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

Grant Resolution Information Form

(Effective July 2011)

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

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

- 1. Grant Title: PS21-2103: Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Depts
- 2. Department: San Francisco Department of Public Health

3. Contact Person: Tracey Packer Telephone: 415-437-6223

4. Grant Approval Status (check one):

[X] Approved by funding agency [1] Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$315,000

6a. Matching Funds Required: \$0

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

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

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

8. Proposed Grant Project Summary:

San Francisco (SF) is profoundly impacted by the hepatitis C virus (HCV), with approximately 2.5% of the general population seropositive for HCV as of 2015, and a chronic rate of hepatitis B virus (HBV) that is 3 times that of the statewide rate in CA.

Purpose: Our purpose in responding to RFA-PS21-2103 is to respond to our continuing challenges with viral hepatitis in SF by 1) increasing analysis and reporting of chronic and perinatal HCV and chronic HBV infection, undetectable HCV RNA, and HBV DNA laboratory results; 2) improving our ability to analyze and publicly disseminate information about viral hepatitis in SF on an annual basis; and 3) enhancing the effectiveness of existing viral hepatitis prevention activities by leveraging our longstanding collaborations with community providers and coalitions to increase access to HBV and HCV testing in high-impact settings. Focus: As successful as SF has been in implementing cutting-edge, evidence-based interventions to work toward elimination of HBV and HCV, SFDPH data reveals that Blacks/African Americans, people who are unhoused, baby boomers, men who have sex with men (MSM), trans women, and people who inject drugs (PWID) are likely to be infected with HCV or HBV. For Components I and II of this proposal, our focus continues to be on these high prevalence populations, utilizing a health equity approach to address identified health disparities and their underlying social determinants, including homelessness and incarceration. Staffing: The Principal Investigator for both components will be Tomás Aragón, MD, DrPH, the Health Officer of SF. He will be accountable for overall planning, implementation, monitoring, and reporting. Component I will be overseen by Juliet Stoltey, MD, Director of Communicable Disease Control and Prevention (CDCP), with the support of Melissa Sanchez, PhD, Director of Viral Hepatitis Surveillance, and a to-be-hired Epidemiologist II who will coordinate the day-to-day activities. Component II will be overseen by Katie Burk, MPH, the Viral Hepatitis Coordinator, who will be responsible for overseeing the planning and implementation of HBV elimination activities within SFDPH, in partnership with Richard So, MPH, the Executive Director of SF Hep B Free – Bay Area, and a to-be-hired End Hep C SF Strategic Director, who oversee the planning and implementation of HCV elimination activities.

Component I Summary of Strategies and Activities: 1) Review existing outbreak plans in other US jurisdictions and formalize a set of outbreak plans for HAV, HBV, and HCV in SF; 2) Begin to collect and analyze results of negative HCV RNA tests; and 3) Build a system for regular, public reporting of our viral hepatitis data for HAV, HBV, and HCV: with these funds we will start releasing annual public reports of HAV, HBV, and HCV in SF, similar to what is currently done with other diseases in SF.

Component II Summary of Strategies and Activities: 1) Support viral hepatitis elimination planning by hiring an End Hep C SF Strategic director to support existing HCV elimination activities, therefore freeing up the city's Viral Hepatitis Coordinator to coordinate with SF Hep B Free – Bay Area and engage in formal elimination planning for HBV in SF; 2) Conduct a needs assessment for laboratories and major health systems in SF to increase routine HCV and HBV testing in those settings (including reflex HCV testing); 3) Expand provider capacity to treat HCV and/or HBV, including by enhancing existing training efforts, improving guidance, and boosting dissemination of materials regarding evidence-based practices for access to HCV treatment and prevention; 4) Partner with the UCSF DeLIVER Care van, SSPs, and mobile Health Access Points in the Bayview/Hunters Point districts to increase access to HCV and HBV testing and referral in high-impact settings, along with post-test counseling and referral to treatment or prevention; and 5) Establish HAV and HBV vaccine delivery teams.

9.	Grant Project	Schedule,	as allowed	l in approva	l documen	ts, or as	proposed
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Start-Date: 05/01/2021	End-Date: 04/30/2022
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- 10a. Amount budgeted for contractual services: \$195,000
 - b. Will contractual services be put out to bid? No
 - c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?
 - d. Is this likely to be a one-time or ongoing request for contracting out? **One-Time**
- 11a. Does the budget include indirect costs? [x] Yes [] No
 - b1. If yes, how much? \$24,000
 - b2. How was the amount calculated? 25% of Salaries and Mandatory Fringe Benefits
 - c1. If no, why are indirect costs not included?

 [] Not allowed by granting agency

 [] other (please explain):

 [] To maximize use of grant funds on direct services
 - c2. If no indirect costs are included, what would have been the indirect costs? N.A.
 - 12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to May 01, 2021. The Department received the revised letter of funding allocation on June 25, 2021.

Proposal ID: CTR00002437

Version ID: V101 **Department ID:** 251929

Project Description: Integrated Viral Hepatitis Surveillance and Prevention F

Project ID: 10037747

Activity ID: 0001

Disability Access Checklist*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)							
13. This Grant is intended for activities at (check all that apply):							
[X] Existing Site(s)[] Rehabilitated Site(s)[] New Site(s)	[] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s)	[] Existing Program(s) or Service(s) [] New Program(s) or Service(s)					
14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:							
1. Having staff trained in I	how to provide reasonable modifica	tions in policies, practices and procedures;					
2. Having auxiliary aids a	nd services available in a timely ma	nner in order to ensure communication access;					
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.							
If such access would be tec	hnically infeasible, this is described	in the comments section below:					
Comments:							
Departmental ADA Coordinator or Mayor's Office of Disability Reviewer: Toni Rucker, PhD (Name) DPH ADA Coordinator							
(Title)	. 5 20 50 50	DocuSigned by:					
Date Reviewed: 7/7/2021	5:38 PM PDT	(Signature Required)					
		(Signature Required)					
Department Head or Designee Approval of Grant Information Form:							
Dr. Grant Colfax							
(Name) Director of Health							
<u> </u>		DocuSigned by:					
(Title) Date Reviewed: 7/9/2021	10:16 AM PDT	Greg Wagner					
Date Nevieweu.		(Signature Required)					

Greg Wagner, COO for