for OD data for emerging concerns** and provide alerts to SFDPH if there are more than 3 suspected overdoses in one day.

Prevention Strategy 2: Increase social services and substance use recovery services to those addicted to fentanyl or other opioids

- **Objective #2:** Between March 1, 2024 and February 28, 2024, successfully design and implement a Navigator Program to support OOP in meeting their city-wide goal of **increasing the number of people receiving medications for addiction treatment (MOUD) by 30% by 2025.**
- **Objective #3:** Between March 1, 2024 and February 28, 2027, SFDPH will employ overdose programs specifically focused on the Black/African American population to support OOP in meeting their city-wide goal of **reducing racial disparities in fatal overdoses among Black/African Americans by 30% by 2025.**
- **Objective # 4:** Between March 1, 2024 and February 28, 2027, SFDPH will contract with SFAAFBC to hire **1.5 FTE of Peer Navigators** to work in partnership with the OTOP Mobile Methadone Clinic. Beginning in month 4 of this project period, the SFAAFBC Navigators will conduct, at minimum, **15 hours of navigation to OTOP clients per week and 15 hours of community outreach** on the expansion of MOUD services at OTOP per week. The SFAAFBC Navigators will provide comprehensive navigation to a minimum of **5 OTOP clients per week** and engage with a minimum of **15 clients per week**. “Comprehensive navigation” is defined as in-depth and long-term services for clients. “Engagement” is defined by short-term referrals and assistance. SFAAFBC will also provide a minimum of **1 success story per year**, to be shared with SFDPH and partners.

Prevention Strategy 3: Improve local surveillance

- **Objective # 5:** Between March 1, 2024 and February 28, 2027, SFOCME will provide **monthly de-identified overdose data** to OOP, for the first time including sexual orientation and gender identity data (SOGI) when available. SFOCME will support partners in conducting SF’s first-ever **overdose fatality review**. SFDPH and SFOCME will collaborate to expand and improve SF’s public Overdose Dashboard by increasing data sources that feed into the dashboard by at least **50%**. SFOCME will also attend a minimum of **1 meeting per month** with the Office of Overdose Prevention and relevant partners.



October 20, 2023

Hillary Kunins, MD, MPH

Director of Behavioral Health Services and Mental Health San Francisco
San Francisco Department of Public Health
1380 Howard Street
San Francisco, CA 94103

RE: California Department of Public Health Fentanyl Grant, Letter of Support

Dear Dr. Kunins,

The San Francisco African American Faith-Based Coalition (SFAAFBC) - comprising a coalition of 21 San Francisco churches – is enthusiastic to provide our support and collaboration to the San Francisco Department of Public Health's (SFDPH) application to the Fentanyl Overdose Prevention Grant. SFAAFBC has long been a public health advocate and leader in the Black and African-American community and believes that our support and involvement in this program will work to address the profound racial disparities in fentanyl-related overdose deaths in the City. SFDPH is proposing to implement a multi-faceted, partnership-based initiative entitled Advancing Racial Equity and Data-Driven Responses (AREDDR). Through this initiative, SFDPH will implement multiple targeted, data-driven activities designed to reduce overdose morbidity and mortality in San Francisco, with a primary focus on the Black and African-American community.

If awarded these funds, SFAAFBC will work in strong partnership with SFDPH to develop and implement the first-of-its-kind Navigator Program, embedded into the Opiate Treatment Outpatient Program (OTOP) methadone clinic. Funds will support, at minimum, a total of 1.5 FTE for Navigators to be based out of multiple of SFAAFBC's 21 churches. These Navigators, in collaboration SFDPH and OTOP, will provide comprehensive navigation to existing clients in OTOP's clinic, as well as navigation, linkage, and retention to the continuum of substance use disorder (SUD) services to the San Francisco community.

Building upon existing coalitions and expertise, the SFAAFBC new-Navigator program aims to:

- Conduct a **minimum of 15 hours** of ongoing navigation, retention, and support to *existing* clients at OTOP's Mobile Methadone Clinic to increase retention.
- Conduct a **minimum of 15 hours** of outreach in the Bayview Hunter's Point neighborhood to increase navigation and referral to the continuum of MAT, SUD, and health services.
- Engage with a minimum of **15 individuals per week**.

We are pleased to partner with SFDPH to support their continued work to reduce the racial disparities in overdose deaths and look forward to the opportunity to collaborate on this important health intervention. If we can provide you with any further information or materials, please do not hesitate to reach out.

Sincerely,

A handwritten signature in blue ink that reads "Jonathan Butler". The signature is fluid and cursive, with the first name and last name clearly legible.

Jonathan Butler

Executive Director



October 19, 2023

Hillary Kunins, MD, MPH, MS
Director, Behavioral Health Services and Mental Health San Francisco
Department of Public Health,
City and County of San Francisco

Subject: Letter of Support for San Francisco Department of Public Health seeking of State funding

Dear Dr. Kunins:

The following serves as the Office of the Chief Medical Examiner's (OCME) support for the San Francisco Department of Public Health (SFDPH) to seek State funding relating to overdoses in the community. If awarded these funds, the OCME and SFDPH will expand and strengthen their existing collaboration around overdose surveillance and drug testing. This opportunity, which aims to provide funding from March 2024 to February 2027, would allow the OCME to conduct comprehensive forensic toxicological testing on all decedents suspected of accidental overdose in the City and County of San Francisco, and for such data to be promptly conveyed to SFDPH.

In conjunction with ongoing efforts, the OCME aims to:

- hire staff to support the completion of an annual report on novel drugs such as New Synthetic Opioids, including Fluoro Fentanyl, and Xylazine, for dissemination to local and State partners.
- create a monitoring system of fatal overdose data to detect emerging concerns and provide alerts to SFDPH if there are more than three suspected overdoses in one day.
- develop an overnight toxicology testing and reporting system that allows for preliminary toxicology results to be attained rapidly.
- use this new system to provide timely data and findings to SFDPH.
- provide monthly de-identified overdose data, including gender identity data, when available.
- support partners in conducting SFDPH's first-ever overdose fatality review.
- attend a minimum of one meeting per-month with SFDPH and relevant partners to improve capacity and collaboration on this overdose prevention program.

We thank Dr. Kunins and Dr. Hom for their continued efforts on this important issue and look forward to further discussions on best practice strategies in attaining and communicating decedent data to help inform policy decisions on this mounting public health crisis.

Regards,

A handwritten signature in blue ink, appearing to read "Luke N. Rodda".

Luke N. Rodda, Ph.D.
Chief Forensic Toxicologist and Director, Forensic Laboratory Division
Office of the Chief Medical Examiner

cc: David Serrano Sewell, Executive Director, OCME
Jeffrey Hom MD MPH, Director, Population Behavioral Health, Behavioral Health Services, SFDPH



October 20, 2023

**UCSF Department of
Psychiatry and Behavioral
Sciences at Zuckerberg
San Francisco General
Hospital and Trauma
Center**

Box 0852
1001 Potrero Avenue
San Francisco, CA 94110

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Hillary Kunins, MD, MPH

Director of Behavioral Health Services and Mental Health San Francisco
San Francisco Department of Public Health
1380 Howard Street
San Francisco, CA 94103

**RE: California Department of Public Health Fentanyl Overdose Prevention Grant,
Letter of Support**

Dear Dr. Kunins,

The San Francisco Opiate Treatment Outpatient Program (OTOP) is enthusiastic to provide our support and collaboration to the San Francisco Department of Public Health's (SFDPH) application to the Fentanyl Overdose Prevention Grant. Since our inception in 1974, OTOP has been providing a high level of care for patients seeking medication treatment for opioid use. With nearly 700 patients in treatment, OTOP has more than 200 patient visits daily. Through this initiative, SFDPH will implement multiple targeted, data-driven activities designed to reduce overdose morbidity and mortality in San Francisco and expand linkage and retention to MAT and other substance use disorder (SUD) care for members of the San Francisco community.

If awarded these funds, OTOP will work in partnership with SFDPH and the San Francisco African American Faith-Based Coalition (SFAAFBC) to host navigators at our Mobile Methadone Clinic in Bayview Hunter's Point. These navigators will play a pivotal role in providing ongoing care to clients receiving dosing at our Mobile Site, as well as work to increase the knowledge, linkage, and retention to SUD care for the Bayview community.

We are pleased to partner with SFDPH to support their continued work to expand MAT access and look forward to the opportunity to collaborate on this important health intervention. If we can provide you with any further information or materials, please do not hesitate to reach out.

Sincerely,

A handwritten signature in black ink, appearing to read "Brad Shapiro".

Brad Shapiro, MD
Medical Director, OTOP
HS Clinical Professor, UCSF



San Francisco Department of Public Health
Behavioral Health Services, Office of Overdose Prevention
California Department of Public Health: Fentanyl Grant
RFA: No. 23-10573

Three-Year Project Overview

Overarching 3-Year Outcome Objectives

By February 28, 2027:

- Successfully implement and evaluate the programs outlined in this proposal, including submitting quarterly reports to CDPH on the progress to date of the programs, and conducting an **End of Grant Final Report** evaluating the effectiveness of these health interventions.
- Conduct **1,260 hours of community outreach and 1,260 hours of navigation** with existing OTOP clients and demonstrate improved rates of referral and linkage to medication for opioid use disorder (MOUD) and other substance use disorder (SUD) services in San Francisco.
- Provide at least **2,880 navigating sessions** to individuals receiving MOUD or interested in referral and linkage to health and SUD services and demonstrate improved retention to MOUD services at the Opioid Outpatient Treatment Program (OTOP).
- Complete at least **150 intakes** at the OTOP mobile clinic in Bayview-Hunters Point.
- Support the San Francisco Department of Public Health (SFPDH), Office of Overdose Prevention (OOP), in meeting their city-wide goal of **reducing racial disparities in fatal overdoses among Black/African Americans by 30% by 2025**.
- Support SFPDH, OOP in meeting their city-wide goal of **increasing the number of people receiving MOUD by 30% by 2025**.

| Year 1 Work Plan March 1, 2024 – February 28, 2025 | | | |
|--|---|--|---|
| Objective #1: By February 28, 2025, SFDPH, OOP, will conduct an initial project planning and development activity, in partnership with the CDPH-assigned evaluator, and implement a comprehensive evaluation and performance measurement plan to ensure that project activities and outcomes are continuously tracked, and reports are completed and submitted to CDPH in a timely manner. | | | |
| Activities | Responsible Staff | Timeline | Deliverables |
| 1.1. Work in collaboration with the CDPH assigned evaluator to identify objective metrics and continually collect project-related quantitative and qualitative data using standardized data collection procedures and centralized data collection and protection protocols. 1.2. Continually utilize project data to identify and address racial and other disparities and improve project quality. 1.3. Participate in all activities organized and led by CDPH. | 1.1. Project Evaluator (Emily Raganold) 1.2. Project Evaluator and program staff 1.3. Project Director (Jeffrey Hom) and Project Evaluator | 1.1. 3/1/2024 – 2/28/2025 1.2. 3/1/2024 – 2/28/2025 1.3. 3/1/2024 – 2/28/2025 | 1.1. Submit semi-annual progress reports, quarterly invoices, and any other reporting requirements determined during the grant period to CDPH. 1.2. In collaboration with partners, submit to CDPH all evaluation reporting of the programs and address any emerging trends or required changes. 1.3. Attend semi-annual meetings with CDPH and include all relevant project partners. |

| Year 1 Work Plan March 1, 2024 – February 28, 2025 | | | |
|---|--|--|---|
| Objective #2: By February 28, 2025, SFDPH will establish and maintain a data-sharing workgroup with the San Francisco Office of the Chief Medical Examiner (SFOCME) and other relevant stakeholders, meeting for a minimum of 12 times to ensure that data needs are being met and to expand and strengthen existing collaboration around overdose surveillance and drug testing. | | | |
| Activities | Responsible Staff | Timeline | Deliverables |
| 2.1. Partner with SFOCME to identify current data capacity and needs. 2.2. SFDPH will fund SFOCME to hire additional data support. 2.3. SFDPH and SFOCME will work in collaboration to expand data-sharing for drug_testing and drug_trends. | 2.1. Project Director and Project Evaluator 2.2. Project Director, Project Evaluator, and SFOCME staff 2.3. Project Director, Project Evaluator, and SFOCME staff | 2.1. 3/1/2024 – 6/1/2024 2.2. 3/1/2024 – 6/1/2024 2.3. 3/1/2024 – 2/28/2025 | 2.1. SFOCME and SFDPH will develop a work plan for data capacity needs, and schedule monthly data sharing calls to inform and evaluate data capacity. Meeting agendas, notes, and action items will be provided to CDPH. 2.2. SFOCME will hire and train additional data staff that can support generating reports for CDPH and SFDPH. 2.3. SFOCME will implement a surveillance system that alerts SFDPH when there are more than 3 suspected overdoses in one day. |

| Year 1 Work Plan March 1, 2024 – February 28, 2025 | | | |
|---|---|--|---|
| Objective #3: By February 28, 2025, SFDPH will contract with the San Francisco African American Faith-Based Coalition (SFAAFBC) to hire 1.5 FTE of peer navigators to work in partnership with community and the OTOP Mobile Methadone Clinic and attend a workgroup meeting at least once per month. | | | |
| Activities | Responsible Staff | Timeline | Deliverables |
| 3.1. Finalize cooperative agreements, budgets, objectives, and activities in collaboration with CDPH. 3.2. SFDPH will contract with SFAAFBC to hire 1.5 FTE of Navigator staff. 3.3. Form a working group with SFAAFBC, Navigators, and OOP staff. 3.4. SFAAFBC and SFDPH will develop a first-of-its kind Navigator Program. 3.5. Work in collaboration with SFAAFBC to establish an evaluation plan for the Navigator Program. 3.6. Using the evaluation and work plan, Navigators will begin doing outreach starting in month 4 of the grant period. 3.7. SFAAFBC will work in collaboration with SFDPH | 3.1. Project Director and Project Evaluator 3.2. Project Director and Project Evaluator 3.3. Project Director and Project Evaluator 3.4. Project Director, Project Evaluator, Navigators, and SFAAFBC staff 3.5. Project Director, Project Evaluator, Navigators, and SFAAFBC staff 3.6. Newly hired SFAAFBC Navigators 3.7. Project Director, Project | 3.1. 3/1/2024 – 4/1/2024 3.2. 3/1/2024 – 6/1/2024 3.3. 3/1/2024 – 6/1/2024 3.4. 3/1/2024 – 6/1/2024 3.5. 3/1/2024 – 6/1/2024 3.6. 6/1/2024 – 2/28/2025 3.7. 3/1/2024 – 4/1/2024 | 3.1. SFDPH and SFAAFBC will complete a cooperative work agreement. 3.2. SFAAFBC will identify which of their 21 churches will house a Navigator and hire and train 1.5 FTE of Navigator staff. 3.3. Convene initial planning meeting of project leadership group and convene subsequent leadership group planning meetings at least once monthly thereafter. Meeting agendas, notes, and action items will be provided to CDPH. 3.4. In the first three months of the grant period, SFDPH will work in collaboration with SFAAFBC, OTOP, and the newly hired Navigators to develop the Navigator Program work plan, to be shared with CDPH. 3.5. SFDPH, in partnership with SFAAFBC and the CDPH assigned evaluator, to <u>will</u> submit an evaluation plan for the Navigators. Navigators, at minimum, will report monthly on the number of navigation hours, clients linked, referred, and retained in care. 3.6. Navigators will conduct, at minimum, 270 hours of navigation to clients. 3.7. SFAAFBC will provide to CDPH, at minimum, 1 success story of a client who was linked to services through the Navigation Program. |

| | | | |
|---|------------------------------|--|--|
| to complete all required reporting to CDPH. | Evaluator, and SFAAFBC staff | | |
|---|------------------------------|--|--|

Year 1 Work Plan March 1, 2024 – February 28, 2025

Objective #4: By February 28, 2025, SFOCME will provide **monthly de-identified overdose data** to the Office of Overdose Prevention, including first-ever sexual orientation and gender identity data (SOGI), when available; and support San Francisco in conducting their first ever Overdose Fatality Review; and increase public data sharing capacity.

| Activities | Responsible Staff | Timeline | Deliverables |
|---|---|--|---|
| <p>4.1. SFOCME and SFDPH will create a workgroup with relevant partners to address data-sharing capacity.</p> <p>4.2. SFOCME will work with SFDPH to identify necessary reports.</p> <p>4.3. SFOCME and SFDPH will collaborate to expand publicly available overdose data.</p> <p>4.4. SFOCME and SFDPH will work in collaboration to better understand overdose death data.</p> <p>4.5. SFOCME, SFDPH, and the assigned CDPH evaluator will work in</p> | <p>4.1. Project Director and Project Evaluator</p> <p>4.2. Project Director, Project Evaluator, and SFOCME staff.</p> <p>4.3. Project Director, Project Evaluator, and SFOCME staff.</p> <p>4.4. Project Evaluator and SFOCME staff.</p> <p>4.5. Project Evaluator and SFOCME staff.</p> | <p>4.1. 3/1/2024 – 4/1/2024</p> <p>4.2. 3/1/2024 – 2/28/2025</p> <p>4.3. 3/1/2024 – 2/28/2025</p> <p>4.4. 3/1/2024 – 2/28/2025</p> <p>4.5. 3/1/2024 – 2/28/2025</p> | <p>4.1. Convene initial planning meeting of project leadership group and convene subsequent leadership group planning meetings at least once monthly thereafter. Meeting agendas, notes, and action items will be provided to CDPH.</p> <p>4.2. SFOCME will provide monthly de-identified reports on overdose death data.</p> <p>4.3. SFOCME will provide data sources to be included in the public Overdose Prevention Dashboard, and complete annual reports on Novel and Synthetic Opioids and Xylazine to be provided to state, local, and community partners.</p> <p>4.4. Begin the process of implementing a new Overdose Fatality Review program in San Francisco, to fully launch in Year 2 of the program, including developing initial standards and protocols for case selection and review and incorporating matching data into the countywide dashboard.</p> |

| | | | |
|--|--|--|---|
| collaboration to identify an evaluation plan for these activities. | | | 4.5. SFDPH and SFOCME will develop an evaluation plan for this new collaborative program to be submitted to CDPH and the assigned evaluator. |
|--|--|--|---|

Attachment E: Evaluation Plan Narrative

1. Evaluation Aim and Hypothesis:

As described in San Francisco's Overdose Prevention Plan and the Project Narrative, our approach to overdose prevention is centered around health equity and reducing the profound racial disparities seen in our overdose decedents. We will employ a health equity lens throughout our evaluation efforts, by ensuring that all the proposed activities and their subsequent evaluation have strategies in place for measuring and addressing racial disparities. We will also work with our assigned Project Evaluator at CDPH to ensure we are being responsive to community needs and adequately evaluating our programs. We believe our proposed activities and expanded data surveillance capacity will result in an expansion of MOUD access and retention for residents of the Bayview community and help meet our City's goal of reducing racial disparities in overdose deaths for our Black/African American community.

2. Process and Outcome Evaluation Activities

In the first 3 months of the project period, SFDPH will develop monthly workgroup meetings for both funded activities to review data for completeness and address any questions that arise. Funded partners will provide both monthly and quarterly qualitative and quantitative data to SFDPH to evaluate the implementation and progress of their programs. SFDPH will also convene program partners on an annual basis to collectively review the data and assess the overall effectiveness of each intervention and provide recommendations on the Evaluation Plan.

3. Evaluation Metrics

Prevention Strategy 1: Increased testing abilities for fentanyl:

1. Number of de-identified data sources provided to SFDPH.
2. Number of drug supply reports shared with internal partners.
3. Number of drug supply reports made available publicly to state and city partners.
4. Number of drug supply reports made available to the general public.
5. Number of samples tested by the Office of the Chief Medical Examiner (OCME).
6. Frequency of OCME reporting to the Office of Overdose Prevention (OOP).
7. Turnaround time between sample collection and results sharing with OOP.
8. Identification of substances present at time of death in overdose decedents.
9. Number of decedents with fentanyl present at time of death.

Prevention Strategy 2: Increase social services and substance use recovery services to those addicted to fentanyl or other opioids

1. Number of individuals engaged by Navigators at the Opioid Treatment Outpatient Program (OTOP) Mobile Clinic.
2. Number of individuals engaged by Navigators in community settings.
3. Number of individuals engaged by Navigators at the Mobile Clinic who are linked to additional health or SUD services.
4. Number of clients retained in OTOP care who received Navigator services.
5. Number of individuals engaged by Navigators in community who are linked to additional health or SUD services.
6. Number of people successful linked to OTOP from community navigation.
7. Number of intakes per month at OTOP's Mobile Methadone Clinic.
8. Proportion of OTOP clients that report primary substance use of fentanyl at time of intake.
9. Demographics of the individuals receiving navigation services, including race, ethnicity, age, gender, sexual orientation, and housing status.

10. Client satisfaction with services from Navigators in community and OTOP clinic.

Prevention Strategy 3: Improve local surveillance

1. Number of data sources feeding into the Overdose Prevention Dashboard.
2. Ability to report on SOGI data, when available.
3. Number of Overdose Fatality Reports published.
4. Increase the number of heat maps that track overdose death locations.
5. Number of metrics included in the Unintentional Drug Overdose Death reports.
6. Number of Unintentional Drug Overdose Death reports shared with internal partners.
7. Number of Unintentional Drug Overdose Death reports made available publicly to state and city partners.
8. Number of Unintentional Drug Overdose Death reports made available to the general public.

4. How evaluation results will be used to improve or tailor the program

Evaluation criteria will be continuously reviewed by our Project Evaluator, Emily Raganold, MPH, our project partners, and shared with our assigned Project Evaluator. Our Work Plan will be reviewed at the end of each project year to ensure that our objectives align with our evaluation criteria and reported evaluation metrics. Additionally, surveys will be conducted with both our newly hired Navigators and participants in the Navigator program, to better understand client satisfaction, changing needs, and inform future program design.


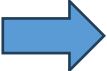

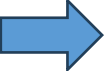


5. Potential challenges that may hinder the evaluation process

Potential challenges that might hinder the evaluation process include, staff turnover, data system limitations, and/or tracking clients over time. SFDPH will work with program vendors to ensure a sustainable data collection system is established prior to the start of the program. SFDPH will also provide on-going technical assistance to ensure that programs have what they need in order to collect and report program data.

6. The evaluation timeline, including the timeline for sharing information with the Program Evaluator.

Within the first three months of the project period, SFDPH, OOP will work in collaboration with our partners to identify work and evaluation plans for the outlined activities. Funded partners will submit monthly reports to SFDPH on the progress of their programs, to be shared with CDPH. SFDPH will submit bi-annual reports to CDPH, addressing the implementation, progress, and any challenges with the programs. Reports will include, at minimum, the following evaluation metrics on a monthly and quarterly basis:

- **Monthly:** Navigator program metrics include number and demographic of clients served, number of people engaged via Navigators, and the number of individuals linked to care via Navigators. OCME program metrics include number of samples collected and tested.
- **Quarterly:** Navigator program metrics include number of clients retained in care via Navigators and the number of clients admitted at OTOP via Navigators. OCME program metrics include number of samples positive for fentanyl or other novel opioids. Number of reports published by OCME on overdose decedents.

| The San Francisco Department of Public Health, Advancing Racial Equity and Data-Driven Responses (AREDDR) program is a multi-faceted, partnership-based initiative that will work to address racial disparities in overdose deaths by expanding data-sharing, drug testing and monitoring, and expanded access to opioid use disorder (MOUD) in SF. | | | |
|--|--|--|---|
| Inputs | Activities | Outputs | Outcomes |
| Internal: Implementing monthly workgroups with SFOCME. External: Provide funding to OCME to expand data-analysis staff capacity.  | Develop a monitoring system for overdose clusters. SFOCME creates overdose data reports. SFOCME provides data for the Overdose Dashboard.  | Overdose Cluster Alert System. Annual reports on Novel and Synthetic Opioids and Xylazine. 50% increase in the data sources for Overdose Prevention Dashboard. Monthly de-identified data reports.  | Short-Term: Improved understanding of priority communities and overdose trends. Intermediate-Term: Improved overdose response programs. Long-Term: Reduction in fatal overdoses. Reduction in overdose disparities for Black/African Americans. |
| Internal: Collaborate with SFAAFBC to develop a Navigator Program. External: Funding SFAAFBC to hire 1.5 FTE of Navigators.  | Navigators will conduct at least 15 hours of navigation to Bayview residents and 15 hours to OTOP clients per week.  | Increased linkages, admissions, and retention at OTOP.  | Short-Term: Increased referral, linkage and retention to MOUD services Intermediate-Term: Improved health outcomes for clients seeking and utilizing MOUD in the Bayview community. Long-Term: Reduction in racial disparities in fatal overdoses and reduction in overall fatal overdoses. |

Assumptions: MOUD is a life-saving intervention for people who use opioids. Providing additional support through navigators will increase admissions and retention. Profound racial disparities exist in fatal overdoses, to address these disparities, culturally responsive care must be provided. Overdose decedent data is a critical tool in understanding the overdose crisis in San Francisco. Better data will help San Francisco County in implementing a robust response to the overdose crisis.

Grantee Name
GrantSan Francisco Dept of Public Health
Fentanyl Overdose Prevention Grant

| | | Year (1) 3/1/2024 - 2/28/2025 | | | Year (2) 3/1/2025 - 2/28/2026 | | | Year (3) 3/1/2026 - 2/28/2027 | | | Totals |
|--|---------------|----------------------------------|-------------|-----------|----------------------------------|-------------|-----------|----------------------------------|-------------|-----------|--------|
| Personnel | Annual Salary | | | | | | | | | | |
| Position Title | Range | FTE | Avg. Salary | Budget | FTE | Avg. Salary | Budget | FTE | Avg. Salary | Budget | |
| Project Director (Jeffrey Hom, MD) | IN KIND | 1.00 | \$0 | \$0 | 1.00 | \$0 | \$0 | 1.00 | \$0 | \$0 | |
| Project Evaluator (Emily Raganold, MPH) | IN KIND | 1.00 | \$0 | \$0 | 1.00 | \$0 | \$0 | 1.00 | \$0 | \$0 | |
| | \$0.00 | 1.00 | \$0 | \$0 | 1.00 | \$0 | \$0 | 1.00 | \$0 | \$0 | |
| Total Salaries and Wages | | | | \$0 | | | \$0 | | | \$0 | |
| | | | | | | | | | | | |
| Fringe Benefits | | | Percentage | | | Percentage | | | Percentage | | |
| | | | | \$0 | | | \$0 | | | \$0 | |
| Total Personnel | | | | \$0 | | | \$0 | | | \$0 | |
| | | | | | | | | | | | |
| Operating Expenses | | | | Budget | | | Budget | | | Budget | |
| General Office | | | | \$0 | | | \$0 | | | \$0 | |
| Other Expenses | | | | | | | | | | | |
| Major Equipment | | | | | | | | | | | |
| Minor Equipment | | | | | | | | | | | |
| Printing/Duplicating | | | | \$0 | | | \$0 | | | \$0 | |
| Wallet cards | | | | | | | | | | | |
| Communications | | | | \$0 | | | \$0 | | | \$0 | |
| Rent | | | | \$0 | | | \$0 | | | \$0 | |
| Staff Training | | | | \$0 | | | \$0 | | | \$0 | |
| Travel | | | | \$0 | | | \$0 | | | \$0 | |
| Harm Reduction Supplies | | | | \$0 | | | \$0 | | | \$0 | |
| Other | | | | | | | | | | | |
| Total Operating Expenses | | | | \$0 | | | \$0 | | | \$0 | |
| | | | | | | | | | | | |
| Other Cost | | | | Budget | | | Budget | | | Budget | |
| Contractor: San Francisco African American Faith-Based Coalition (Will cover approximately 60 hours per week of Navigator) | | | | \$250,000 | | | \$250,000 | | | \$250,000 | |
| Examiner (Will cover approximately 40 hours per week of Forensic Toxicologist (Job Code: 2456) FTE at \$72 per hour) | | | | \$177,000 | | | \$177,000 | | | \$177,000 | |
| | | | | | | | | | | | |
| Total Subcontracts | | | | \$427,000 | | | \$427,000 | | | \$427,000 | |
| | | | | | | | | | | | |
| Total Indirect Costs | | | Percentage | Budget | | Percentag | Budget | | Percentage | Budget | |
| | | | | \$0 | | | \$0 | | | \$0 | |
| | | | | | | | | | | | |
| Total Costs | | | | \$427,000 | | | \$427,000 | | | \$427,000 | |

San Francisco Department of Public Health (SFDPH)
Behavioral Health Services, Office of Overdose Prevention
California Department of Public Health: Fentanyl Grant (RFA: No. 23-10573)
Attachment H Budget Narrative: Year 1

| | | |
|--|------------------|---------------|
| <u>Personnel</u> | | \$0.00 |
| Project Director (Jeffrey Hom, MD) | FTE: 00% IN KIND | |
| Jeffrey Hom, Director of Population Behavioral Health at SFDPH, will serve as the Project Director for this program. Jeffrey will manage the oversight and coordination for both of our funded programs, ensure deliverables and reports are completed, and work with CDPH and the assigned Project Evaluator to assess program implementation and progress. | | |
| Project Evaluator (Emily Raganold, MPH) | FTE: 00% IN KIND | |
| Emily Raganold, current Grants and Contracts Manager for the Office of Overdose Prevention (OOP) will work closely with Jeffrey and the CDPH assigned Project Evaluator to collect both monthly and quarterly evaluation metrics from the funded programs, conduct monthly evaluation meetings, and ensure that all project deliverables are met. Additionally, Emily will work to identify opportunities to share and publish research and translational information from the proposed AREDDR program with local, city, and state partners. | | |
| <u>Fringe Benefits @ 0%</u> | | \$0.00 |
| Fringe benefits, in addition to staff salary, will be covered in kind by the San Francisco Department of Public Health. | IN KIND | |
| <u>Operating Expenses</u> | | \$0.00 |
| | | |
| <u>Other Costs</u> | | \$0.00 |
| | | \$0.00 |
| San Francisco Office of the Chief Medical Examiner (SFOCME), Subgrantee 1: | \$177,000 | |
| The San Francisco Department of Public Health intends to subcontract with SFOCME to expand and improve our overdose-related data-sharing capacity. SFOCME has long been a strong | | |

partner in our data-sharing work. Currently, SFOCME produces monthly Unintentional Overdose Fatality Reports, which have provided substantial guidance for developing our overdose programming and identifying targets for intervention. Additionally, SFOCME supported SFDPH in publishing the first-ever public Overdose Prevention Dashboard, which includes comprehensive overdose data collected and reported by SFOCME to hire a Forensic Toxicologist, whose primary responsibility will be to work in collaboration with the Office of Overdose Prevention (OOP) to expand our reporting capacity. FTE will support SF's first-ever Overdose Fatality Review, annual reports on Novel and Synthetic Opioids and Xylazine, and the development of a new overdose cluster alert system.

The Project Evaluator, Emily Raganold, will monitor the progress of this program, including meeting, at minimum, once per month with SFOCME and relevant partners to discuss program progress, challenges, and review data for completeness and address any questions that arise. Additionally, SFDPH will convene all program partners on an annual basis to collectively review the data and assess the overall effectiveness of each intervention and provide recommendations for changes to the program Work Plan and/or Evaluation Plan.

These funds will support approximately **40 hours per week of a Forensic Toxicologist (job code: 2456), at the hourly rate of \$72.** External funding, if needed, will support the fringe benefits and any additional administrative costs associated with this position.

SFOCME will support SFDPH in meeting objectives #1, #2, and #4 as outlined in the Year 1 Work Plan.

San Francisco African American Faith-Based Coalition (SFAAFBC), Contractor 1:

\$250,000

SFDPH, OOP intends to subcontract with the San Francisco African American Faith-Based Coalition (SFAAFBC) to support 1.5 FTE of navigator staff, to be based out of the Opioid Treatment Outpatient Program in Bayview Hunters-Point. SFAAFBC – a strong coalition comprised of 21 churches in SF – has been a longstanding advocate and partner of SF's Black/African American community. Their existing partnerships and dedication to serving their community makes them well-positioned to develop and implement this first-of-its-kind navigation program.

SFDPH intends to fund 1.5 FTE of navigator staff, using expertise from SFAAFBC and other community partners to determine the most appropriate dispersion of resources. At a minimum, navigator staff will conduct 15 hours per week of navigation at the OTOP mobile methadone clinic, and 15 hours of navigation per week in the community. As this program is a pilot, additional FTE will be flexible to the needs identified during the first 3-month project planning

phase of this program. Navigator staff will also provide **at least 1 success story per year** on a client served through the Navigation Program.

The Project Evaluator, Emily Raganold, will monitor the progress of this program, including meeting at minimum, once per month with SFAAFBC, OTOP, and the newly hired Navigators to discuss progress to date, challenges, review data for completeness and address any questions that arise. Additionally, SFDPH will convene all program partners on an annual basis to collectively review the data and assess the overall effectiveness of each intervention and provide recommendations for changes to the program Work Plan or Evaluation Plan.

SFDPH anticipates that funds will support approximately **60 hours per week of navigator staff, at an hourly rate of \$35**, not including fringe and administrative costs.

SFAAFBC will support SFDPH in meeting objectives #1 and #3 as outlined in the Year 1 Work Plan.

| | |
|-----------------------------------|------------------|
| <u>Indirect Costs @ 0%</u> | \$0.00 |
| | |
| Total Budget | \$427,000 |

Contractor Certification Clauses

CCC 04/2017

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

| | |
|---------------------------------------|-------------------|
| Contractor/Bidder Firm Name (Printed) | Federal ID Number |
|---------------------------------------|-------------------|

By (Authorized Signature)

Hillary Kunins

Printed Name and Title of Person Signing

| | |
|---------------|---------------------------|
| Date Executed | Executed in the County of |
|---------------|---------------------------|

CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,

2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably

required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and

Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

PAYEE DATA RECORD(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)
STD 204 (Rev. 03/2021)**Section 1 – Payee Information****NAME** (This is required. Do not leave this line blank. Must match the payee's federal tax return)

City and County of San Francisco, Department of Public Health

BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (If different from above)**MAILING ADDRESS** (number, street, apt. or suite no.) (See instructions on Page 2)

101 Grove St., 2nd Floor

CITY, STATE, ZIP CODE

San Francisco, CA 94102

E-MAIL ADDRESS

grant.colfax@sfdph.org

Section 2 – Entity Type**Check one (1) box only that matches the entity type of the Payee listed in Section 1 above.** (See instructions on page 2)☐ **SOLE PROPRIETOR / INDIVIDUAL**☐ **SINGLE MEMBER LLC** *Disregarded Entity owned by an individual*☐ **PARTNERSHIP**☐ **ESTATE OR TRUST****CORPORATION** (see instructions on page 2)☐ **MEDICAL** (e.g., dentistry, chiropractic, etc.)☐ **LEGAL** (e.g., attorney services)☒ **EXEMPT** (e.g., nonprofit)☐ **ALL OTHERS****Section 3 – Tax Identification Number**Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must **match** the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. **Note:** Payment will not be processed without a TIN.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For **Sole Proprietor or Single Member LLC (disregarded entity)**, in which the **sole member is an individual**, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For **Single Member LLC (disregarded entity)**, in which the **sole member is a business entity**, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

Social Security Number (SSN) or Individual Tax Identification Number (ITIN)

_____ - _____ - _____

OR**Federal Employer Identification Number (FEIN)**9 4 - 6 0 0 0 4 1 7**Section 4 – Payee Residency Status** (See instructions)☒ **CALIFORNIA RESIDENT** – Qualified to do business in California or maintains a permanent place of business in California.☐ **CALIFORNIA NONRESIDENT** – Payments to nonresidents for services may be subject to state income tax withholding.☐ No services performed in California☐ Copy of Franchise Tax Board waiver of state withholding is attached.**Section 5 – Certification****I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.****NAME OF AUTHORIZED PAYEE REPRESENTATIVE**

Grant Colfax, MD or designee

TITLE

Director of Public Health

E-MAIL ADDRESS

grant.colfax@sfdph.org

SIGNATURE**DATE**

12/20/2022 | 5:17 PM

TELEPHONE (include area code)

415-541-2600

Section 6 – Paying State Agency**Please return completed form to:****STATE AGENCY/DEPARTMENT OFFICE****UNIT/SECTION****MAILING ADDRESS****FAX****TELEPHONE** (include area code)**CITY****STATE****ZIP CODE****E-MAIL ADDRESS**

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)
STD 204 (Rev. 03/2021)

GENERAL INSTRUCTIONS

Type or print the information on the Payee Data Record, STD 204 form. Sign, date, and return to the state agency/department office address shown in Section 6. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies/departments to prepare Information Returns (Form 1099).

NOTE: Completion of this form is optional for Government entities, i.e. federal, state, local, and special districts.

A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.

Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).

Section 1 – Payee Information

Name – Enter the name that appears on the payee's federal tax return. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

- Sole Proprietor/Individual/Revocable Trusts – enter the name shown on your federal tax return.
- Single Member Limited Liability Companies (LLCs) that is disregarded as an entity separate from its owner for federal tax purposes - enter the name of the individual or business entity that is tax liable for the business in section 1. Enter the DBA, LLC name, trade, or fictitious name under Business Name.
- Note: for the State of California tax purposes, a Single Member LLC is not disregarded from its owner, even if they may be disregarded at the Federal level.
- Partnerships, Estates/Trusts, or Corporations – enter the entity name as shown on the entity's federal tax return. The name provided in Section 1 must match to the TIN provided in section 3. Enter any DBA, trade, or fictitious business names under Business Name.

Business Name – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.

Mailing Address – The mailing address is the address where the payee will receive information returns. Use form STD 205, Payee Data Record Supplement to provide a remittance address if different from the mailing address for information returns, or make subsequent changes to the remittance address.

Section 2 – Entity Type

| If the Payee in Section 1 is a(n)... | THEN Select the Box for... |
|---|--|
| Individual • Sole Proprietorship • Grantor (Revocable Living) Trust disregarded for federal tax purposes | Sole Proprietor/Individual |
| Limited Liability Company (LLC) owned by an individual and is disregarded for federal tax purposes | Single Member LLC-owned by an individual |
| Partnerships • Limited Liability Partnerships (LLP) • and, LLC treated as a Partnership | Partnerships |
| Estate • Trust (other than disregarded Grantor Trust) | Estate or Trust |
| Corporation that is medical in nature (e.g., medical and healthcare services, physician care, nursery care, dentistry, etc.) • LLC that is to be taxed like a Corporation and is medical in nature | Corporation-Medical |
| Corporation that is legal in nature (e.g., services of attorneys, arbitrators, notary publics involving legal or law related matters, etc.) • LLC that is to be taxed like a Corporation and is legal in nature | Corporation-Legal |
| Corporation that qualifies for an Exempt status, including 501(c) 3 and domestic non-profit corporations. | Corporation-Exempt |
| Corporation that does not meet the qualifications of any of the other corporation types listed above • LLC that is to be taxed as a Corporation and does not meet any of the other corporation types listed above | Corporation-All Other |

Section 3 – Tax Identification Number

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

Section 4 – Payee Residency Status

Are you a California resident or nonresident?

- A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.
- A partnership is considered a resident partnership if it has a permanent place of business in California.
- An estate is a resident if the decedent was a California resident at time of death.
- A trust is a resident if at least one trustee is a California resident.
 - For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:

Withholding Services and Compliance Section: 1-888-792-4900
For hearing impaired with TDD, call: 1-800-822-6268

E-mail address: wscs.gen@ftb.ca.gov
Website: www.ftb.ca.gov

Section 5 – Certification

Provide the name, title, email address, signature, and telephone number of individual completing this form and date completed. In the event that a SSN or ITIN is provided, the individual identified as the tax liable party must certify the form. Note: the signee may differ from the tax liable party in this situation if the signee can provide a power of attorney documented for the individual.

Section 6 – Paying State Agency

This section must be completed by the state agency/department requesting the STD 204.

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000. You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.

Submit**GOVERNMENT AGENCY TAXPAYER ID FORM**

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal
Government
Agency Name

City and County of San Francisco - Department of Public Health

Remit-To
Address (Street
or PO Box)

101 Grove Street, Room 110

City:

San Francisco

State: CA

Zip Code+4: 94102

Government
Type:☒ City☒ County☐ Special District☐ Federal☐ Other (Specify)Federal
Employer
Identification
Number
(FEIN)

94-60000417

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FI\$Cal ID#
(if known)Dept/Division/Unit
NameComplete
AddressFI\$Cal ID#
(if known)Dept/Division/Unit
NameComplete
AddressFI\$Cal ID#
(if known)Dept/Division/Unit
NameComplete
AddressFI\$Cal ID#
(if known)Dept/Division/Unit
NameComplete
Address

Contact Person

Cherie Wan

Title

Finance Manager

Phone number

415-554-2547

E-mail address

cherie.wan@sfdph.org

Signature

Cherie Wan

Date

9/22/23

DARFUR CONTRACTING ACT CERTIFICATION

DGS PD 1 (Rev. 12/19)

Public Contract Code Sections 10475 -10481 applies to any company that currently or within the previous three years has had business activities or other operations outside of the United States. For such a company to bid on or submit a proposal for a State of California contract, the company must certify that it is either a) not a scrutinized company; or b) a scrutinized company that has been granted permission by the Department of General Services to submit a proposal.

If your company has not, within the previous three years, had any business activities or other operations outside of the United States, you do **not** need to complete this form.

OPTION #1 - CERTIFICATION

If your company, within the previous three years, has had business activities or other operations outside of the United States, in order to be eligible to submit a bid or proposal, please insert your company name and Federal ID Number and complete the certification below.

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that a) the prospective proposer/bidder named below is **not** a scrutinized company per Public Contract Code 10476; and b) I am duly authorized to legally bind the prospective proposer/bidder named below. This certification is made under the laws of the State of California.

| | |
|--|---------------------------------|
| <i>Company/Vendor Name (Printed)</i> N/A | <i>Federal ID Number</i> N/A |
| <i>By (Authorized Signature)</i> | <i>Date</i> |
| <i>Printed Name and Title of Person Signing</i> N/A | |

OPTION #2 – WRITTEN PERMISSION FROM DGS

Pursuant to Public Contract Code Section 10477(b), the Director of the Department of General Services may permit a scrutinized company, on a case-by-case basis, to bid on or submit a proposal for a contract with a state agency for goods or services, if it is in the best interests of the state. If you are a scrutinized company that has obtained written permission from the DGS to submit a bid or proposal, complete the information below.

We are a scrutinized company as defined in Public Contract Code section 10476, but we have received written permission from the Department of General Services to submit a bid or proposal pursuant to Public Contract Code section 10477(b). A copy of the written permission from DGS is included with our bid or proposal.

| | |
|---|--------------------------|
| <i>Company/Vendor Name (Printed)</i> | <i>Federal ID Number</i> |
| <i>By (Authorized Signature)</i> | <i>Date</i> |
| <i>Printed Name and Title of Person Signing</i> | |



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752251763
Sep. 21, 2022 LTR 4076C 0
94-6000417 000000 00

00029367

BODC: SB

CITY & COUNTY OF SAN FRANCISCO
% CONTROLLERS OFFICE
CITY HALL ROOM 316
SAN FRANCISCO CA 94102



048637

Taxpayer identification number: 94-6000417
Person to contact: Customer Service
Toll-free telephone number: 877-829-5500

Dear Taxpayer:

We received your request dated Sep. 12, 2022, asking about your federal tax status. Our records don't specify your federal tax status. The following information about the tax treatment of state and local governments and affiliated organizations may help you.

GOVERNMENTAL UNITS

Governmental units, such as states and their political subdivisions, generally are not subject to federal income tax. Political subdivisions of a state are entities with the authority to exercise one or more of the sovereign powers of the state: taxation, police powers, or eminent domain. They typically include counties or municipalities and their agencies or departments. Charitable contributions to governmental units may be tax-deductible under Internal Revenue Code (IRC) Section 170(c)(1) if made for an exclusively public purpose. Generally, grantors and contributors may rely on the status of governmental units based on state or local law in determining the deductibility of their contributions.

AFFILIATED ORGANIZATIONS

* INSTRUMENTALITIES

In general, an instrumentality is an entity separate from, but affiliated with, a state or local government, and lacking any sovereign powers. Instrumentalities generally are subject to federal income tax. However, they may be recognized as tax-exempt under IRC Section 501(a) as organizations described in IRC Section 501(c), including IRC Section 501(c)(3). In addition, the income of a state or local government instrumentality may be excluded from gross income if it meets the requirements of IRC Section 115(1).

* ENTITIES MEETING THE REQUIREMENTS OF IRC SECTION 115(1)

An entity that is not a governmental unit but that performs an essential governmental function may qualify for an income exclusion under IRC Section 115(1). If the entity's income (1) is derived from a

CITY & COUNTY OF SAN FRANCISCO
% CONTROLLERS OFFICE
CITY HALL ROOM 316
SAN FRANCISCO CA 94102

public utility or the exercise of an essential governmental function, and (2) accrues to a state, a political subdivision of a state, or the District of Columbia, it may be excluded from gross income. Charitable contributions to these entities may not be tax deductible to the donors.

RULING LETTERS

To receive a ruling on its status as a political subdivision or instrumentality of a government, or on whether its income is excluded from gross income under IRC Section 115(1), a governmental unit or affiliated organization may request a letter ruling by following the procedures in Revenue Procedure (Rev. Proc.) 2019-1 or its annual successor. There is a fee associated with obtaining a letter ruling.

TAX-EXEMPT CHARITABLE ORGANIZATIONS

An organization affiliated with a state, county, or municipal government may qualify for exemption from federal income tax under IRC Section 501(c)(3), if (1) it is not an integral part of the government, and (2) it does not have governmental powers inconsistent with exemption (such as the power to tax or to exercise enforcement or regulatory powers). Note that an affiliated organization may meet the requirements of both IRC Sections 501(c)(3) and 115(1) under certain circumstances. See Rev. Proc. 2003-12, 2003-1 C.B. 316, for more information.


Most entities must file a Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code, or Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code, to be recognized as exempt from federal income tax under IRC Section 501(c)(3), and to ensure that any charitable contributions they receive are tax-deductible to contributors under IRC Section 170(c)(2).

ADDITIONAL INFORMATION


This letter does not determine that you have a particular tax status. If you're unsure of your status, you can:

- Visit www.irs.gov/government-entities/federal-state-local-governments for government entity information.
- Visit www.stayexempt.irs.gov, an IRS site created especially for 501(c)(3) organizations.
- Read Publication 4220, Applying for 501(c)(3) Tax-Exempt Status.
- Seek a private letter ruling, following the procedures in Rev. Proc. 2019-1, 2019-1 I.R.B. 1 (updated annually).

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Sep. 21, 2022 LTR 4076C 0
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CITY & COUNTY OF SAN FRANCISCO
% CONTROLLERS OFFICE
CITY HALL ROOM 316
SAN FRANCISCO CA 94102



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You can get the forms or publications mentioned in this letter from
our website www.irs.gov/forms-instructions or by calling 800-TAX-FORM
(800-829-3676).

If you have questions, you can call the contact person shown above
between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska
and Hawaii follow Pacific time).

Keep a copy of this letter for your records.


Sincerely yours,

Sheralyn C. Hanks

Sheralyn C. Hanks
Ops. Manager, AM Ops. 3005

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SAN FRANCISCO CA 94102

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CUT OUT AND RETURN THE VOUCHER IMMEDIATELY BELOW IF YOU ONLY HAVE AN INQUIRY.
DO NOT USE IF YOU ARE MAKING A PAYMENT.

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.


 The IRS address must appear in the window.

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BODCD-

Use for inquiries only

Letter Number: LTR4076C
Letter Date : 2022-09-21
Tax Period : 000000


INTERNAL REVENUE SERVICE
P.O. Box 2508
Cincinnati OH 45201




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CITY HALL ROOM 316
SAN FRANCISCO CA 94102

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 The IRS address must appear in the window.

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Use for payments

Letter Number: LTR4076C
Letter Date : 2022-09-21
Tax Period : 000000

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0102



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