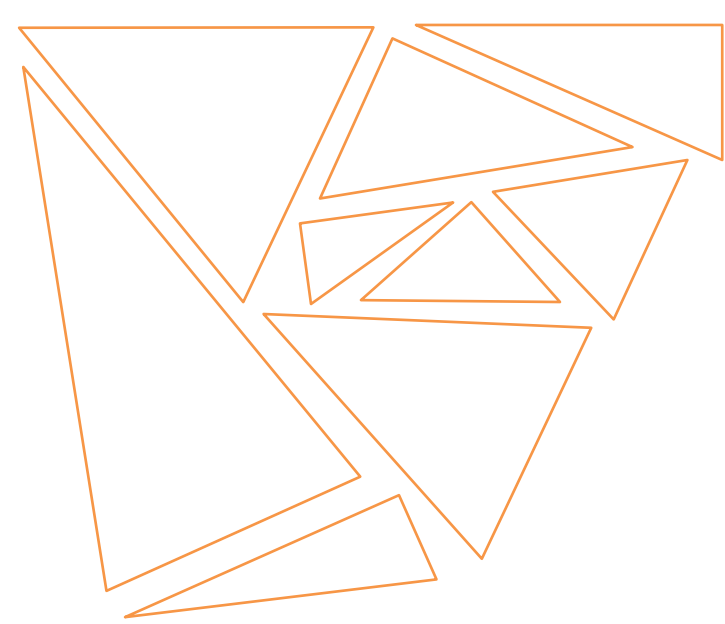# San Francisco Department of Public Health

RACIAL EQUITY ACTION PLAN 2021-2023

*"Not everything that is faced can be changed. But nothing can be changed until it is faced,"* – James Baldwin

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# Director's Message

At the San Francisco Department of Public Health, we know we can't fully realize our mission to protect and promote the health of all in San Francisco unless we do more to advance racial equity within our department and in the communities we serve.

This Racial Equity Action Plan represents our robust and ongoing commitment to improve the health of our community, the way we deliver services, and the experience of our own staff. We have made progress, and we still have a long way to go.

As public health and health care professionals, we see firsthand the unacceptable, unconscionable disparities in San Francisco that lead to poor health outcomes for our patients and in the communities we serve. We have worked hard to, for example, reduce hypertension and premature birth rates for Black/African-American residents.

Our workforce is not immune to the impact of these disparities. This Racial Equity Action Plan outlines our continuing and resolute effort to eliminate the racism that our own staff experience.

Over the last five years, with equity as a departmental priority, SFDPH has focused on adding leadership and processes to advance equity in clinical care and services, and has seen some success. For example, we have more than 700 leaders who have taken an intensive, 32-hour cultural humility class, and expect them to be key resources for us all as we implement the goals in this plan.

Additional current and future efforts are outlined in this document.

Over the next three years, we will hold ourselves accountable to this work, including strengthening our human resources policies so that we improve diversity and inclusion in our staff, and on realizing an inclusive, antiracist workplace culture. The plan is living document, and will be modified and updated as we refine our efforts.

The COVID-19 pandemic makes the first of these three years somewhat difficult to predict, but I am confident that we will adapt and continue to make progress. We are resourceful and resilient, and our commitment to the actions outlined in this plan is unshakable.


Grant Colfax,

*Director of Health*
*San Francisco Department of Public Health*

# SFDPH Equity Leadership

## Office of Health Equity Staff

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Dante King, Director of Workforce Equity*
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Vincent Fuqua, Coordinator of Community Engagement
Gavin Morrow-Hall, Coordinator of Equity Learning*
Tracy Shaw-Senigar, Community Health Education
Michaela Tanya Yared, Equity Intern*
Mateo Lumbreras, Director HOPESF Community Wellness
Lisa Reyes, Director, Trauma Informed Systems (TIS)
Jenee Johnson, Program Innovation Leader Mindfulness, Trauma, Racial Equity
Stacey Blankenbaker, TIS Program Manager
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Julia Burns, Designer*

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Jessica Brown, Behavioral Health Services
Mark Morewitz, Health Commission Secretary*
Richa Dhanju, Human Resources*
Tanya Mera, Jail Health Services
Amie Fishman, Laguna Honda Hospital*
Jennifer Carton Wade, Laguna Honda Hospital*
Melissa Brown, Maternal Child and Adolescence Health
Veronica Shepard, Population Health Division
Robin George, Primary Care
Anh Thang Dao-Shah, ZSFG* [former]
Andrea Turner, ZSFG [interim]

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Michael Brown, Director, Human Resources
Susan Ehrlich, Chief Executive Officer, ZSFG
John Grimes, Chief Operating Officer, Laguna Honda Hospital
Hali Hammer, Director of Ambulatory Care, SF Health Network
Michele Long, CDTA Director, Finance
Jacque McCright, Population Health Division
Israel Nieves, Population Health Division
Anna Robert, Director, Primary Care
Lisa Pratt, Director, Jail Health Services
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Marlo Simmons, Acting Director, Behavioral Health Services

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Alicia St. Andrews, Behavioral Health Services
Judith Martin, Behavioral Health Services
Kenneth Williams, Behavioral Health Services
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Denise Fisher, Human Resources
Hallie Albert, Human Resources
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Andrea Leon, Population Health Division
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Thelma Gamboa, Population Health Division
Kim Tucker, Primary Ca

# Process

During the last several years, the SFDPH has had a transition of several members of its executive leadership. This includes changes in the Department Director, Human Resource Director, Communications Director, Behavioral Health Director, Chief Information Officer, and SFHN Chief Medical Officer. These changes have not disrupted PHD and SFHN services but have impacted the pace of structural changes in the organization such as progress on equity issues.

In the last 3 years, the San Francisco Health Department (SFDPH) has focused on building infrastructure to support the advancement of equity. This includes dedicated staffing, funding, teams, and processes across the department, all working on goals for both health equity and workforce equity. Equity leaders and senior leadership from all areas of the SFDPH have collaborated to create internal annual equity action plans over the last several years – including goals for community health outcomes, funding, programming, and internal workforce equity improvements. The process for the development of this Racial Equity Action Plan (REAP) was supported by the department's current equity infrastructure and built on existing plans.

Since the SFDPH employs over 8,000 staff and much of the REAP template involves workforce-related items, the primary new work needed for the SFDPH REAP falls mainly within the responsibility of the department's Human Resources (HR) department. While other areas in the SFDPH, especially ZSFG and LHH, have achieved measurable progress in developing equity processes, the HR department had not yet developed significant internal equity resources, prior to the REAP development process. This lag in equity progress may be related to the transition in HR leadership in the fall of 2019 and the HR focus on decreasing hiring times for necessary medical staff during the last year. One major SFDPH equity goal for fiscal year 2019-20, set forth in the SFDPH Equity Plan for the year, was to have each section of the SFDPH establish a designated Equity Lead, an Equity Team or Council, and an annual Equity Action Plan. This goal was met by the majority of the department: ZSFG, Laguna Honda, Jail Health and Population Health fully met the goal in FY 19-20. Behavioral Health and Primary Care made significant strides and should be fully completed in 2020. The central administrative sections – IT, Finance, Human Resources – missed part of the goal in one or another area. This meant that the Human Resources area had not yet established an equity council, equity lead, or established plan that could support the development of the REAP.

Fortunately, with the structural goals well established during the REAP development process, the HR equity infrastructure was quickly defined. Leadership from all areas of HR formed the council and a Government Alliance on Racial Equity (GARE) trained member of the People Development Team served as the Equity Lead. These positions will continue going forward, giving HR the internal support needed to implement the plans laid out in this document. The newly formed HR Equity Team met regularly over the summer to assess which of the REAP actions and indicators might already be in place, which could easily be launched, and which would require significant policy or practice change. From this list, the team defined gaps and assigned the most closely associated HR unit leader to develop a proposal for action. Those proposals were evaluated and finalized by the team, and then given to the Office of Health Equity (OHE) to evaluate.

The Office of Health Equity staff then requested input from the Equity Leads for the major divisions. These leaders contributed current or planned activities that fit the areas in question and proposed priorities and timelines for the listed activities. Each lead is the owner of the equity plan for their area, all of which involve improvements that impact workforce equity, but also health disparities and community programs. Each Lead also works with an equity council or team that have contributed to their past annual equity plans, and helped review and contribute to the REAP. 4. The plan was reviewed by department leadership – both divisional and executive – during the first two weeks of December. This was done through consultation with their area Equity Leads and teams, as well as at the Equity Governing Council (EGC) meeting for December. The EGC includes the executive leader of every major section or division. The EGC meets every other month (except March-November 2020 due to COVID-19 disruptions) and reviews the SFDPH equity plan. Input from all of these groups was integrated into the report and it was submitted to the Health Commission for final review at its December 15, 2020 meeting. This meeting also gave the public an opportunity to review and comment on the plan.

It is important to note the impact of the COVID-19 pandemic on all aspects of the SFDPH since January, 2020, including the department's planning process in developing the REAP. A significant proportion of the workforce is or has been deployed and much of the department's focus and resources has been devoted to COVID-19 prevention and response efforts. In addition, all but one staff member from the SFDPH Office of Health Equity has been deployed during the pandemic. Consequently, the REAP process has lacked elements usually present in the Equity planning process, especially multiple opportunities for staff to give input on the activities and priorities. This plan would normally have started with staff, through the Department-level Equity Leadership Team or through ideas generated by Equity Champions (both are generally front-line staff or managers). It is fortunate that the SFDPH had engaged in equity planning for several years prior to the developed of the REAP. The department has therefore been able to utilize input from SFDPH staff given over the last 3 years, in Board of Supervisor/Health Commission hearings, and through our past planning processes, in the development of this plan. Although our ideal process would have included multiple rounds of input from the Equity Governing Council and the Executive Team, our department's current necessary focus on the pandemic prevented this from occurring. However, the Equity Governing Council and Executive teams have contributed feedback. We move forward confident that the REAP goals and activities in year one reflect the department's shared vision across its divisions. As the REAP is a living document, the SFDPH will continue to work together to ensure goals and activities for years two and three will be refined to reflect the evolving needs of the department.

# Department Background

The mission of the San Francisco Health Department (SFDPH) is protecting and promoting health and well-being for all in San Francisco. The SFDPH is an integrated health department with two primary roles and two major divisions to fulfill its mission:

1. The Population Health Division (PHD) is responsible for the health of the population. PHD addresses public health concerns, including consumer safety, health promotion, and prevention, and the monitoring of threats to public health. PHD implements traditional and innovative public health interventions. PHD staff inspect restaurants, promote improved air and water quality, tracks communicable disease, and educates San Franciscans on health issues such as tobacco and substance use. PHD staff also promote pedestrian safety, participate in an ambitious campaign to eliminate new HIV infections, and provides technical assistance to neighborhood corner stores to increase healthy food options for residents. PHD contributes to the health of SFDPH's patient through provision of population health date and data analysis to the San Francisco Health Network.

2. The San Francisco Health Network (SFHN) provides direct health to over 100,000 individuals per year, regardless of health insurance status. The SFHN includes neighborhood health clinics, two hospitals, including Zuckerberg San Francisco General Hospital and Laguna Honda Hospital and Rehabilitation Center, behavioral health services, Maternal, Child, and Adolescent Health, and Jail Health Services.

3. The SFDPH Central Administration includes Finance, Human resources, Office of Health Equity, information technology, Security, Compliance and Privacy, Lean Change Management, and the Office of Policy and Planning, which all support the work of SFDPH's two divisions and promote integration.

The mission of the Department of Public Health is only achieved when the health and well-being of marginalized communities are brought up to the standards enjoyed by more privileged groups in San Francisco. The disparities we see are longstanding and eliminating them will require radical change in the public health and healthcare services. Equity is an increasingly central concern in both the public health and healthcare delivery fields. Decades of research have established clearly that unequal social conditions play a large role in health (also known as the social determinants of health); a community faced with socioeconomic disparities will also have health disparities. We see this reality very clearly in the poor health of the Black, indigenous and people of color (BIPOC) living in San Francisco. The ultimate disparity, premature death, starkly illustrates the severity of that gap. Life expectancy for Black/African Americans is the lowest of all races/ethnicities in San Francisco, followed closely by Pacific Islander. Based on data from 2013, a B/AA man in San Francisco could expect to live 71 years, nearly 10 years less than White, Asian, or Latino man living here who can expect to live into his 80s. On the other end of the life-course, Black/African American infants are five times more likely than White infants to die before their first birthday. Health equity was the initial focus of SFDPH efforts to address racism.

In 2014, a SFDPH cross-divisional committee convened and established the Black/African American Health Initiative (BAAHI) both in the health of San Francisco Black/African American residents, their experience with SFDPH services, and in the work experience of our Black/African American staff. The programs and changes implemented from BAAHI have been followed in some areas of improvement in the health for Black/African American residents. These improvements range from reduced hypertension rates, reduced premature birth rates, reducing Hepatitis C rates, and improving retention in HIV care. These nascent gains in the health of B/AA residents have not been matched by improvements in workforce equity. This is not due to a lack of acknowledgment of the problem. It was decided early on that BAAHI could not be effective by focusing only on medical conditions. Health equity researchers have well established that racial health disparities are in part due to inequities in the quality of healthcare delivered to racial minorities. Those differences in care have been correlated with the level of bias among healthcare staff (explicit or implicit), and with policies and practices that have inequitable impacts on B/AA patients. These disparities will begin to shift when the healthcare and public health communities make different choices about how to deliver services and allocate resources in ways that advance equity. BAAHI was the beginning of an effort for SFDPH staff and leadership to become educated and engaged in making these changes.

The biases that can impact patients can also impact staff. These biases may influence the way in which staff are treated, opportunities for advancement, and overall experience at work. Disparities in hiring in management classes results in the experiences and perspectives of BIPOC staff members being absent when policy decision are made. Additionally, there is a large gap in average salary and position of multiple minority groups and white and Asian employees in aggregate. In 2018, the Board of Supervisors held two hearings on discrimination against Black/African American employees, at which many SFDPH employees were present and shared stories of disparate treatment across many of the areas highlighted below. At these hearings, and a follow-up hearing in 2019, Black employees and allies identified shared experiences of over-enforcement of rules, lack of access to opportunity and generally negative experiences across all city agencies. As a result, Mayor London Breed issued a Directive which charged all departments with analyzing data on discipline and termination that would enable departments to highlight racial disparities within the workforce. The results, produced in early 2019, presented disparities in the frequency and severity of disciplinary actions directed at Black, Latinx, and Pacific Islanders SFDPH employees (and all BIPOC staff to some degree) compared to white and Asian staff.
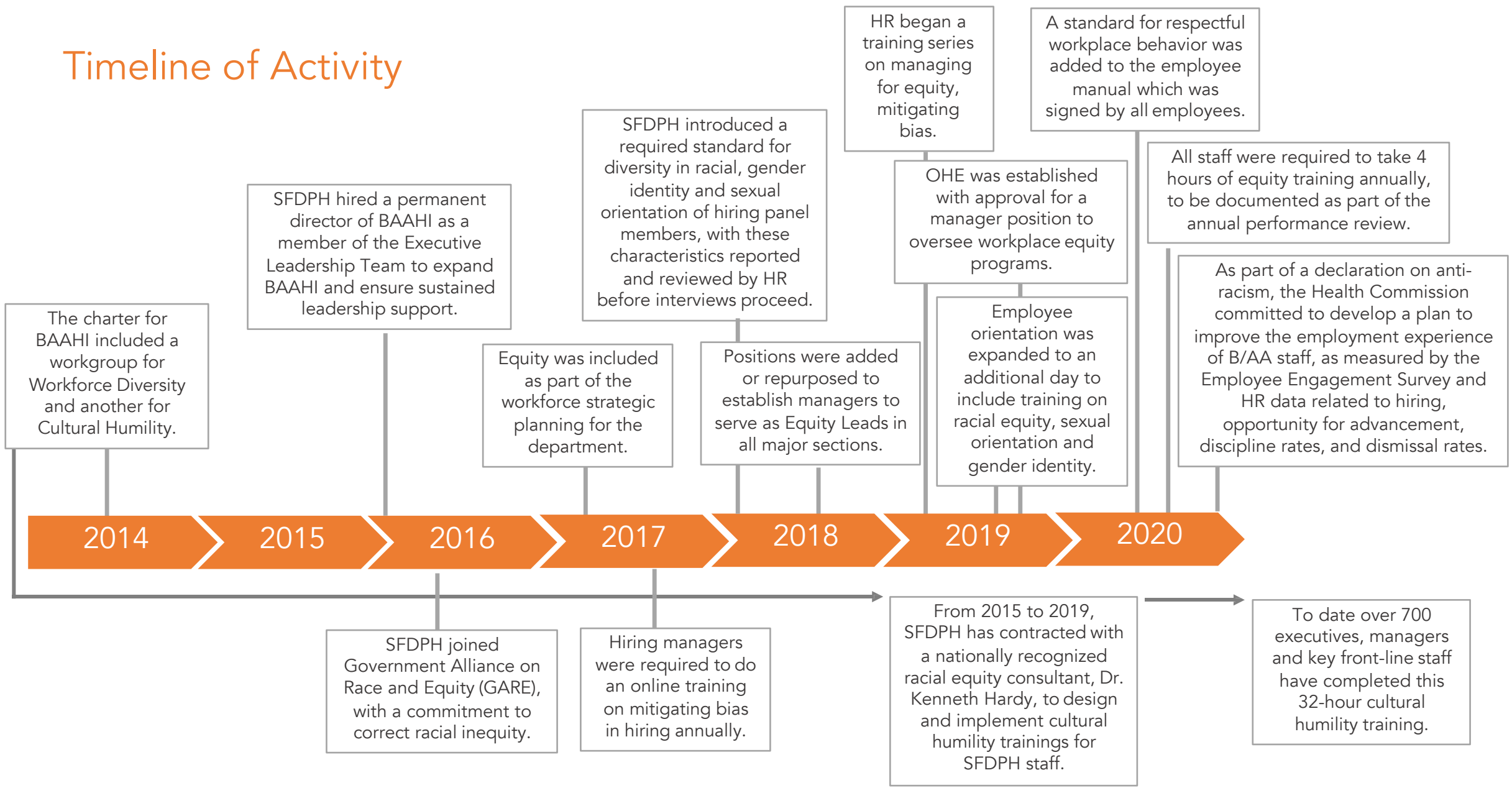
Eliminating these workforce disparities means committing to sustained, systemic change. SFDPH utilizes the Government Alliance on Race and Equity (GARE) Framework which highlights three main stages in the advancement of racial equity in an organization: Normalize, Organize, and Operationalize. The normalizing stage has the goal of making equity a visible and prioritized part of normal work. Including equity among the Department's seven key priorities, our True North, has elevated equity in Department planning and decision making. Normalizing must also involve increased knowledge and communication skills for staff regarding racism and equity. Over the last 5 years, SFDPH training and Human Resources staff have developed and deployed multiple trainings on identifying and eliminating interpersonal and institutional racism. Resources have been dedicated to staff education about the impact of bias and inequitable policy on hiring and disciplinary decisions. SFDPH deployed an equity training program with the Human Rights Commission to train staff in foundational information. Racial equity definitions and principles are also included in an added day of orientation. Questions were added to the 2019 staff engagement survey to gauge the baseline level of normalization of these issues for staff, and staff awareness of current efforts. There is still work to do on this as evidenced by the survey results, referenced in the next section. Normalizing racial equity is key to creating the shared understanding and purpose needed to succeed in the Organize and Operationalize stages of the GARE framework.

In parallel with normalizing, SFDPH has focused in the last 2 years on the Organizing stage of the GARE framework. The organizing stage refers to the Department's equity infrastructure, including leadership, staffing, data and resources. Managers and director positions with equity-specific roles have been added in each major area to support local equity efforts. These Equity Leads deploy and monitor programs and craft policy recommendations. SFDPH formed the Office of Health Equity in 2019 to assure that these resources are used efficiently and in alignment. The introduction of staff focused on equity brings the risk that other parts of the department will assume they don't have a role in the changes that need to be made. To combat this danger, SFDPH has set the expectation that all senior leaders take active responsibility for advancing equity. All executive leaders (those reporting to the Director, Deputy Director or Chief of Operations) participate in the Equity Governing Council. The Council set the priorities for equity initiatives, develops strategies, and approves policies. For managers and line staff, the formal roles introduced have been heavily weighted toward learning and development. Staff have multiple opportunities to participate in advancing equity; over 80 staff have been applied and been accepted as Equity Champion in their area (a year-long commitment), dozens of staff sit on the Equity Leadership Team that advises the equity councils or teams across the department.

Lastly, the operationalize stage targets policy, practice and process change. Operationalizing equity in our clinical services has focused on B/AA health, reflecting the stark severity of the health disparities in this community. The changes to policy and practice have included: B/AA health targets in the quality goals in all areas, designing health programs with B/AA staff and community guidance, and clinical workgroups focused on B/AA health. In the workforce equity area, SFDPH leaders have also taken some steps forward. The Office of Health Equity and Human Resources collaborated to craft and introduce a respectful workplace standard in the employee handbook. Various equity leaders and staff developed a response team plan to address workplace conflict that is currently being staffed. Human Resources staff have also done significant data review to document areas of disparate hiring, discipline, and advancement. However, the activities to date have made relatively modest progress toward an equitable workplace for staff. The activities in this plan move us toward more significant and tangible outcomes.

The following is a timeline of activities undertaken to date that have focused on improving representation, inclusion and fairness for staff of color across the department.
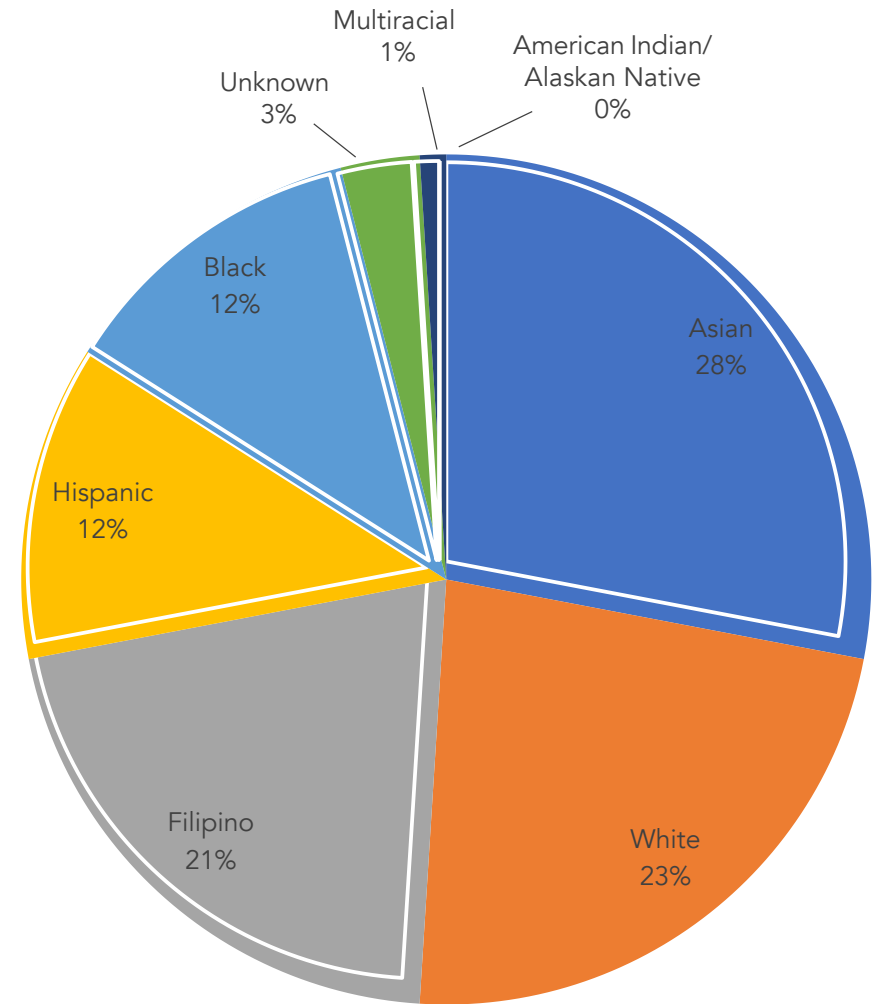
# Timeline of Activity

The charter for BAAHI included a workgroup for Workforce Diversity and another for Cultural Humility.

SFDPH hired a permanent director of BAAHI as a member of the Executive Leadership Team to expand BAAHI and ensure sustained leadership support.

SFDPH introduced a required standard for diversity in racial, gender identity and sexual orientation of hiring panel members, with these characteristics reported and reviewed by HR before interviews proceed.

HR began a training series on managing for equity, mitigating bias.

A standard for respectful workplace behavior was added to the employee manual which was signed by all employees.

All staff were required to take 4 hours of equity training annually, to be documented as part of the annual performance review.

OHE was established with approval for a manager position to oversee workplace equity programs.

Equity was included as part of the workforce strategic planning for the department.

Positions were added or repurposed to establish managers to serve as Equity Leads in all major sections.

Employee orientation was expanded to an additional day to include training on racial equity, sexual orientation and gender identity.

As part of a declaration on anti-racism, the Health Commission committed to develop a plan to improve the employment experience of B/AA staff, as measured by the Employee Engagement Survey and HR data related to hiring, opportunity for advancement, discipline rates, and dismissal rates.

| 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |

SFDPH joined Government Alliance on Race and Equity (GARE), with a commitment to correct racial inequity.

Hiring managers were required to do an online training on mitigating bias in hiring annually.

From 2015 to 2019, SFDPH has contracted with a nationally recognized racial equity consultant, Dr. Kenneth Hardy, to design and implement cultural humility trainings for SFDPH staff.

To date over 700 executives, managers and key front-line staff have completed this 32-hour cultural humility training.

# Current Workforce Demographic Data

SDPH includes 2 divisions, encompassing 7 operational areas, 3 administrative sections, with many units within each of these and dozens of physical sites. Characterization of the racial or ethnic make-up of the staff generally obscures the reality that racial make-up is very different between sections. Certain divisions have higher representations of certain races/ethnicities. Laguna Honda and Jail Health have high representation of Filipinos, 37.4% of staff and 26.0% of staff respectively. This trend reflects the high number of Filipinos employed in Nursing. White employees are more common in Central Administration at 41.5% of staff and Whole Person Integrated Care at 40.4% of staff than the rest of SFPDH. Higher representation of white employees in managements and among providers may explain this trend. Asians are especially common in Finance (55.4% of staff) to the exclusion of other races/ethnicities, especially Black/African Americans composing only 5.1% of staff. Facilities and Maintenance shows the highest concentration of Black/African American staff at 24.6% of total staff. The Call Center has the most Latinx staff at 32.4% of staff. In general, the Call Center and Facilities and Maintenance have a high percentage of BIPOC employees compared to other areas. The mismatch between the large proportion of Latino patients and the relatively smaller number of Latino clinical staff at the SFDPH hospitals and clinics leaves those community members without providers who share their background.

The differences between areas are largely explained by the predominance of BIPOC employees in lower paid job classes, or in the relatively small ranks of senior management. Black/African Americans employees are concentrated in either lower paid clerical and service jobs or higher paid management jobs with less distribution in between, dragging median salaries below other major ethnic/racial groups at SFDPH. White employees show high representation in higher paid job groups (e.g., management, physicians, advanced practice providers, and clinical professional) and almost no representation in lower paying clerical and service jobs. Filipinos are very concentrated in Nursing and lower paying job groups, such as Skilled Maintenance,



Pie chart: Multiracial 1%, Unknown 3%, American Indian/Alaskan Native 0%, Black 12%, Hispanic 12%, Filipino 21%, White 23%, Asian 28%

Clerical, and Service. Latinx  employees have highest representation in Clerical and Service jobs, mid-range representation in  mid-level jobs (e.g., clinical professionals and non-clinical professionals), and less representation  in the highest paying jobs (e.g., physicians, Nursing, and Management).

Because jobs in lower class designations generally have lower pay, the disproportionate number of BIPOC staff in these designations impacts the average pay for these groups.  The gap in median pay by race/ethnicity ranges from 40 percent higher than the SFDPH median (white) to 20% lower than the median (Black/African Americans). Only white staff  have a higher median salary than SFDPH in general. In most divisions, white employees tend to make the highest median salary and Black/African American the lowest, with a  few exceptions. Asian employees make a higher median salary than white employees (who in these cases make the second highest median salaries)– Filipino staff have the  highest median salary at MCAH, and Filipinos, and Asian staff are higher on average in Whole Person Integrated Care. Black/African Americans have the second highest median  salary in Human Resources, the third lowest at MCAH, the second lowest behind Latinx at Primary Care, and the second lowest behind Filipinos in Finance. Hiring and promotion are areas that, when appropriately implemented, can provide opportunity. However, this is a slow process as most SFDPH employees stay with the department for many years. That means that it is crucial that we take every hiring, recruitment and promotion as valuable limited opportunities for expanding the make-up of our staff.

*Note: The Office of Racial Equity worked with the SF Controller and Department of Human Resources to produce a report pursuant to its ordinance; this report was released on March 10, 2020 to Mayor London Breed and the SF Board of Supervisors. As a follow-up to the Phase I report publication, ORE will work with DHR, the Office of the Controller and City  Departments on producing Phase II analysis. The Phase II report will provide a more granular review of the intersection of department-specific employment decisions and race as well  as gender, namely for hiring, promotions, professional development, terminations, and compensation decisions for all City employees. In the meantime, basic departmental workforce  demographic data has been provided by DHR to departments.*

# Results from Department Assessment and Employee Engagement Survey

With over 7,000 employees, SFDPH utilizes both divisional and department-wide Employee Engagement Surveys to learn the needs and thoughts of employees across dozens of sites. Surveys are conducted of the hospital and primary care staff as required by various regulations, and as standard business practice in healthcare. The last department-level Employee Engagement Survey was conducted in the spring of 2019, with a smaller follow-up survey conducted in the fall of 2020. The 2019 survey had a robust sample size of 65% (4,956 respondents) of SFDPH employees, the survey results highlight staff engagement at 3.76 out of 5, which is lower in comparison to peer health care organizations. The survey asked 58 questions on topics including leadership, communication, benefits, diversity, respect, staffing levels, and career advancement opportunities. Notable results show that employees like their work and are dedicated to the mission. However, it also showed that staff felt burdened by deficiencies in resources, staffing and communication. In 2020, a smaller interim survey was done between the full staff survey planned for every 2 years.
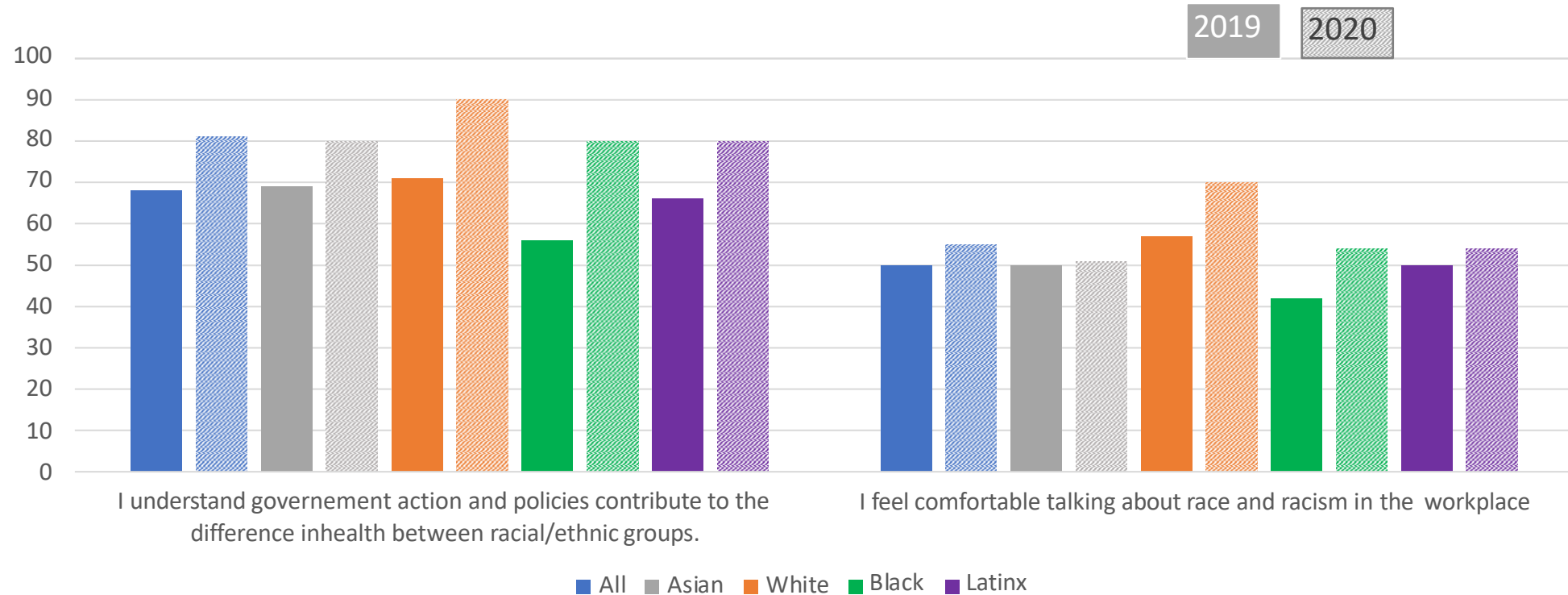
Survey responses were disaggregated by race and ethnicity, gender, sexual orientation, gender identity, work area, and job classification to look for differences that might be obscured by averages. Racial differences were seen in the way employees answered nearly every question. On over 96% of survey questions, Black/African American staff gave less favorable scores than the rest of the organization. For example, on the 2019 survey only 41% of Black employees agree that there is a climate of trust in their unit, and only 29% judge the communication between leadership and staff to be effective. Latinx employees rated these issues only slightly higher. In particular, Black employees agreed that staff were shown respect at DPH at a much lower rate than employees generally; 45% vs. 60% This gap is even wider in questions that specifically refer to race.

There were also eight questions added by the Office of Health Equity to assess the knowledge and experiences employees have around issues of racism and equity. These results were concerning in a few areas. About 70% of staff agreed that government actions contribute to health disparities, a description of structural racism. This is positive, but not yet at the goal of over 80% set in the SFDPH 2019 Equity Plan. Only 51% of employees answered favorably to the statement, "I am comfortable talking about race and racism in the workplace." with wide variation; only 42% of Black/African American employees agreed with this statement. White employees stood out in being comfortable talking about race and racism in the workplace—at least 13 percentage points higher than all other major race/ethnic groups. Black/African Americans were also less likely to hold favorable views on questions of  fair treatment than other races. Black/African Americans were 17 percentage points less likely than the average staff member to agree or strongly agree "Managers in my department treat clients/patients from all racial/ethnic groups with respects". They were 21 percentage points less likely than their colleagues to agree or strongly agree that "Staff in my department treat staff from all racial/ethnic groups with respect." This suggests the possibility  that Black employees could play an important role ensuring respectful treatment for patients and clients.

Multiple changes were made in response to these results. Trainings and discussion groups were expanded. Communication about equity efforts was increase. Equity Leads made progress in developing Equity Councils and plans in their areas. Notably, an Equity Champions program offered release time for 80+ staff members to discuss and work on equity in their area. Those efforts have had some impact. The 2020 interim Employee Engagement Survey showed changes in important metrics. There has been substantial improvement in the number of employees aware of how government action produces health disparities (up 20.1%) and employee involvement in advancing racial equity (up 10.5%). Black and White employees express increased comfort in talking about race/racism in the work place, up 30.5% and 22.1% respectively. Black employees are more likely now to say that staff treat clients from all racial/ethnic groups with respect, up 13.9%. Their agreement that managers treat staff from all racial/ethnic groups with respect is up also by 6.2% This is good news and evidence that culture and experiences can be improved. There are still areas of concern. Latinx employees are slightly less likely to say managers treat staff from all racial/ethnic groups with respect, down 3.8%. Asian employees have made little change in feeling comfortable talking about race and racism in the workplace and being involved in advancing racial equity.

Further efforts to improve culture and spread the responsibility for equity will continue. This plan describes trainings and policy changes that will improve discipline, promotion and culture. These activities will move us even further to improve the level of respect and welcome for all staff.

The Plan

# Hiring and Recruitment

*Identify, Attract, Invest in and Retain a Diverse City Workforce*

*Racial homogeneity within hiring and recruiting networks reproduce historical inequities in access to family-sustaining, living wage jobs. Therefore, cultivating an inclusive workforce requires intentional efforts in and with diverse, underrepresented and underserved communities. This includes assessing the most basic barriers to access that influence the City's applicant pool, and developing a clear, intentional outreach strategy. Further, partnering creatively within new outlets, community-based organizations, BIPOC professional networks, re-entry programs, SFUSD and community college systems will cultivate a rich pool of diverse candidates.*

*– Office of Racial Equity*

## Department Goal

DPH's goal is to recruit and hire a highly engaged workforce that reflects the diverse community we serve. Gentrification, economic disenfranchisement, and the forced outward migration has disrupted the Black communities that once supported San Francisco's Black families. At the same time, the unequal impact of the Great Recession and long-standing employment discrimination have suppressed incomes for communities of color. Even when BIPOC residents are employed they are disadvantaged by pay inequities, racial bias in promotion and severe discipline. SFDPH is the primary source of healthcare and health promotion for low-income communities of color, so these families impacted by racism are our clients and patients, including essential workers, undocumented residents, and people experiencing homelessness. This means we must value and prioritize a workforce with direct, first-hand experience working in and with these communities, including staff reflecting their racial and ethnic diversity and life experiences.

We will need intentional actions to build a workforce that is able to directly address the racialized structural barriers to health that impact the communities we serve. Hiring practices, processes, and policies must be actively anti-racist. The first step is to look across classifications to identify inequitable representation and find ways to encourage talented people from those community to apply. However, since many SFDPH positions require specialized training, certification or licensing, many potential applicants will need support to meet qualifications. SFDPH currently has a variety of internships, training programs, and other pipelines bring people into healthcare positions. Unfortunately, these programs are small, uncoordinated, and not evaluated for their impact on the diversity of the applicant pool.

We know that failures in recruitment are not the only reason for diminished racial diversity in higher level positions. We must also identify and address barriers to successfully applying for positions. Arcane or confusing processes have been criticized anecdotally for many years, some of which derive from civil service rules that impact all city departments. Improving these aspects of the hiring process–unnecessary or redundant questions, irrelevant requirements, unneeded background checks, degree inflation, and bias in interviewing– will take coordinated effort across many agencies, labor organizations, and regulators. Our aim is to reexamine all levers to eliminate racial bias in our hiring practices.

Key goals

Develop new recruitment strategies that increase the diversity of applicants.

Develop skills-based training for managers in recognizing and interrupting personal bias, and the use of standard practices in all decisions impacting the workforce.

Implement a monthly and quarterly tracking system in Human Resources to monitor for racial bias in recruitment and hiring practices

Develop specific recruitment and hiring policies for clinical services (Primary Care, BHS, ZSFGH, LHH, Jail, and Whole Person Integrated Care) that correct the under-representation of Black and Latino physicians, nurses, Advance Practice Providers, and Non-Clinical Professional staff.

Develop tools and system-wide protocols for equitable best practices in the Pre-and-Post Selection Referral processes.

# 1 Hiring and Recruitment

## Objective 1.1

Develop a hiring and recruitment policy and procedure that aligns with the Citywide Racial Equity Framework and the department's Racial Equity Action Plan.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 1.1.1. Assess current conditions and barriers that impede (1) potential applicants' ability to competitively apply to available positions, and (2) disallows current, competitive employees to apply. | Staff time – assigned | Barriers assessment is completed | 2021 | 1. Merit team is working to assess the current conditions of the recruitment pathways and the merit process (application, exam, interview). <br><br> 2. Key action: examine recruitment and hiring trends from 2020 and onward on who applies and who is selected (by race/ethnicity, gender, age, etc.) | Started <br><br> Not started | DPH HR |
| 1.1.2. Implement an annual staff survey to assess departmental diversity and inclusivity that would inform hiring and recruitment goals, particularly looking for gaps within data. Survey data and results are disaggregated and included in the department annual review. | Staff time – assigned <br><br> Testing delivery service contract in place | Survey is administered annually <br><br> Survey results are included in the department annual review | In place | 1. People Development Team (PDT) currently manages the biannual Employee Engagement Survey and annual Pulse survey. Survey includes questions on race equity and respect, but these do not directly address recruitment and hiring. <br><br> 2. PDT will add relevant questions in the 2021 Employee Engagement Survey tentatively scheduled for July 2021. PDT will add relevant questions to 2021 Employee Engagement Survey. PDT will assess survey results and present to HR leadership to add to the FY21-22 SFDPH review and Health Commission reports. | Completed <br><br> Started | DPH HR |

# Hiring and Recruitment

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 1.1.3. Draft and release an equitable and inclusive hiring and recruitment policy that includes learnings and feedback from staff survey and applicant barriers assessment. This policy must be vetted by the Racial Equity Leaders and any related working group. | Staff time – assigned | Policy is created, implemented, and reviewed annually to maximize results | 2021<br><br>2022<br><br><br>2023 | 1. Investigate required policy changes with CSC and DHR. Craft formal proposal for change.<br><br>2. Submit and negotiate proposal with CSC and DHR. Plan for implementation of approved changes<br><br>3. Initiate implementation of new policies | Not started<br><br>Not started<br><br>Not started | DPH HR |

## Objective 1.2
Strengthen recruitment and hiring strategies to attract and cultivate diverse candidates at all levels of the department.

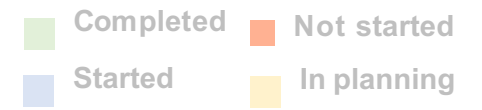| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 1.2.1. Develop a clear and expansive recruitment process that addresses most basic barriers to access to employment opportunities, and stretches beyond existing outreach protocols to new and unexpected outlets and networks. Map and track outreach efforts. | Staff time – assigned | Candidate pool is increasingly more diverse and referred from a variety of sources | 2022 | 1. Translate recruitment materials to reach diverse communities.<br><br>2. Look at advertising using methods that do not require technological equipment.<br><br>3. Develop a public-facing career coaching resource (physical and/or virtual) to provide hands-on support to candidates to apply. | Not started<br><br>Started<br><br>Not started | DPH HR |

# Hiring and Recruitment

LEGEND
Completed    Not started
Started    In planning

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 1.2.1. Develop a clear and expansive recruitment process that addresses most basic barriers to access to employment opportunities, and stretches beyond existing outreach protocols to new and unexpected outlets and networks. Map and track outreach efforts. | Staff time – assigned | Candidate pool is increasingly more diverse and referred from a variety of sources | 2022 | 4. Recruiters are already working to diversify the applicant pool, but barrier is exams and MQs. We lose out diverse applicants there. <br><br> 5. Discuss changes to preemployment verification process (i.e. employees prove experience within first 120-days; limit to background checks only, etc.) and final preemployment "determination review" with HR-Merit team. | Not started <br><br> Not started | DPH HR |
| 1.2.2. Foster relationships with new and unexpected outlets, community-based organizations, BIPOC professional networks, re-entry programs, SFUSD and community college systems that could feed into open positions. | Staff time – assigned | Candidate pool is increasingly more diverse and referred from a variety of sources | In place <br><br><br> 2023 | 1. Have dedicated recruiters in place for entry level classifications to engage with the different CBOs <br><br> 2. Have a flex program for all classes. Mirror ACE program across the board for all classifications | Started <br><br> Not started | DPH HR |
| 1.2.3. Review, simplify, and standardize job descriptions and minimum qualifications to remove any barriers to attracting a diverse candidate pool and those with diverse life, education, and professional | Staff time – assigned | Job descriptions display consistent and inclusive language <br><br> Candidate pool is increasingly more diverse | In place <br><br><br> 2021 | 1. This is ongoing – Merit already does this every time they do analysis for job openings. <br><br> 2. Examine substitution for education with experience (can be education or experience; should be a combination or mix for all jobs) | Started <br><br> Not started | DPH HR |

# Hiring and Recruitment

**LEGEND**
Completed    Not started
Started    In planning

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 1.2.4. Interrogate necessity of minimum qualifications (MQs) that may disproportionately create racial inequities in hiring and recruitment. Consider the option of learning on the job or relevance of transferable skills. Remove unnecessary/outdated MQs for certain classifications to expedite hiring and allow for greater equity. | Staff time – assigned | An increase in applicant pool with more diverse life, education, and professional experiences | 2022 | 1. Need to partner with DHR a SFDPH HR does not control qualifications. (DHR and HRC have established a taskforce) | In planning | DPH HR |
| 1.2.5. Review the need for supplemental questions. Does this job require the applicant to write well as a part of their job duties? If not, reconsider supplemental essay questions, unless grammar and other writing skills will not be considered. | Staff time – assigned | An increase in applicant pool with more diverse life, education, and professional experiences | 2023 | 1. Conduct full job analysis for all city classes with DHR<br><br>2. Develop a stable continuous data source to allow HR staff to monitor the proportion of applicants with various characteristics. | Not started<br><br>Not started | DPH HR |
| 1.2.6. Reject the practice of "degree inflation" which exacerbates racial disparities in educational and wealth attainment by requiring a four-year college degree for jobs that previously did not. Be specific about the hard and soft skills needed for the role. | Staff time – assigned<br><br>Equity Leads for major department areas | An increase in applicant pool with more diverse life, education, and professional experiences | 2023 | 1. Job analysis will inform relevance of testing instrument<br><br>2. Develop training and experience based KSA's to replace conventional educations requirements based on core job analysis<br><br>3. FLEX program (Promotion in Place): revamp civil service. | Started<br><br>Not started<br><br>Not started | DPH HR |

# Hiring and Recruitment

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---------|---------------------|------------|----------|---------------------|--------|------|
| 1.2.6.<br>Reject the practice of "degree inflation" which exacerbates racial disparities in educational and wealth attainment by requiring a four-year college degree for jobs that previously did not. Be specific about the hard and soft skills needed for the role. | Staff time – assigned<br><br>Equity Leads for major department areas | An increase in applicant pool with more diverse life, education, and professional experiences | 2023 | 4. Examine rules that impede ability to promote existing employees. We can have promotive exams under certain conditions, with permission from unions. ACE program as a model – ACE is a DHR program for entry level staff with qualified disabilities. Can be hired under rule 1.5 in permanent position and become PCS after 1-year satisfactory performance. Only for entry level classifications. | Not started | DPH HR |
| 1.2.7.<br>Require outside recruiters to comply with departmental standards for equitable and inclusive hiring to ensure the production of a diverse and qualified candidate pool. Use outside recruiters who bring an equity lens and culturally-competent skills to their work. | Staff time – assigned | Candidate pool is increasingly more diverse and referred from a variety of sources | 2021<br><br><br><br>2021 | 1. SFDPH HR can ensure that outside recruiters working with SFDPH complete the Fairness in Hiring training as a part of work agreement and signing confidentially notices.<br><br>2. SFDPH HR will make recommendations to DHR that all external recruiters comply with equitable and inclusive hiring practices within their own company as well.<br><br>3. Request that DHR create a checklist to ensure recruiter compliance with CCSF EID expectations/protocols. | In planning<br><br>Not started<br><br>Not started | DPH HR |

# Hiring and Recruitment

## Objective 1.3
Invest in a diverse and equitable talent pool by formalizing robust internship, fellowship, pre-apprenticeship and apprenticeship programs, and provide equal opportunity towards permanent employment.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 1.3.1. Create, maintain, and develop internship stipends and paid fellowship opportunities. Be clear and upfront about the ability to fund internships and fellowships during the interview process. | Staff time – assigned\n\nFunding TBD – pending budget process | Number of paid interns/fellows, increase annually or meets department needs/capacity | 2021\n\n\n\n\n\n2022\n\n\n\n\n\n2023 | 1. Assess current internship programs for payment equity across the department (many are grant based with funding set at state or federal agencies).\n\n2. Investigate options for internship funding: 9910s, OFA or private-sector partnerships.\n\n3. Develop a proposal for a centralized application process for internships in the clinical and non-clinical services that allows monitoring for diversity in participants and in the programs pay equity.\n\n4. Pilot interns in at least 2 services with centralized coordination to ensure consistent support and evaluation of the internship programs. | Not started\n\nNot started\n\nNot started\n\nNot started | DPH HR |
| 1.3.2. Identify and secure a minimum number of departmental summer placements and employee mentors for participants in the Mayor's Opportunities for All program. | Staff time – assigned\n\nFunding TBD – pending budget process | Number of Opportunities for All placements and mentors | 2021 | 1. Prepare mentor standards/training and clarify requirements for clinical site placements.\n\n2. Work with OFA to identify appropriate summer placements at SFDPH | Not started\n\nIn planning | DPH HR |

# Hiring and Recruitment

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---------|---------------------|------------|----------|---------------------|--------|------|
| 1.3.2. Identify and secure a minimum number of departmental summer placements and employee mentors for participants in the Mayor's Opportunities for All program. | Staff time – assigned  Funding TBD – pending budget process | Number of Opportunities for All placements and mentors | 2022  2023 | 3. Accept limited number of OFA placements  4. Expand OFA placements to minimum number | Not started  Not started | DPH HR |
| 1.3.3. Disrupt employment patterns relying on a 'feeder model' that consistently pulls candidates from the elite institutions and universities. Target local community colleges, trade schools, training programs, re-entry programs, public high schools, etc.  e.g. SF Unified School District's Career Pathways Program. | Staff time – assigned | Internship/fellowship candidate pool is increasingly more diverse and referred from a variety of sources | 2021 | 1. Begin outreach in high schools and communities and connect opportunities directly to job classes that interns can aspire to join.  2. Institute a referral program with educational partners to help qualified people connect with our recruiters. Focus on schools providing licensed degrees and those serving the SFDPH service community. | Not started  Not started | DPH HR |
| 1.3.4. Include opportunities to expand collective knowledge regarding diversity, equity, and inclusion. | Staff time – assigned  Training funds in ORE budget secured – $100,000-$150,000 | Number of opportunities during internship/fellowship | 2021 | 1. Assess current internship programs across the department for opportunities for equity education (many are grant based with funding set at state or federal agencies)  2. PDT will create and facilitate an HR training for all interns in structured SFDPH internship programs | Not started  Not started | DPH HR |

# Hiring and Recruitment

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 1.3.4. Include opportunities to expand collective knowledge regarding diversity, equity, and inclusion. | Staff time – assigned<br><br>Training funds in ORE budget secured – $100,000-$150,000 | Number of opportunities during internship/fellowship | 2022 | 1. Develop tracking system to collect data on intern activities all across SFDPH.<br><br>2. Enroll all interns in online modules on Implicit Bias, SOGI, Race Equity (coming soon).<br><br>3. Include a DEI statement on all exam bulletin | In planning<br><br>Started<br><br>In planning | DPH HR |
| 1.3.5. Track and evaluate outcomes including reviewing the application process and resulting hires by race/ethnicity, to address any fallout due to bias. Collect constructive feedback of intern and fellowship experiences. Adjust programs accordingly. | Staff time – assigned | Tracking system implemented<br><br>Percent of evaluations completed<br><br>Internship/fellowship program updated before next cycle | 2022<br><br><br><br>2023 | 1. Develop tracking system to collect data on intern activities all across SFDPH.<br><br>2. Assess internship tracking data to identify potential biases or patterns in intern selection or placement in specific sites/programs. Compare with hiring data from Merit team.<br><br>3. PDT will begin regular review of the new hire data to determine how many new hires come from SFDPH intern or fellowship programs. | Started<br><br>Not started<br><br>In planning | DPH HR |

# Hiring and Recruitment

## Objective 1.4
Commit to standardized, transparent, and participatory recruiting and onboarding.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 1.4.1. Maintain a standardized and holistic interview process with structured interview questions. | Staff time – assigned | Standardized interview process with a set of inclusive interview questions | In place | 1. This is standard work; we review questions to ensure its job related. Implementation already in place. | Completed | DPH HR |
| 1.4.2. Ensure a diverse hiring panel for each interview. | Staff time – assigned | Demographic composition of panels<br><br>Increase in diverse interview panels | In place | 1. Fairness in Hiring policy already in place to ensure diverse panels. | Completed | DPH HR |
| 1.4.3. Train staff on conducting interviews, taking care to focus on implicit bias and equity. This includes staff involved in selecting interns and fellows | Staff time – assigned | Interview panels will be increasingly more equitable, conversations regarding racial equity can be easily had | In place | 1. Fairness in hiring policy requires all hiring managers and panelists to complete the FIH online module. Managers complete this training annually and panelists complete before participating as interview panelists. | Completed | DPH HR |

# Hiring and Recruitment

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---------|--------------------|-----------|----------|--------------------|--------|------|
| 1.4.4. Adopt a tool to track application progress and provide assistance where needed through multiple means to reach more job seekers. | Staff time – assigned | Tool created and implemented<br><br>Number of applicants increased<br><br>Increased assistance to job seekers | 2021 | 1. Launch new Applicant Tracking System.<br><br>2. Continue to develop in conjunction with DHR. | Not started<br><br>Not started | DPH HR |
| 1.4.5. Share and post all job openings internally. Abide by department's RE Action Plan goals to create and streamline professional mobility. | Staff time – assigned | Increase in internal part-time and full-time staff, interns and fellows applying for job openings | 2021-2022 | 1. Post all job openings (including reassignments) on an easy-to-access SFDPH website.<br><br>2. Operations will partner with IT to develop this online platform. | In planning<br><br>Not started | DPH HR |
| 1.4.6. Decrease and close lags and long wait times in hiring, interviewing, and onboarding processes that can cause delays in service provision and potential economic harm to interested applicants. | Staff time – assigned | Hiring, interviewing, and onboarding processes standardized<br><br>Lag times/wait times | Ongoing with goal set for 2022 | 1. SFDPH HR has been working on reducing timeline.<br><br>2. Work with CSC to remove civil service barriers (exams, eligible list) to arrive at a different process | Not started<br><br>Not started | DPH HR |

# Hiring and Recruitment

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 1.4.7. Formalize and standardize the onboarding process for full-time and part-time staff, volunteers, interns, fellows, and freelancers. | Staff time – assigned | All new hires are processed similarly regardless of position | In place | 1. SFDPH HR has a formal process for full-time and part-time employees across SFDPH. Under ongoing process improvement across the three HR locations.<br><br>2. Volunteers/interns go through decentralized process at specific sites. Internships programs require | Completed<br><br>Completed | DPH HR |
| 1.4.8. Expand upon the default Certification Rule of Three Scores. For example, expanded to the Rule of Ten or more. | Staff time – assigned | Number of diverse candidates in applicant pools increased<br><br>Overall faster hiring times | 2021 | 1. Seek agreement with labor organizations [Merit already requests expanded lists, but historically has been unsuccessful]. | Started | DPH HR |
| 1.4.9 Improve the communication between Merit and candidates to ensure support for those who need to document qualifications. Minimize documentation requests. | Staff time – assigned | New templates for letters | 2021 | 1. Revise Merit communication to transparently encourage and advise all applicants on how to document qualifications if initially unclear.<br><br>2. Review procedures to decrease the need for secondary confirmation and excess documentation. | Not started<br><br>Not started | DPH HR |

# Retention and Promotion

**Our Workforce is Our Largest Asset**

*Retaining a strong workforce means supporting our employees holistically to ensure that they are affirmed, in and out of the office. A competitive salary, inclusive benefits and opportunities for advancement ensure that our workforce can sustain themselves and their immediate family, and oftentimes, due to the wealth gap and the effects of systemic racism, their extended families and friends. A clear and intentional path to promotion addresses barriers to upward mobility that systemically face underrepresented employees. Lastly, acknowledging and responding to any potential inequitable impacts of the COVID-19 pandemic on frontline City workers will be essential.*

*– Office of Racial Equity*

## Department Goal

As a large organization with hundreds of classifications, it can be difficult to ensure that all employees have the same ease of access to communications. This can impact their ability to see opportunities for advancement. Further, while promotions are usually based on the Civil Services exam process, without clear preventative measures, it is possible that some employees are more supported in career growth and encouraged to apply for promotional positions This can happen inadvertently as managers make acting assignments, assign lead pay, or assign special projects. This can lead to significant inequities in who is eventually qualified and selected for PCS promotive positions and who therefore receives higher pay.

Workforce demographic assessment by race/ethnicity by classification and pay reveal significant pay disparities. Black, Indigenous, Hispanic, and peoples minoritized as POC (Asian and Filipino populations excepted) staff constitute a higher proportion of employees in lower-paying classifications. Higher-paying classifications are generally populated by white and Asian American staff, especially in mid-management positions. DPH must improve on its ability and commitment to offer opportunities for advancement for all staff. Correcting this imbalance will require tangible actions that benefit employees from diverse backgrounds, particularly those in some of the lowest paying classifications. We also need to retain the BIPOC staff we do have. Black and African American staff experience the highest percentage of probationary release, almost double in comparison to white and Asian American staff. We may have succeeded in hiring candidates from various diverse background, but without sufficient retention and promotion we cannot correct the legacy of institutional and individual biases that have led to current inequities.

Most managers at DPH work in a fast-paced, complex environment. DPH managers are expected to be technical experts as well as people experts. Lack of a clear understanding of management responsibility means that some managers are unable to effectively manage their teams beyond "getting the work done". HR needs to clarify – via job postings and ongoing training – that managers are responsible for their team members' growth and engagement, not just productivity. These are inseparable elements. To achieve growth and engagement, managers must recognize their role as a career coach and a professional mentor for each employee on their team. This will ensure that employees from marginalized backgrounds have the support for career advancement and pay advocacy that they currently lack. It will also allow managers and executive leaders to be held accountable for whom they approve for which AAE or promotion.

## Key goals

Create and implement an equitable and inclusive hiring and promotion policy, with integration of the Office of Health Equity and Equity Leads.

Collaborate with Merit, hiring managers and Directors to review current postings and ensure standard processes are used for pre-and-post selection referrals.

The Office of Health Equity will partner with HR implement as 360-Degree Anti-Racist Practice Leadership Surveys, which will be used to highlight opportunities to improve cultural competence, and increase equitable management practices.

Create and implement protocols to track hiring selections for each area and use racial impact analysis tools to detect disproportionate outcome that suggest bias.

Develop new communication tools to ensure employees have equal access to information, resources and opportunities at orientation and in their ongoing employment.

A review process to identify classifications with poor mobility and develop a diversification plan with focus on diversified recruitment pathways– new upward paths will create meaningful employee retention.

Develop tools and resources to help managers support the advancement of ALL employees. This will be part of a larger effort to clarify the responsibility of managers to develop all their employees.

# Retention and Promotion

## Objective 2.1
Ensure stronger protections for workers of color given anticipated COVID-19 related deployment, budget shortfalls, hiring freezes, layoffs, and furloughs.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 2.1.1. Track deployment and the given functions of all DSW workers (frontline work and remote work) deployed throughout the period, disaggregated by race/ethnicity, age, gender, classification, pay, union, tenure with the City, accommodations/ disability, etc. Compare aforementioned demographics of employees who volunteered through the DHR DSW survey with those who were requested/deployed. | COVID Command Center staff<br><br>SFDPH Staff time – assigned | Tracking mechanism implemented<br><br>Demographic data analyzed | In place | 1. Work with CCC Personnel Team to develop a report on the DSW staff.<br><br>2. PDT will request DHR to provide data about DSW staff who requested to be deployed. | Started<br><br>Not started | DPH HR |
| 2.1.2. Conduct internal budget analysis with racial equity lens and DSW data, to inform current and future staffing needs. Develop strategies to prevent inequities in layoffs and furloughs. | Staff time – assigned | Budget analysis completed<br><br>Strategies developed and published | 2021 | 1. PDT will make DSW staffing data by race/ethnicity and classification available to Finance, HR directors and all division heads to help with their decision-making.<br><br>*No furloughs or layoffs currently under consideration.* review and Health Commission reports. | Not started | DPH HR |

# Retention and Promotion

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 2.1.3. Ensure that frontline DSW workers have access to necessary PPE to complete their job function, including, but not limited to, masks, gloves, gowns, and access to hand washing and sanitizing materials. | COVID Command Center staff SFDPH Staff time – assigned | PPE access protocol established DSW workers are aware of PPE access protocol | In place | 1. Review standards by class with COVID Command Center leadership. Work with Command staff to highlight staff needs through feedback collection (i.e. survey, 1-on-1's meetings, etc.) and develop systems to provide ongoing support for PPE by job function. | Not started | DPH HR |
| 2.1.4. Offer and clarify additional benefits for compensation, paid sick leave, and flex time for deployed workers. | DHR process | Compensation, paid sick leave, and flex time benefits accessed by relevant staff Increased employee awareness of additional benefits | In place | 1. These benefits are offered through DHR and will continue to be clarified through the SFDPH HR Newsletter, SFDPH HR Resource Center, and HR leaves and payroll trainings (we did one training back in April and can offer more if staff available). 2. Leave team (primary) will work with PDT (secondary) to develop Leaves training opportunities. 3. Starting Jan 2021, new CCFRA laws (12wks of FMLA + 12 more weeks of CCFRA) will require new training. Track to ensure that this training gets to every level of employees; available through small groups and Zoom. Pre-recorded updates, make available online. 4. DHR has responsibility for benefit decisions. SFDPH HR will advocate for additional benefits to staff (especially in lower paying class) who don't get to telecommute. | Started Started Not started In planning | DPH HR |

# Retention and Promotion

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 2.1.4. Consider DSW caretaking and safe transportation constraints when making assignments to avoid additionally burdening workers (e.g. graveyard shifts). | COVID Command Center staff  SFDPH Staff time – assigned | Caretaking and safe transportation are considered in DSW deployments | 2021 | 5. CCC personnel will add info about worksite in hiring letter, giving DSW staff option to telecommute if possible. For staff who report transportation as an issue during activation, Personnel will negotiate with requestor to possibly look for other DSW candidates. | Not started | DPH HR |

## Objective 2.2

Ensure salaries and benefits allow for a dignified livelihood, including people of color and women.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 2.2.1. Conduct annual internal reviews of salary standards for key classifications against industry standards to ensure parity. | DPH HR (with DHR direction) | Pay inequities are reduced over time | In place  2021 | 1. DHR examines salary per industry standards before contract negotiations or if a grievance is filed.  2. SFDPH HR will collect and analyze pay premiums–acting assignment premiums, supervisor differential premiums, lead pay, etc.–to identify any bias patterns or gaps. This will be implemented in Jan 2021. SFDPH HR will monitor for learnings from this pilot program and look to implement SFDPH-wide, in partnership with labor relations and unions, in 2022. | Completed  In planning | DPH HR |

# Retention and Promotion

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 2.2.1. Conduct annual internal reviews of salary standards for key classifications against industry standards to ensure parity. | DPH HR (with DHR direction) | Pay inequities are reduced over time | 2022-2023 | 3. Standard Policy Development: HR Operations, Payroll and Labor Relations will collectively lead a *Premium Pay Project* to examine current practices and trends in assigning premium pays and to develop a standard policy to ensure that all qualified staff have opportunities for roles that will qualify them for premium pays. | Not started | DPH HR |
|  |  |  |  | 4. Develop and apply a standard policy and tracking mechanism to work on all premiums for all SFDPH employees, so that we have clear justification on who is getting premiums, who is not getting premiums, why, etc. The PPP workgroup will work with labor unions to ensure that all employees receive an acting or lead assignment for 6 months only, after which the assignment will be provided to another staff on the team. | Not started |  |
|  |  |  |  | 5. Identify gaps in salary disparities by classification, and conduct salary reviews to determine necessity of adjustments where necessary. | Not started |  |

# Retention and Promotion

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 2.2.2. Conduct annual internal reviews of the parity of department benefits, reviewing and enhancing existing policies [in conjunction with DHR]. <br><br> e.g. parental leave policy, short-term disability, etc. | Staff time – assigned | Benefits provided are annually reviewed | 2022 | 1. Prepare recommendation to DHR that lift floating holiday accumulation caps for classifications who cannot avail telecommuting. <br><br> 2. Further changes in benefits are restricted by union contract negotiation cycle in collaboration with DHR. | Not started <br><br> Not started | DPH HR |
| 2.2.3. Review the paid time off (PTO) policy annually [in conjunction with DHR] | Staff time – assigned | PTO policy is annually reviewed <br><br> # of staff taking PTO increases | 2022 | 1. Recommend to DHR a "flex swap". Take time off for an unlisted holiday of their choice by working on a listed holiday. | Not started | DPH HR |

## Objective 2.3

Ensure salaries and benefits allow for a dignified livelihood, including people of color and women.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 2.3.1. Determine standard factors considered for raises and promotions. Make this information available to staff. | Staff time – assigned | Increase in knowledge about raises and promotions | In place <br><br> 2021 | 1. HR will create a standard checklist to educate managers about how to assign rotating acting assignments or approve pay premiums in a fair and ethical manner. PDT will design and communicate checklist and support division leadership in introducing standard to their division. | In planning | DPH HR |

# Retention and Promotion

**LEGEND**
Completed    Not started
Started    In planning

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 2.3.1. Determine standard factors considered for raises and promotions. Make this information available to staff. | Staff time – assigned | Increase in knowledge about raises and promotions | 2021 | 2. Relaunch program of career coaching and mentorship for employees to learn about promotional opportunities and upward mobility/lattice info: currently suspended due to lack of staffing. PDT will train managers to be career coaches (part of PDT training on management best practices training).<br><br>3. HR to add people engagement, and performance coaching employees to manager performance appraisal – this is an essential function.<br><br>4. HR to also add "developing staff – career development for staff" in the job announcement for managers and supervisors.<br><br>5. HR will create an online platform to help employees understand career opportunities for their specific job class/skills. | Not started<br><br>In planning<br><br>Not started | DPH HR |
| 2.3.2 Develop a formal and transparent process for raises and promotions. | Staff time – assigned | Increase in staff feedback about promotion and raise process | 2021 | 1. Provide all new hires information about the potential for qualifying for Appointment Above Entrance (AAE). Give new staff instructions on how to find and review their MOU and then, if applicable, apply for AAE through their manager. | In planning | DPH HR |

# Retention and Promotion

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 2.3.2 Develop a formal and transparent process for raises and promotions. | Staff time – assigned | Increase in staff feedback about promotion and raise process | 2021 | 2. Enact a new HR policy and process to require a justification for each AAE, raise or promotion from the leadership. This will make ensure that HR has auditable documents for review, and help create culture of accountability. | Not started | DPH HR |
| | | | 2022 | 3. Enact a policy that limits acting assignments to 6 months to provide a greater number of employees with a chance to develop leadership/management skills. [This may require MOU amendment] | Not started | |
| 2.3.3. Develop a process for "acting/interim" roles to avoid staff working these roles for extended periods of time without compensation. | Staff time – assigned | Acting/interim staff process included in internal policies and processes  Increased awareness of process for acting/interim staff | 2021 | 1. Educate managers on how to assign employees to acting roles with appropriate compensation.  2. This is a formal designation and must go through formal paperwork with HR.  3. This will be part of the Management Best Practices training currently in development. | Started  Not started  Started | DPH HR |
| 2.3.4. Internally investigate key classifications with current "drop-offs" in employee diversity, such as Administrative Analyst Series (182x). Set forth strategies and training opportunities to support employee development to achieve mobility. | Staff time – assigned | Reversal of diversity drop-offs such as 182x classifications | 2021 and ongoing | 1. PDT will investigate and report out on classifications with drop off in diversity in their regular Diversity & Inclusion Assessment Reports. Merit/ Recruiters can focus on diversifying recruitment for these classifications. | Started | DPH HR |

# Retention and Promotion

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 2.3.5.<br>Revisit classifications that "dead-end" employees, to create a clear upward path for continued employment opportunities with the City. . | Staff time – assigned | Identify "dead-end" classification and revise | 2021 | 1. DHR Recruitment Team will create a list of "dead-end" classifications.<br><br>2. SFDPH HR Merit/recruitment team will create a plan to diversity recruitment pathways for these classifications.<br><br>3. Create a classification division with Merit in partnership with DHR Classifications Manager.<br><br>4. HR will develop "ladders" to advise employees in these positions about pathways and qualifications to advancement. | Not started<br><br>Not started<br><br>Not started<br><br>Not started | DPH HR |

# Discipline and Separation

*The Path to Termination Can be Filled with Bias*

*Managerial practices that surround employee evaluation, monitoring, warning, suspensions, and termination must be applied equally. Some employees, receive extra scrutiny from supervisors leading to worse performance reviews, missed promotion opportunities, and termination.[1] This additional scrutiny is a result of a biased feedback loop in which some employees are seen as less skilled because of consistent or prolonged unemployment. This cycle must be stopped. Higher rates of corrective action and discipline negatively impacts a department's ability to successfully recruit, retain, and engage employees of color, specifically Black and Latinx employees.[2] Thus, supervisors should be aware of their own biases, evaluations and reviews must be standardized, and, most importantly, managers should always center the needs of their employees. Expectations should be reasonable, clear, and supplemented with opportunities for upskilling.*

*– Office of Racial Equity*

## Department Goal

Racial disparities in disciplinary actions have been documented in data analyzed by Human Resources, bolstering anecdotal complaints from BIPOC employees. Across multiple indicators, disparities in BIPOC employees have worse outcomes (as reflected in the 2019 and 2020 Corrective and Disciplinary Actions report issued by the Department of Human Resources). Many reasons have contributed to these outcomes – i.e. inconsistent applications, a lack of appropriate disciplinary actions for non-Black racial/ethnic groups, a biased over-focus on deficiencies of some employees. Regardless of the reason, changes in HR and management processes are required to correct the resulting injustice.

The Department of Public Health's goal is to reform disciplinary processes, practices, and policies to eliminate disproportional disciplinary and corrective actions (written reprimands, suspensions, terminations, etc.), and separations (i.e. medical releases, probationary releases, etc.). Disciplinary outcomes should align with overall racial demographics of the workforce. In addition, the department seeks to improve oversight of disciplinary action, to ensure alignment across different parts of the department.

[1] Gillian White, Black Workers Really Do Need to Be Twice as Good, The Atlantic (Oct. 7, 2015) https://www.theatlantic.com/business/archive/2015/10/why-black-workers-really-do-need-to-be-twice-as-good/409276/.
[2] Department of Human Resources, CCSF, 2020 Annual Workforce Report, Phase I 11 (Mar. 2020).

Key goals

Develop an equitable and inclusive discipline and corrective actions policy that requires all managers and supervisors to obtain permission from HR Labor Relations prior to issuing a written reprimand

Implement monthly tracking tool to and protocols to develop a systemwide approach of triaging performance and conduct gaps

Integrate a new Employee Complaint process as part of the progressive discipline investigative process

Create a quarterly process to review complaints with equity leads who will provide input about proceeding or not proceeding with progressive discipline, and raising awareness around a lack of policy enforcements for non-Black employees.

Reduce the rate of Corrective and Disciplinary Actions for Black employees to between 6% and 13% within the next 1-3 years through consistently

Ensure the rate and proportion of Black employees leaving DPH involuntarily is proportionate to the rate of employees from other racial/ethnic groups who are also leaving the agency involuntarily.

## Objective 3.1

Ensure stronger protections for workers of color given anticipated COVID-19 related deployment, budget shortfalls, hiring freezes, layoffs, and furloughs.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 3.1.1. Track disciplinary actions and analyze subsequent disaggregated data. Pay special attention to data pointing to biases against staff of color. | Staff time – assigned | Create tracking mechanism<br><br>Analyze data annually<br><br>Increase accountability in disciplinary actions | In place | 1. Tracking of disciplinary action ongoing . | Started | IT |
| | | | | 2. HR will work with managers at clinical sites to determine more diverse strategies to mitigate disciplinary actions. | In planning | DPH HR |
| | | | | 3. Manager Training and Accountability: Develop checklist for managers on steps to mitigate performance or conduct issues at the lowest level possible and at the earliest stage possible. Checklist will also include info about manager duties vs. Labor Relations duties to redirect managers to use take standard actions before seeking LR team intervention. | Not started | |
| | | | | 4. Disciplinary data will be analyzed and reported to leadership on a quarterly basis. Leaders will be asked to document a plan of action to mitigate any disparities found. | Not started | IT/ DPH HR |

# Focus Area 3 Discipline and Separation

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---------|---------------------|------------|----------|---------------------|--------|------|
| 3.1.1. Track disciplinary actions and analyze subsequent disaggregated data. Pay special attention to data pointing to biases against staff of color. | Staff time – assigned | Create tracking mechanism<br><br>Analyze data annually<br><br>Increase accountability in disciplinary actions | In place | 5. Internal Database improvement: Work with IT to add drop down menus to narrow down reasons for disciplinary action. Robust data can help identify pattern of bias or repeated use of disciplinary actions by managers or within specific teams. | Not started | IT/ DPH HR |
| 3.1.2. Track all types of separations and analyze subsequent disaggregated data. Pay special attention to data pointing to biases against staff of color. Feel free to include other approaches to addressing this area in your department. | Staff time – assigned | Create tracking mechanism<br><br>Analyze data annually | 2021<br><br><br><br><br><br>2022 | 1. Same as above.<br><br>2. Establish monthly meetings and follow-up forums to engage supervisors and managers about their teams; discuss progress, support needs, opportunities and strategies for improvement, etc.<br><br>3. Create a policy and process where all Written Reprimands, Suspensions and Terminations will need to be approved by HR Labor and Employee Relations. In addition the policy and process will require all suspensions, terminations, probationary releases, medical separations, and probationary extensions must be approved by the Human Resources Director, along with the consent of the Workforce Equity, Director and Equity Leads. | Not started<br><br>Not started<br><br><br>Not started | IT/ DPH HR/ OHE<br><br>DPH HR/ OHE |

# Discipline and Separation

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 3.1.3. Train supervisors on bias and equitable and compassionate discipline and separation. | Staff time – assigned OHE Training Budget - $100,000-150,000 | Number of trainings completed annually | 2022-2023 | 1. Develop a budget and plan for a robust managerial training program that includes basic team building, interpersonal conflict, management responsibilities with addressing conflict at lowest level possible, etc. | Not started | DPH HR |
|  |  |  |  | 2. Once funding and staffing in place, develop trainings on discipline and separations with focus on managing conflict at the lowest level and earliest stages possible. | Not started |  |
|  |  |  |  | 3. Include this training for new managers at hiring or promotion. | Not started |  |
| 3.1.4. Implement alternative dispute resolution opportunities, such as mediation, to resolve interpersonal issues, thus reducing the need for separation or traditional disciplinary measures. Encourage a "scaled back" discipline process. | Staff time – assigned | Human resources trained on alternative dispute resolution | 2021-2022 | 1. Continue work with DHR on CCSF mediation program. DHR is currently developing a CCSF-wide peer mediation program and SFDPH will participate in that program. | Not started | DPH HR |
|  |  |  | 2023 | 2. When funding and staffing are in place, begin mediation training for all labor staff for skill enhancement. Utilize these trained staff to expand a SFDPH-specific mediation program. | Not started |  |

# Discipline and Separation

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 3.1.5. Standardize discipline procedures and corrective actions to ensure that all employees receive the same level of discipline for a particular policy. | Staff time – assigned | Reduction of racial disparities in disciplinary actions | 2021<br><br><br><br><br><br><br>2022 | 1. Collect data on which issues most commonly lead to discipline.<br><br>2. Advocate for the creation of consistent city-wide standards by DHR, including policies that address the most commonplace issues drivers of conflict identified at SFDPH.<br><br>3. Create a tracking mechanism to see what types of conduct have warranted certain types of discipline, accounting for the progressive discipline process to ensure consistency. | Not started<br><br>Not started<br><br><br>Not started | DPH HR<br><br><br>IT/DPH HR |

## Objective 3.2
Manager training and accountability.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 3.1.5. Review manager's request for discipline to ensure no bias and meets the standard of just cause | Staff time – assigned | Reduction in number of disciplinary cases and in discrepancy of cases by race/ethnicity/gender/age etc. | 2021<br><br><br>2022 | 1. Develop a checklist for managers to use before taking action that can lead to discipline/separation.<br>2. Reviews of manager's discipline to see if equitable application of rule/policy that discipline is being issued for. | Not started<br><br>Not started | DPH HR OHE |

# Discipline and Separation

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 3.2.2. Train managers on core management responsibilities to identify and de-escalate/address conduct or performance issues at the lowest level possible. This would include training managers to identifying disrespectful and bullying behavior and interpersonal conflict on their teams before it escalates to HR. | Staff time – assigned  Funding for trainings in place | Reduction in number of disciplinary cases and in discrepancy of cases by race/ethnicity/ gender/age etc. | In place  2021 | 1. PDT currently offers courses on Effective Communication/Conflict Resolution and Advancing DEI at SFDPH. Both are free 2-hr webinars available monthly and aim to build management skills and toolkit to manage teams with focus on productivity, respect and inclusion.  2. PDT will partner with EEO and LR to develop online modules on "Management Best Practices", as part of a larger management training expansion. These modules will focus on manager's bias check, effective communication, and conflict resolution skills to identify and address workplace conflict effectively. | Completed  Started | DPH HR |

# Diverse and Equitable Leadership

## Department Goal

The role of leadership in creating a culture of equity is multi-layered. Leaders serve as role models, set cultural norms, drive both positive and negative work experiences for staff, and act as either a bridge or a barrier to the advancement of staff. Leaders who come from marginalized communities help congruent staff at lower levels envision advancement. Relationships with these leaders also gives their peers leaders positive experiences which can help them combat personal biases. DPH has notable racial diversity in the executive team. However, other levels of senior management have less diversity, middle management even less. This means that management staff in underrepresented categories have fewer mentors than other staff. DPH is focused on diversifying this middle level of leadership through internal promotion and improved recruitment and hiring practices.

Still, representation is not the only role leaders have in creating a culture of equity.

As noted in the discipline section above, some employees at DPH on average are subject to more discipline and fewer promotional opportunities than others. We cannot wait for more diverse hiring to advance equity for these current employees. The way staff are treated–promoted, disciplined, developed or valued–is strongly influenced by the choices of their manager. Managers will need to learn how to best manage personal biases (even implicit ones) and model respectful and equitable treatment of BIPOC staff members. Directors and senior executives need to model fair treatment of their BIPOC direct-reports, and hold the mangers they oversee accountable for doing the same.

Managers have significant influence on workplace culture and operational practices, and have a significant role in changing them. The full successful participation of managers in these changes will take new kinds of management training and new standards for assessment. Many managers who will have to do this work have not experienced racial discrimination, or other types of marginalization. The goal for DPH is to make equitable management practices a skill set that all managers can access.

[1] Laura Morgan Roberts & Anthony J. Mayo, Toward a Racially Just Workplace, Harvard Business Review (2019) https://hbr.org/cover-story/2019/11/toward-a-racially-just-workplace.
[2] Race to Lead, Race to Lead Revisited: Obstacles and Opportunities in Addressing the Nonprofit Racial Leadership Gap.

Key goals

Standardized recruitment and hiring procedures to maximize diversity in new hires in manager class positions.

A series of trainings, specific to managers, that offer skills in interrupting personal bias, communication in diverse groups, and conflict resolution. Use of these skills will be evaluated as a standardized part of manager performance appraisal.

A review process that includes OHE input for hiring at the management level that includes standardized questions, pre-review in areas of documented extreme disparity, and development of a standardized review which can then be incorporated into normal hiring manager procedures.

Review standards and audit procedures to ensure feedback and accountability for managers around disciplinary decisions (as described in previous sections).

<span style="color:orange">**Diverse and Equitable Leadership**</span>

## Objective 4.1

Commit to developing a diverse and equitable leadership that will foster a culture of inclusion and belonging.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 4.1.1.<br>Adhere to a hiring and recruitment policy that generally aligns with the citywide racial equity framework and the departmental RE Action Plan. | OHE staff time – Director of Workforce Equity and staff<br><br>Equity Lead time<br><br>Training funds in OHE budget | Percent increase in diverse applicants<br><br>Percent increase in diversity of hires | Feb. 2021<br><br><br>2021<br><br>2022 | 1. Standardize equity interview questions for leadership positions.<br><br>2. Equity Leads will identify leadership roles and demographics.<br><br>3. Set baselines for demographics of applicants, interviewees and hires.<br><br>4. Develop standard process for leadership job postings that includes screening by OHE staff to barriers to diverse applicants before posting.<br><br>5. Develop a tracking system for applicant data | Not started<br><br>Not started<br><br>Not started<br><br>Not started | OHE |
| 4.1.2.<br>Commit to ongoing racial equity training and development for leadership. | OHE staff time – Director of Workforce Equity and staff<br><br>Training funds in OHE budget | Percent of leaders completing Equity Learning Units (ELU)<br><br>Percent of leaders completing Community Engagement requirements | Mar. 2021 | 1. Establish ELU requirement of 4h for all levels. [Equity Learning Unit credits are assigned to relevant trainings by OHE and Equity Leads.]<br><br>2. Develop senior leadership specific trainings. | Not started<br><br>Not started | OHE |

# Diverse and Equitable Leadership

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 4.1.2. Commit to ongoing racial equity training and development for leadership. | OHE staff time – Director of Workforce Equity and staff  Training funds in OHE budget | Percent of leaders completing Equity Learning Units (ELU)  Percent of leaders completing Community Engagement requirements | 2021 | 2. Develop senior leadership specific trainings. | Not started | OHE |
| | | | | 3. Relaunch the Equity Fellows program that offered an internal certification for leaders completing 4 full day trainings over the calendar year. [pending COVID abatement] | Not started | |
| | | | 2022 | 4. Develop a Community Engagement requirement and program, setting an expectation that executive leaders engage with service community. | Not started | OHE/ EGC |
| | | | | 5. Initiate a program whereby resident experts develop and lead engagement opportunities in target neighborhoods. | Not started | |
| | | | 2023 | 6. Make equity implementation training mandatory for managers to be completed over a 3-year span. | Not started | |
| 4.1.3. Incorporate senior leadership demographics in the department annual report and/or other public-facing reporting. | Staff time – assigned | Senior leadership demographic included in the department annual report | Mar. 2021 | 1. Define senior leadership in agreement with the Health Commission and Director. | Not started | Health Commi-ssion |
| | | | | 2. Relay to Office of Policy and Planning staff the requirement for the 2021 annual report. | Not started | |

# Diverse and Equitable Leadership

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 4.1.4. Implement a simple process to submit anonymous input to senior leadership. Develop a plan to respond to such input. | Staff time – assigned | Percent of staff is aware of the process as measured by the Employee Engagement Survey | 2021 | 1. Assess with SFDPH Compliance and Privacy staff the utilization and limitations of the current Whistleblower, Unusual Occurrence and regulatory required systems in place. | Not started | DPH HR/ Compli- ance |
| | | | | 2. Consult with City Attorney regarding medical-legal factors that could impact an anonymous system. | Not started | |
| | | | | 3. Communicate the system to the staff through usual channels with support from the Communications Office and Equity Teams (to ensure marginalized staff are aware of its value to them). | Not started | |
| | | | 2022 | 4. Assess the success of the communications campaign in the 2023 Employee Engagement Survey | Not started | DPH HR |

## Objective 4.2
Establish senior leadership responsibility for equity programs and decision-making.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 4.2.1. Ensure senior leaders and upper-level managers hold lower-level staff accountable for creating and maintaining a "culture of inclusion" . | Senior leadership time as part of the Equity Governing Council | Detailed completion of Equity portions of the PPAR for senior directors [audit by HR] Employee Engagement Survey responses to questions about feeling of inclusion and respect | 2021 | 1. The Office of Health Equity and HR will collaborate to create trainings for senior leaders and managers on supporting a culture of inclusion [with support from the Office of Racial Equity] | Not started | OHE |
| | | | | 2. The Office of Health Equity will coach leadership in developing improvement plans to assess and address identified issues in workplace culture | Not started | |
| | | | 2022 | 3. The Office of Health Equity and HR will collaborate to develop the equity related standards for the Performance Evaluation Form | Not started | |
| | | | 2023 | 4. The Office of Health Equity will include the trainings on culture development in the Health Equity Fellowship | Not started | |

# Mobility and Professional Development

## Department Goal

DPH currently invests heavily in training its employees to meet clinical and regulatory requirements. In contrast, trainings on communication, conflict resolution, team building, leadership and race equity and inclusion are few, irregular, and inaccessible to most of the workforce. Further, there is no comprehensive DPH-wide mentorship program, and career coaching is managed by a single staff in HR. These important services are the foundation of a strong internal pathway for advancement for employees, and preparation for them to promote to higher positions. This often affects our BIPOC staff, who are more likely to be in lower-level classifications. Correcting this deficit will require that clear, transparent ladders for advancement be defined for staff. Particularly, staff in positions known to "dead end" where employees can languish for decades despite concerted attempts to advance. Mentoring from managers and designated guides will also help create mobility in the system. Even basic improvements like wider distribution of job announcements could create significant improvement for current staff. The possibility of advancement will also help attract and retain talented people who otherwise would not see city employment as a career path.

Key goals

Develop funding and procedures to provide access to training for staff in under-resourced classes

Work with Human Resources to create and implement an equitable and inclusive Performance Management and Development policy that addresses indicators of bias in performance support and employee development practices

Implement Racial Equity Impact and Analysis tools and processes; e.g. revised Performance Appraisals, Employee Development programs, Self-Assessments and 360-Degree Surveys.

Create a tracking tool and protocol to review the progression of employee promotions quarterly, specifically training and developmental opportunities provided to staff (i.e. # of employees permitted to attend trainings, types of trainings, costs, etc.).

Release job opportunities weekly, and identify potential candidates who may be interested in applying.

Track internal applicants for positions throughout Pre-and-Post Selection Referral processes.

# Mobility and Professional Development

LEGEND
Completed    Not started
Started    In planning

## Objective 5.1

Offer professional and skill development opportunities that center individual goals first, then organizational needs.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 5.1.1. Require formal training for all staff regardless of full/part-time status or seniority. | Most internal trainings – staff time only.<br><br>Funds for external trainings TBD | Number of available professional development opportunity<br><br>Number of completed training | In place<br><br><br><br><br>2022 | 1. HR requires all employees to complete a number of formal trainings (Implicit Bias, Fairness in Hiring, Statement of Incompatible Activities, SOGI, 24 PLUS (through DHR, paid by SFDPH HR), PPAR, Advancing Equity, Inclusion and Diversity. HR communicates, enrolls, tracks completion. | Completed | DPH HR |
| | | | | 2. Each division at SFDPH will be responsible for identifying and offering formal trainings for their workforce. Equity Leads have authority to designate all or part of a training as qualifying for Equity Learning Units. | Not started | OHE |
| | | | | 3. HR will begin offering Respect in the Workplace training to all SFDPH staff by July 1, 2021. | Started | DPH HR |
| | | | | 4. HR will offer a management training on management best practices to help managers understand their responsibilities throughout the employee's lifecycle. | Started | |
| | | | | 5. Investigate the use of management training to qualify non-managerial staff to apply for management positions. | Not started | DPH HR - Merit |

# Mobility and Professional Development

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 5.1.2. Formalize a process for staff to attend conferences. Make clear processes and protocols for reimbursement, stipends, and payments. | TBD pending budget process | New tuition reimbursement process in place. | 2021 | 1. Partner with DHR to simplify the tuition reimbursement process and publicize the process to ALL employees. | Not started | DPH HR |
| | | | | 2. Clarify when employees should use tuition funds vs. departmental education/TTA funds, and the process for applying for departmental funds. | Not started | |
| | | | | 3. Develop a process for staff to define learning objective before applying for conferences to ensure effective use of funds. | Not started | |
| | | | 2022 | 4. Create a comprehensive wiki database of relevant conferences and free/paid/subsidized trainings across DHR, data academy, SFDPH HR etc. Include information about different payment options (tuition reimbursement, department funds, out of pocket). Since this database will be a wiki, employees can contribute information about upcoming conferences and trainings outside CCSF. Wiki will ideally be hosted on the SFDPH HR/PDT WordPress page (upcoming). This database will be widely shared so that employees from various classifications and backgrounds can have clear and full access to all training and payment information | Not started | |

# Mobility and Professional Development

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 5.1.3. Offer opportunities for continual and extended learning. Include in the annual budget. | TBD pending budget process | Number of staff enrolling and completing extended learning  Funds dedicated to extended learning annually | In place | 1. FDPH HR provides Webinars for employees and managers on topics of tech comfort, effective communication, advancing EID, PPARs, etc. PDT us interested in expanding training offerings to include Employee Rights, Career Advancement, and more, but we need more staff. PDT established a partnership with Learnit (SF-based L&D company that provides an array of trainings on technical and people skills). SFDPH employees receive discounts on individual and intact team trainings. | Started | DPH HR/ Finance |
| | | | 2021 | 2. OHE will partner with Finance to lead a process with executive leadership to decide on the amount and distribution of expanded educational funding | Not started | OHE/ Finance |
| | | | | 3. Establish process for each division head to clarify with the fiscal team their educational budget each fiscal year. | Not started | |
| | | | | 4. PDT is working with DHR to bring in-house some important trainings on Respect, Communication, Career Advancement. | Started | DPH HR |

# Mobility and Professional Development

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---------|---------------------|------------|----------|---------------------|--------|------|
| 5.1.3.<br>Offer opportunities for continual and extended learning. Include in the annual budget. | TBD pending budget process | Number of staff enrolling and completing extended learning<br><br>Funds dedicated to extended learning annually | 2022 | 5. HR will develop a program to allow SFDPH employees to facilitate trainings on topics of their expertise and interest. Interested staff would require manager approval to commit two weeks to develop and facilitate relevant trainings either to their division's workforce and to all SFDPH employees. Involve DET partners and patient/employee care teams at LHH, ZSFG, Primary Care, MCAH, PHD to co-develop this platform. | Not started | DPH HR |
| 5.1.4.<br>Encourage participation in professional development by sharing external opportunities that are related to the department's missions and goals. Provide financial support for paid opportunities. | Staff time – assigned | Number of staff participating in outside events or opportunities | 2021<br><br>2022 | 1. SFDPH HR will work with DHR to clarify tuition reimbursement process and publicize it to all employees.<br><br>2. Develop program for reimbursement for employees without these funds in their union MOU (pending Finance process to define available funds) | Not started<br><br>Not started | DPH HR |
| 5.1.5.<br>Track professional and skill development and assess annually, specifically looking to target underrepresented staff of color. | Staff time – assigned | Adopt a tracking system, analyze annually<br><br>Number of staff of color utilizing professional development | In place | 1. HR has a tracking system for orientation and 24 plus and other formal training opportunities listed above; will look to DHR for information about SFDPH employees who have completed DHR trainings (DHR working on that tracking system).<br><br>2. HR is designing a system to reach out to BIPOC staff with 24 plus and similar training opportunities before opening enrollment to all. | Started<br><br>In planning | DPH HR |

# Mobility and Professional Development

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 5.1.5. Track professional and skill development and assess annually, specifically looking to target underrepresented staff of color. | Staff time – assigned | Adopt a tracking system, analyze annually<br><br>Number of staff of color utilizing professional development | In place | 3. Develop a policy to allow staff to use training certification courses to qualify for professional advancement within SFDPH. Work with Merit team to ensure that a certificate training program is recognized as part of MQs for specific jobs. | Not started | DPH HR |

## Objective 5.2

**Encourage collaboration between staff and supervisors that are consistent and thoughtful.**

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 5.2.1. Develop an annual performance evaluation for all staff, part-time and full-time. Highlight advancement opportunities. | Staff time – assigned | Bi-annual performance evaluation program to all staff | In place | 1. SFDPH has an annual performance appraisal process. Over the past several years, HR has trained managers on how to use the PPAR form as a comprehensive strengths-based performance management tool. PDT also tracks completions and shares completion data with division leadership to encourage full compliance. | Completed | DPH HR |

# Mobility and Professional Development

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 5.2.1.<br>Track professional and skill development and assess annually, specifically looking to target underrepresented staff of color. | Staff time – assigned | Adopt a tracking system, analyze annually<br><br>Number of staff of color utilizing professional development | 2021 | 2. Develop documentation template to help managers track ongoing performance accomplishments and concerns. Reimagine performance tracking as a year-round management duty vs. limited scope PPAR form. (PDT has a strengths-based documentation template given to managers during trainings)<br><br>3. Historically, PPAR submissions are persistently well below 100%. Define a policy and accountability measures with leadership to make PPAR completion a requirement for managers' MCCP monies. | Completed<br><br>Not started | DPH HR |
| 5.2.2.<br>Create a mentorship program between senior and junior level staff. | | Number of mentorship programs per year<br><br>Number of meetings per program cycle | 2023 | 1. The citywide staff education team is looking to develop a framework for mentorship program. PDT will partner to develop this and to bring it in-house. | Started | DPH HR |

# Mobility and Professional Development

## Objective 5.3

Ensure staff needs are centered and timely met in order to perform and excel at their jobs.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 5.3.1. Create a process where staff can submit accommodation requests to the department's administration. The overall timeline process should be transparent and easily accessible. | Staff time – assigned | Process developed<br><br>Percent of staff aware of accommodation process<br><br>Percent of accommodations made increased | In place | 1. SFDPH HR has a Reasonable Accommodations team where accommodation requests and submitted and processed. | Completed | DPH HR |
| 5.3.2. Incorporate an assessment of staff needs into the staff performance evaluation process. | Staff time – assigned | Accommodations discussed and recorded during bi-annual performance evaluation process | In place | 1. Employees can request accommodations through their manager or directly through the RA team. | Completed | DPH HR |
| 5.3.3. Assign spaces for staff to take breaks and/or be in community with one another (e.g., department celebration, affinity groups). | TBD pending analysis of need | Improvement in overall staff mental health, increase in staff feedback | 2021 | 1. SFDPH Facilities team will document availability of break space across the department | Not started | DPH Facilities |
| | | | 2022 | 2. Division leaders will develop plans to fill gaps identified | Not started | Senior Leader-ship |

# Mobility and Professional Development

LEGEND
Completed    Not started
Started    In planning

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 5.3.4. Set up processes and open communication channels so management is available to respond to employees' non-work-related needs that contribute to overall work quality. Center the most vulnerable individuals.<br><br>e.g. transportation stipends, exercise stipends, childcare, etc. | Per DHR | Assessment performed with DHR<br><br>Increase in staff awareness of accommodations | 2022<br><br><br>2023 | 1. Partner with DHR on employee benefits planning as this is set at the city-wide level rather than by department.<br><br>2. Add questions to the biannual SFDPH Employee Engagement Survey to understand staff's non-work needs.<br><br>3. Identify which needed benefits are provided by HSS and can be arranged by DPH for staff use. Develop a wellness team to organize these services for DPH staff. | Not started<br><br>In planning<br><br>Not started | DHR<br><br>DPH HR |
| 5.3.5. Respect religious and cultural practices of employees. | Staff time – DPH HR and Compliance | Improvement in staff satisfaction and rating of manager respect on staff engagement | 2021 | 1. Review with managers the requirement for respect and accommodation of religious practices. | Not started | DPH HR |

# Organizational Culture of Inclusion and Belonging

*Growing a Diverse Workforce is Just the First Step*

*Employees must feel welcomed and included at every stage of their employment. Racial homogeneity is not only found in hiring and recruiting, it permeates throughout organizational culture, policies, and procedures. It also can take form as coded, traditional standards, such as "professionalism," that ultimately centers whiteness.[1] This factor takes an immense mental health toll on underrepresented employees who do not feel like they belong. Departments must actively work to create a culture of inclusion and commit to ongoing assessment to uncover gaps in policies and procedures that create a culture of othering. Changes in organizational culture starts and continues with the needs of the employee. These needs are discovered by fostering intentional relationships with underrepresented employees, specifically women, trans employees, Black employees, indigenous employees, employees of color, and employees living with disabilities.*

*-Office of Racial Equity*

## Department Goal

For the past 2 years, DPH, under the leadership of the Director of Health Equity, has built an infrastructure to promote a culture of inclusion and belonging for BIPOC staff and staff from other under-represented groups. Our goal is to further this work through multiple modalities: continuous assessment with surveys and open forums; creating spaces for staff to learn and share ground truth; enforcing accountability for a culture of belonging through policy and communication. The last two employee engagement surveys issued in 2019 and 2020 included 6 questions around staff's perception of equity, inclusion and belonging. We plan to continue asking these questions on an annual basis to collect long term data on staff's experience across the department.

Results stratified by race from the 2019 survey demonstrated that Black/African employees see their experiences in the department differently than other employees. For example, only 57% of B/AA staff agree or strongly agree with the statement "managers in my department treat staff from all racial and ethnic groups with respect" compared to 74% of all staff who answered favorably to that answer. In response to this data, the Equity Champions program was developed to increase the number of people committed to uplifting equity and challenging inequity as they saw it. The discussion forums on Black health and experience were expanded to include additional sites. Other activities, tailored to specific sites, were initiated by the Equity Leads across the department. As seen in the Survey section above, there have been some positive changes in staff reported assessments of DPH commitment to equity and culture of respect.

Our goal is to continue to deepen our relationship with B/AA staff and staff from other historically under-represented groups, while providing more spaces where all staff can learn about equity from a historical, systemic, and inter-personal personal perspective so everyone can contribute to building a culture of inclusion and belonging. At the same time, we will also work on policies, an accountability structure and communication from department and division leadership to ensure managers and supervisors take ownership for creating and maintaining an environment in which staff members from under-represented communities will be respected and their perspectives are meaningfully incorporated in decision making processes.

[1] Aysa Gray, The Bias of 'Professionalism' Standards, Stanford Social Innovation Review (Jun. 4, 2019) https://ssir.org/articles/entry/the_bias_of_professionalism_standards.

Key goals

The development of resource groups to support staff in marginalized groups.
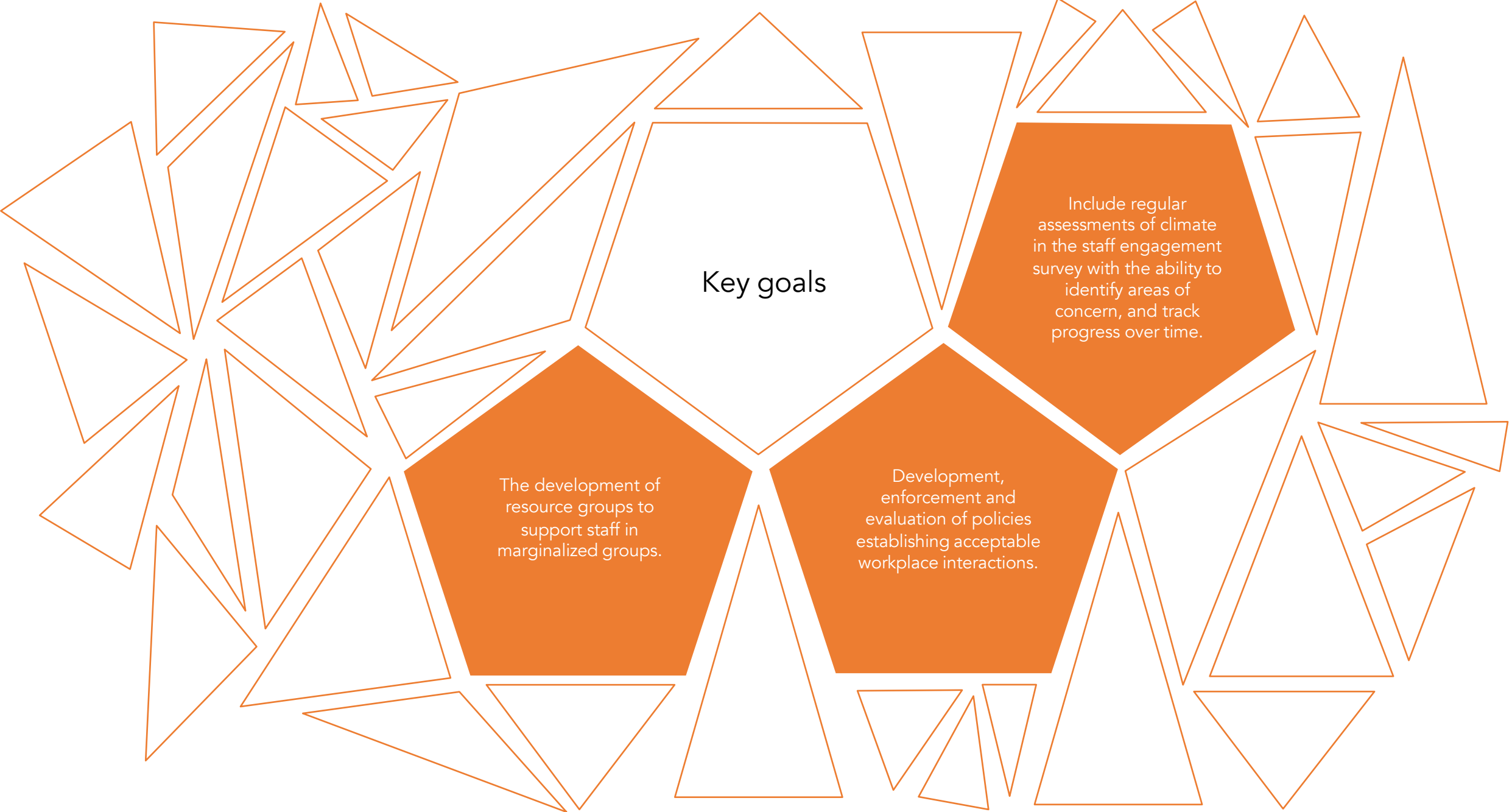
Development, enforcement and evaluation of policies establishing acceptable workplace interactions.

Include regular assessments of climate in the staff engagement survey with the ability to identify areas of concern, and track progress over time.

# Organizational Culture of Inclusion and Belonging

## Objective 6.1

Foster an intentional organizational culture that is committed to inclusion and belonging.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 6.1.1. Ensure that the department's mission, policies, and procedures reflect an ongoing commitment to an organizational culture of inclusion and belonging. | Staff time – assigned | Department mission, policies, and procedures are updated and available | Mar. 2021 | 1. Review current mission with Equity Governing Council to consider more pointed language on equity. | Not started | ORE/ EGC |
| | | | | 2. Refer any recommended changes to Health Director and Health Commission for consideration. | Not started | |
| | | | 2021 | 3. The Health Commission and Director will select an equity tool to use in the standard program and budgetary review process chosen by Health Commission and Director. | Not started | Health Commission/ OHE |
| | | | | 4. Training process for the use of a standard Equity Tool for policy development. | Not started | |
| | | | | 5. Equity tool use in Health Commission presentations. | Not started | |
| | | | 2022 | 6. New policies to be reviewed by Area Director, reported to OHE using Equity Tool. | Not started | Health Commission |
| | | | | 7. New policies with department-wide impact to be reviewed quarterly by the Equity Governing Council. | Not started | |

# Organizational Culture of Inclusion and Belonging

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 6.1.2. Create a Racial Equity Team consisting of Racial Equity Leads committed to keeping the department accountable for reaching its RE Action Plan goals. | Staff time – assigned | Regular, scheduled meetings with RE Team to implement RE Action Plan | In place | 1. SFDPH has developed 5 bodies of staff who meet regularly to develop and implement equity policy: | Completed | OHE |
| | | | | 2. The Office of Health Equity, including the Director (a member of the SFDPH executive staff), 2 managers, and 3 programming staff | Completed | |
| | | | | 3. 8 manager-level Equity Leads placed throughout the department. | Completed | |
| | | | | 4. Equity Governing Council comprised of executive leadership throughout the Department to review policy. | Completed | |
| | | | | 5. Equity Leadership Team comprised of managers and line staff whose are currently implementing equity work. | Completed | |
| | | | | 6. Equity Champions, staff who have expressed an interest in equity and committed to a year of education and improvement work in their own work area. | Completed | |
| | | | 2022 | 7. Develop a REAP review and development process including the Equity Leadership Team and the Equity Governing Council | Not started | |

# Organizational Culture of Inclusion and Belonging

**LEGEND**
- Completed
- Not started
- Started
- In planning

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---------|---------------------|------------|----------|---------------------|--------|------|
| 6.1.3. Develop a RE Action Plan that is updated regularly and available to the public. | Staff time – assigned | Racial Equity Action Plan is published on department website | In place | 1. SFDPH has developed an Annual Equity Plan from 2017-2020 aligned with the fiscal year. The plan has been an internal document to date. Large divisions have begun developing equity plans between 2018 and 2020. | Completed | OHE |
| | | | 2021 | 2. Convert the internal A3 format to a published report on previous year's equity activities(current plans published as Health Commission presentations). | Not started | |
| | | | 2022 | 3. Develop the Office of Health Equity website (as a part of the SFDPH general website) to publish the plan, relevant health and workforce statistics and community. | Not started | |
| 6.1.4. Regularly report to staff, board, and commissioners on RE Action Plan updates. | Staff time – assigned | Ongoing reporting | In place | 1. OHE produces regular newsletters that update staff on issues of race equity and other matters related to health disparities. | Completed | OHE |
| | | | | 2. Director of OHE provides regular updates to the Health Commission on progress of the department equity plan. | Completed | |
| | | | 2021 | 3. Director of OHE will provide regular updates to the Health Commission on progress of the REAP along with other racial equity goals. | Not started | |
| | | | | 4. All RE Leads will produce a regular internal report to staff on the progress of their specific equity goals | Not started | |

# Organizational Culture of Inclusion and Belonging

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 6.1.4. Regularly report to staff, board, and commissioners on RE Action Plan updates. | Staff time – assigned | Ongoing reporting | 2022 | 1. Develop the OHE website (as a part of the SFDPH general website) to publish the plan, relevant health and workforce statistics and community engagement opportunities. | Not started | OHE |
| 6.1.5. Support and provide spaces for affinity groups, prioritizing historically marginalized peoples. | Staff time – assigned  Space funding TBD pending analysis | Number of affinity groups chartered | 2022 | 1. Develop a process for staff to establish affinity groups. | Not started | OHE |
| | | | | 2. Work with Equity Leads and facilities to identify space for group meetings and a process for reservation. | Not started | |
| 6.1.6. Have staff participate in trainings, conferences, and discussions that promote a wider understanding of racial equity. | Staff time – assigned | Number of training, conference, or discussions regarding diversity, equity, and inclusion completed by staff per quarter | In place | 1. OHE – through the B/AA Health Initiative – conducts weekly racial equity educational discussion sessions in different locations. The series uses articles, podcasts and other media to spark discussion about the intersection of race and health. | Completed | OHE |
| | | | | 2. In FY 2020-21, a new requirement for 4 hours of equity training was introduced for all staff. | Completed | OHE/ DPH HR |
| | | | | 3. SFDPH has identified over 80 racial equity champions throughout the Department. These are people throughout the Department who have a protected five hours per month to work on racial equity. The participants engage in trainings and are tasked to create programs or lead trainings in their respective sections and departments. | Completed | |

# Organizational Culture of Inclusion and Belonging

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 6.1.6. Have staff participate in trainings, conferences, and discussions that promote a wider understanding of racial equity. | Staff time – assigned | Number of training, conference, or discussions regarding diversity, equity, and inclusion completed by staff per quarter | In place | 4. SFDPH has a Health Equity Fellowship Program comprised of nearly 50 leaders throughout the Department (launched in early 2020 but disrupted by COVID activities). The fellows receive on average of four hours of racial equity training every month. | Completed | OHE |
| | | | 2021 | 5. Relaunch the Equity Champions program with training curriculum, self-directed learning and implementation project (as envisioned for 2020 pre-COVID). | Not started | |
| | | | | 6. Relaunch the Health Equity Fellowship to complete the training and policy development program (as envisioned for 2020 pre-COVID). | Not started | |
| | | | | 7. Formalize completion of the Champions Year and HE Fellowship through certification and sharing of accomplishments | Not started | |
| | | | 2022-2023 | 8. Launch the next cohorts of Champions and Fellows with former graduates as mentors. Initiate a "pod" model that will be ongoing with "alumni" mentors and continuity of Champion/Fellow projects as ongoing initiatives. | Not started | |

# Organizational Culture of Inclusion and Belonging

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 6.1.7.<br>Conduct an annual staff survey that assesses the department's commitment to an organizational culture of inclusion and belonging. | Staff time – assigned | Annual survey with disaggregated data and feedback | In place | 1. The latest full employee engagement survey was conducted in 2019 and the next is planned for 2021. The survey incudes specific questions on racial equity and gender identity. The results for all questions were disaggregated to show racial and gender differences in responses, and variation between department sections. Data from the 2019 survey is included above in this report. | Completed | DPH HR |
| 6.1.8.<br>Ensure that all art, decor, and design where staff work daily reflect racial and social diversity. | TBD pending analysis | Increase in staff engagement | 2022 | 1. Evaluate missing groups in current representations (e.g. Pacific Islanders or Transgender staff, patients and clients).<br><br>2. Office of Equity will develop a fund for sites to acquire decor to fill these gaps. | Not started<br><br>Not started | OHE |

## Objective 6.2

Develop internal communication processes and procedures that promote equity.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 6.2.1.<br>Regularly update departmental mailing lists to ensure that all staff receive communications. | Staff time – assigned | Number of staff on mailing list exceeds 7,000 | In place | 1. Over 7,500 staff, equal to the entire staff size, are on the current all staff mailing list | Completed | Comms |

# Organizational Culture of Inclusion and Belonging

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 6.2.2.<br>Ensure that all staff meetings center a diverse range of speakers and inclusive topics while offering space for staff engagement. Be transparent about the speakers and topics. | Staff time – assigned<br><br>Funding for speakers, TBD pending identification | Demographics of Grand Rounds speakers and OHE invited speakers | 2021 | 1. Track speakers at ZSFG and OHE. | Not started | OHE/ ZSFG Equity Lead |
| 6.2.3.<br>Create, maintain, and make available a space, physical and/or digital, for staff to share information. | TBD pending identification | Ongoing staff participation and feedback | In place | 1. Equity related: Staff regularly share equity related ideas, information and resources through the Equity Learning Series. | Completed | OHE/ DPH HR |
| | | | 2021 | 2. Equity related: Staff regularly share equity related ideas, information and resources through the Equity Learning Series. | Not started | |
| | | | | 3. Equity related: Separate moderated space will be designated for staff with formal equity roles (Champions, Leads, etc) to have problem-solving dialogue and mutual support. | Not started | |
| | | | 2022 | 4. OHE will work with HR People Development staff to design a SFDPH-wide program for staff mutual support. Equity teams and Champions will contribute to design to ensure the spaces are welcoming to all staff. | NO DATA | |
| | | | | 5. HR and OHE will develop guidelines for individual worksites to offer welcoming spaces for staff social interaction | NO DATA | |

# Organizational Culture of Inclusion and Belonging

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 6.2.3.<br>Create, maintain, and make available a space, physical and/or digital, for staff to share information. | TBD pending identification | Ongoing staff participation and feedback | 2022 | 6. SFDPH will use the HSS grants program to support sites in creating healthy spaces for staff | NO DATA | OHE/ DPH HR |

## Objective 6.3

Improve both physical and digital spaces to meet or exceed accessibility standards.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 6.3.1.<br>Create an accessibility protocol that is utilized across all events, communications, and departmental functions. | Staff time – assigned | Protocol distributed internally and with any outward-facing interactions | In place | 1. SFDPH policies are stated in the Employment Rights For Persons With Disabilities In The City And County Of San Francisco<br><br>2. Additional policies are in place for compliance with federal regulations around healthcare access for patients with disabilities | Completed<br><br>Completed | DPH HR/ OHE |

# Organizational Culture of Inclusion and Belonging

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---------|---------------------|------------|----------|---------------------|--------|------|
| 6.3.2. Evaluate and improve on all physical spaces to meet or exceed accessibility standards taking into account staff and visitors with disabilities, seniors, and families.<br><br>e.g. elevator access, ramps, lactation rooms, scent-free cleaning products, gathering spaces, etc. | Not needed | A plan for physical space improvement<br><br>Funding secured<br><br>Successful implementation | In place | 1. All clinical sites conform to standards requiring this level of access for patients.<br><br>2. SFDPH will work with the OSH group to evaluate office spaces during 2021-22, but current understanding is that all spaces conform to ADA standards. | Completed<br><br>Completed | DPH HR |
| 6.3.3. Evaluate and improve on all digital functions and communications to meet or exceed accessibility standards taking into account staff and visitors with disabilities.<br><br>e.g. plain-text messages, recordings with captions, accommodations for blind or low vision individuals, accommodations for Deaf people, etc. | TBD pending definition of cost | A plan for digital improvement<br><br>Funding secured<br><br>Successful implementation | 2022 | 1. SFDPH IT office will evaluate accessibility across digital platforms.<br><br>2. Plan to fill gaps will be developed with the Offices of Health Equity and Communications.<br><br>3. Budget initiative for additional digital resources needed to ensure standard are fully met. | Not started<br><br>Not started<br><br>Not started | IT/ Comms/ OHE |
| 6.3.4. Invest in translation services. | TBD pending definition of cost | Number of increases in translated materials | In place *(will evaluate for further need in 2021)*<br><br>2022 | 1. The OHE will work with Primary Care and the Community Health Equity and Promotions Branch (CHEP) to assess current resources for print translation services (telephonic translation is in place).<br><br>2. As need, new resources will be contracted to meet this need. | Not started<br><br>Not started | OHE/ PC/ PHD |

# Organizational Culture of Inclusion and Belonging

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 6.3.5. Encourage individual forms of inclusive identity expression. e.g. honoring gender pronouns, relaxing or modifying dress code, etc. | Staff time – assigned | Increase in staff using inclusive identity expression, second nature | In place | 1. SFDPH has developed a training on sexual orientation and gender identity that is part of the mandatory set of trainings each staff person must complete on an annual basis. The curricula of the training are updated as necessary to ensure relevance. | Completed | OHE |
| 6.3.6. Bring accessibility information and accommodations to the forefront rather than offering it upon request. Accommodations can benefit other people besides the initial targeted group. | Staff time – assigned | Accommodations information infused throughout department touchpoints (e.g., website, event announcements)  Provide closed-captioning by default  Increased digital equity (e.g., access) for all employees | In place | 1. See EMPLOYMENT RIGHTS FOR PERSONS WITH DISABILITIES IN THE CITY AND COUNTY OF SAN FRANCISCO | Completed | DPH HR/ OHE |

# Organizational Culture of Inclusion and Belonging

## Objective 6.4

Expand the internal culture of belonging by fostering relationships with the external communities the department serves.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 6.4.1. Incorporate a process to gather community feedback on projects, events, and communications that involve or will impact the community. | Grant funds in place for portion of cost. Remainder TBD pending costing | Community will have an impact on all department projects | 2021 | 1. SFDPH will partner with HSA to develop a proposal (including staffing and funding) for a cell phone-based method for community input. This system (based on one developed in Philadelphia) allows members of the public sign up to answer questions via text, their web browser or over the phone. | Not started | OHE |
| | | | 2022 | 2. After a system is launched, SFDPH will ask questions about safety, utilization of healthy living resources in community, personal experiences of racism, and positive experiences of equity and respect in SFDPH programs. | Not started | |
| 6.4.2. Find opportunities to invest into and support the communities the department serves. | TBD pending costing. Some funding decisions made. | Increase in participation of community events  Increase perception percentage that SFDPH is invested in their community | In place | 1. Both Population Health and Behavioral Health made commitments to increase financial investment in the communities most impacted by disparities. Some of those grants have already been made in the last fiscal year. | Completed | OHE |
| | | | | 2. Primary Care and ZSFG have expanded patient advisory bodies that evaluate and recommend investments in new or expanded services. | Completed | PC/ ZSFG |

# Organizational Culture of Inclusion and Belonging

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 6.4.2. Find opportunities to invest into and support the communities the department serves. | Grant funds in place for portion of cost. Remainder TBD pending costing | Community will have an impact on all department projects | 2022 | 3. Many services are contracted to community providers with specific targets for participation. We will begin discussions with contractors about ways in which DPH support could be communicated to residents (most programs funded in community are not advertised as SFDPH programming). | Not started | DPH |
| | | | | 4. Develop a system for aggregating utilization reports from key contractors and internal programs to track overall community participation. | Not started | Finance |
| | | | | 5. After the above cell-based survey system is in place, SFDPH will include questions about public perception of investment in annual surveys. | Not started | |

# Boards and Commissions

*An Equitable Workforce Starts with Equitable Decision Making*

*For many departments, an equitable and diverse leadership does not stop with senior leadership positions. Decisions are also being made in boards and commissions. These seats must represent the community that the department serves. Bi-laws that contain policies and language that perpetuate implicit bias must be revised. Seats must be accessible and available to employees of color. Policies and budget decisions made by these Boards and Commissions must be assessed through a racial equity lens.*
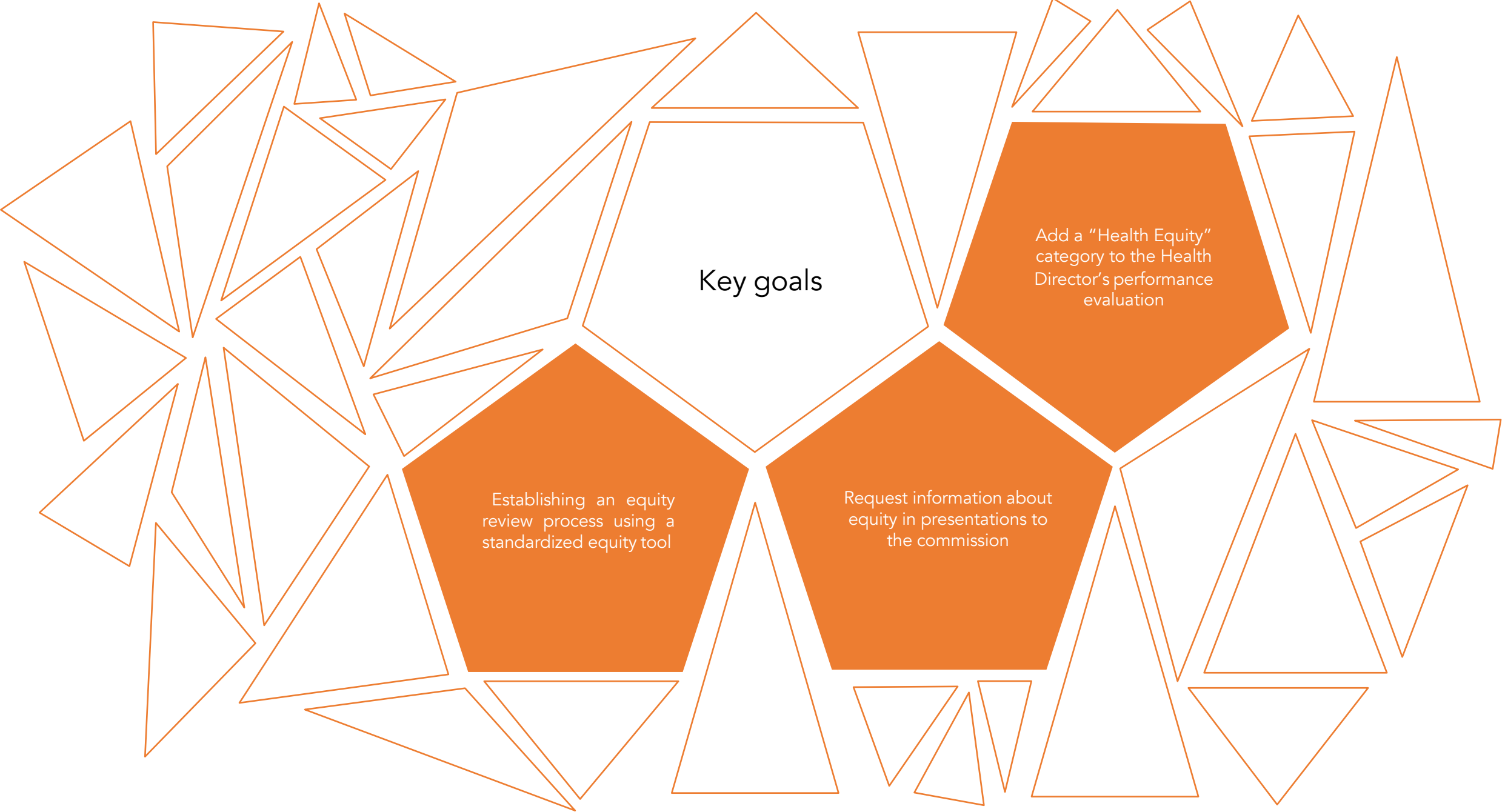
*– Office of Racial Equity*

## Department Goal

Since its inception in 1985, San Francisco Mayors have ensured, through their appointments, that the Health Commission has been comprised of a diverse group of individuals representing different groups of races, ethnicities, genders, and sexual orientations. Mayor Diane Feinstein also began a tradition of appointing at least one Health Commissioner who is HIV positive to represent the perspectives of this important group. The Health Commission membership has historically included medical providers, community advocates, consumers, and other individuals with public health expertise.

The Health Commission has responsibility to track, make inquiries, and provide guidance on DPH activities and the department's budget. This includes monitoring the implementation of the DPH Racial Equity Action Plan in its public meetings. The Health Commission is committed to equitable decision making and will adopt an equity tool in 2021. The Health Commission will request that DPH presentations to the Health Commission use an equity lens by including equity-related data and goals, in addition to information on community involvement and community impact.

As the Governing Body of the DPH, the Health Commissioners also serve as role models and set cultural norms for the department through action on official policy in addition to how they carry out their roles in public meetings. The Health Commissioners are committed to completing ongoing equity trainings to ensure they are up-to-date in their understanding of racial equity paradigms and issues facing underserved and underrepresented communities in San Francisco. They will hold the DPH Director of Health to these same high standards by adding a "Health Equity" category to the personnel evaluation of this most senior DPH leader. The ultimate Health Commission goal is to ensure that racial equity is a foundational value within DPH culture that is demonstrated through all of the department's activities including budget decisions; contracting of services to community providers; provision of clinical services; human resource practices; and community programs.

Key goals

Establishing an equity review process using a standardized equity tool

Request information about equity in presentations to the commission

Add a "Health Equity" category to the Health Director's performance evaluation

# Boards and Commissions

## Objective 7.1

Ensure a diverse and equitable board and commission members that match the community being served.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 7.1.1. Review and revise bylaws and rules of order or create other commission procedures to include inclusive language and align with the department's RE Action Plan. | Staff time – Commission Secretary | Bylaws, rules of order or other procedures successfully amended | 2021 | 1. The Health Commission will review its Rules and Regulations, which serve as its bylaws, to take advantage of opportunities to align language with the SFDPH Racial Equity Action Plan. Please note that the Health Commission currently follows its Rules and Regulations in regard to all sections. | Not started | Health Commission |
| 7.1.2. Collect current board and/or commission demographic data and include in the department annual report. | Staff time – Commission Secretary | SFDPH annual reports will include aggregated demographic data for the Health Commission. This data will also be distributed to the Mayor's Office, to assist with recruiting individuals who reflect diverse San Francisco communities, to serve on the Health Commission. | Jan. 2021 | 1. Demographic information for the Health Commission will be submitted to the DPH to include in its annual report for fiscal year 2019-20.This information will include race, gender, LGBTQ identity, disability status, and veteran status. These data are required to be collected for every CCSF policy body every two years by the Department of the Status of Women. The Health Commission will collect this data annually as part of the DPH annual report.<br><br>*As specified by the City Charter, the Health Commissioners are appointed by the Mayor for 4-year (staggered) terms. Therefore, the Health Commission does not have control over new appointments.* | Not started | Health Commission |

# Boards and Commissions

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 7.1.2. Collect current board and/or commission demographic data and include in the department annual report. | Staff time – Commission Secretary | SFDPH annual reports will include aggregated demographic data for the Health Commission. This data will also be distributed to the Mayor's Office, to assist with recruiting individuals who reflect diverse San Francisco communities, to serve on the Health Commission. | Jan. 2021 | 2. The Health Commission Executive Secretary, with permission from Health Commissioners, will also submit the following information annually to the Mayor's Office to assist their analysis of potential new candidates: Demographics of the current Health Commissioners (see 7.1.2). Information regarding the current Commissioners' areas of public health expertise (e.g. physician, hospital administrator, community advocate).<br><br>3. The Health Commission, through its Officers, will continue its tradition of working with the SFDPH Director of Health to submit names to the Mayor's Office of potential new candidates to fill vacancies on the Health Commission. The intention of submitting these names is to encourage a diverse group of candidates to be considered for vacancies so the Health Commission will continue to reflect the views and experiences of the whole San Francisco community. | Not started<br><br>Not started | Health Commission |
| 7.1.3. Have board/commission adopt a resolution around racial equity. | Staff time – Commission Secretary | Resolution in place in 2020 | In place | 1. The Health Commission passed resolution 20-9, "Health Equity Resolution: Declaring Anti-Black Racism a Human Rights and Public Health Crisis in San Francisco, on July 21, 2020. | Completed | Health Commission |

# Boards and Commissions

**LEGEND**
Completed    Not started
Started    In planning

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 7.1.3. Have board/commission adopt a resolution around racial equity. | Staff time – Commission Secretary | Resolution in place in 2020 | In place | 2. The Health Commission will monitor the required actions contained in the resolution through request of DPH quarterly updates on the implementation of the SFDPH Racial Equity Action Plan, which incorporates actions listed in the resolution. | Not started | Health Commission |
| 7.1.4. Racial equity-related items are regularly agendized. | Staff time – Commission Secretary | Number of policies and issues related to racial equity that are heard, reviewed and/or implemented | | 1. The Health Commission will request quarterly updates on implementation the SFDPH Racial Equity Action Plan. During these discussions, the SFDPH will present new information on racial equity issues, including emerging populations in San Francisco.<br><br>2. The Health Commission will hold public discussions of racial equity data presented by the SFDPH, as part of ongoing implementation updates on its Racial Equity Action Plan.<br><br>3. The Health Commission will request that the DPH use a racial equity lens in all presentations to the Health Commission. | Not started<br><br>Not started<br><br>Not started | Health Commission |

# Boards and Commissions

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 7.1.5. Expand ability for board/commission members to hear from diverse voices from a place of influence. | Staff time – Commission Secretary | Approval of a Health Commission resolution to ensure that the Health Commission holds at least one meeting in the community each year, rotating neighborhoods. | 2021 | 1. The Health Commission will codify its long tradition of holding at least one meeting per year in the community, rotating neighborhoods each year, by approving a resolution putting this practice in place. The intent of these meetings in the community is to ensure the Health Commission understands current public health issues throughout the City. These community meetings focus on public health issues in the neighborhood. Data presented at these meetings include SFDPH analysis of public health data for the neighborhood and presentations from community groups. | Not started | Health Commi-ssion |
| | | | | 2. The Commission will continue to work with the SFDPH to ensure that robust outreach efforts to community groups in the neighborhood, where meetings are held, is implemented to encourage participation by neighborhood residents. | Not started | |
| 7.1.6. Pass a resolution on a Ramaytush Ohlone Land Acknowledgement.[1] | Staff time – Commission Secretary | Resolution adopted | 2021 | 1. The Health Commission will consider a resolution to acknowledge that DPH buildings, programs, and activities sit on the ancestral homeland of the Ramaytush Ohlone peoples, who are the original inhabitants of the San Francisco Peninsula | Not started | Health Commi-ssion |

[1] American Indian Cultural District, Ramaytush Ohlone Land Acknowledgment Initiative. https://americanindianculturaldistrict.org/ramaytush-land-acknowledgement

# Boards and Commissions

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 7.1.7. Incorporate Proposition C 2020 passage which removes the requirement of U.S. citizenship and voter registration for individuals to serve on city boards, commissions, and advisory bodies. | Staff time – Commission Secretary | Greater racial and gender equity in board and/or commission members | 2021 | 1. As specified by the City Charter, the Health Commissioners are appointed by the Mayor for 4-year (staggered) terms. Therefore, the Health Commission does not have control over new appointments | Not started | Health Commission |
| 7.1.8. Adopt ORE racial equity assessment tools to inform decision-making of Boards and Commissions. | Staff time – Commission Secretary | Percent of policies passed with RE lens<br><br>Budget equity assessment completed | 2021 | 1. The Health Commission will consider adopting a Racial Equity Tool to utilize in its discussion of public health issues and actions on policy and budget. Below are steps the Commission will take in this adoption process during 2021:<br>Request a DPH presentation on proposed Racial Equity Tool. After review of the tool, consider adoption, with possible customizations to make a tool most effective in a public health setting. Utilize the adopted tool in all Health Commission meetings and sub-committees necessary to maximize effectiveness | Not started | Health Commission/ OHE |
| | | | | 2. The Office of Health Equity will develop a training for senior leaders on how the tool should be applied to current and proposed activities, and how to report this utilization to the Health Commission. | Not started | OHE |

# Boards and Commissions

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 7.1.8. Adopt ORE racial equity assessment tools to inform decision-making of Boards and Commissions. | Staff time – Commission Secretary | Percent of policies passed with RE lens<br><br>Budget equity assessment completed | 2022 | 3. Review the usefulness of the tool in the 4th quarter to ascertain if additional customizations are necessary to maximize effectiveness.<br><br>4. The Health Commission will consider a resolution to formally adopt the Racial Equity tool. | Not started | Health Commi-ssion |

## Objective 7.2
Safeguard members so they naturally feel welcomed and valued, not tokenized.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 7.2.1. Determine a regular and standardized protocol for accommodation requests, centering people with disabilities, working people, parents, etc.<br><br>e.g. ASL interpretation, video conferencing, food during meetings, translations, etc. | Staff time – Commission Secretary | Implementation of inclusive protocols and scores on the annual Health Commission satisfaction survey, noted in section 7.2.3, that indicate members feel welcomed and valued. | In place | 1. New Health Commissioners participate in a 3-month orientation process to educate them on the work of the SFDPH and Health Commission.<br><br>2. Under direction of the Health Commission President, the Health Commission Executive Secretary is the guide through this process and provides additional education, coaching, and support so that new Health Commissioners understand and are prepared to effectively carry out their duty as Health Commissioner. This process includes accommodation requests. | Completed<br><br>Completed | Health Commi-ssion |

# Boards and Commissions

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 7.2.1. Determine a regular and standardized protocol for accommodation requests, centering people with disabilities, working people, parents, etc.  e.g. ASL interpretation, video conferencing, food during meetings, translations, etc. | Staff time – Commission Secretary | Implementation of inclusive protocols and scores on the annual Health Commission satisfaction survey, noted in section 7.2.3, that indicate members feel welcomed and valued. | In place | 3. After the onboarding process is complete, the Health Commission Executive Secretary continues to check-in frequently with all Health Commissioners regarding their needs and requests.  *Please note that the Health Commission has not historically had an issue with retention of its members. In its 35-year history, very few Commissioners voluntarily resigned. Mayors have been responsible for replacing sitting Commissioners through lack of reappointment. General tenure on the Health Commission is 3-4 terms with the longest tenure of a current Health Commissioner being 31 years.* | Completed | Health Commi-ssion |
| 7.2.2. Commit to ongoing racial equity training being mindful of ongoing and current issues. | Staff time – Commission Secretary | Number of completed trainings per quarter  Increased participation rate | 2021 | 1. The Health Commission will implement racial equity training in the following modalities: New Commissioners will participate in a private racial equity training during orientation. Health Commissioners will continue their current practice of completing required online racial equity training modules. Commissioners will be notified by the Office of Health Equity of relevant DPH or vendor-provided equity trainings which they may attend as able. | Not started | Health Commi-ssion |

# Boards and Commissions

LEGEND
Completed    Not started
Started    In planning

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 7.2.2.<br>Commit to ongoing racial equity training being mindful of ongoing and current issues. | Staff time – Commission Secretary | Number of completed trainings per quarter<br><br>Increased participation rate | 2021 | 2. Health Commissioners will continue their current practice of completing required online racial equity training modules.<br><br>3. Commissioners will be notified by the Office of Health Equity of relevant SFDPH or vendor-provided equity trainings which they may attend as able<br><br>*Note: The deputy City Attorney assigned to the SFDPH has advised that all Health Commission meetings must be open to the public; there are specific legal and personnel issues that require closed sessions. This means that the Health Commission as a group may not participate in retreats, trainings, or discussions in a private setting.* | Not started<br><br>Not started | Health Commi-ssion |
| 7.2.3.<br>Develop a mentorship program between newer and more experienced board/commission members. | Staff time – Commission Secretary | Member experience satisfaction survey | 2021 | 1. The Health Commission Executive Secretary, under the guidance of the Health Commission President, will develop and implement a Health Commission satisfaction survey. Results will be shared with all Commissioners and discussed during the annual Commission planning session. Health Commission leadership will utilize information from the survey and subsequent discussion to make necessary changes in Health Commission culture and committee assignments. | Not started | Health Commi-ssion |

Focus Area **7** <span style="color:orange">**Boards and Commissions**</span>

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 7.2.3. Develop a mentorship program between newer and more experienced board/commission members. | Staff time – Commission Secretary | Member experience satisfaction survey | 2022 | 2. The Health Commission will create a mentorship program for new Commissioners.<br><br>3. The Commission President will meet with new Health Commissioners to discuss an overview of the Commission and to get an understanding of their specific areas of interest.<br><br>4. The President will assign an existing member of the Commission as a mentor based on possible shared interest in areas of public health and other commonalities.<br><br>*Note: New Health Commissioners participate in a 3-month orientation process to educate them on the work of SFDPH. The Health Commission Executive Secretary is the guide through this process and provides additional education, coaching, and support so that new Health Commissioners understand and are prepared to effectively carry out their Health Commission duties. This includes extensive personal support and coaching.* | Not started<br><br>Not started<br><br>Not started | Health Commission |
| 7.2.4 Include equity as part of the orientation of new Commission members, establishing equity as a part of the role | Staff time – Commission Secretary | Percent of new Health Commissioners with equity in orientation | 2021 | 1. The Health Commission will immediately expand its 3-month orientation process to include: | Not started | Health Commission |

# Boards and Commissions

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---------|--------------------|-----------|----------|--------------------|---------|------|
| 7.2.4 Include equity as part of the orientation of new Commission members, establishing equity as a part of the role | Staff time – Commission Secretary | Percent of new Health Commissioners with equity in orientation | 2021 | 2. Thorough review of the DPH Racial Equity Action Plan and relevant outcome data and follow-up presentations to the Health Commission | Not started | Health Commi-ssion |
| | | | | 3. Review of the DPH Racial Equity Tool with an explanation for its use in Health Commission meetings and actions | Not started | |
| | | | | 4. (In-person) Individual Racial Equity Training with DPH Health Equity Office staff | Not started | |

## Objective 7.3
Active Health Commission monitoring of the equity work of the department.

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---------|--------------------|-----------|----------|--------------------|---------|------|
| 7.3.1. The Health Commission will monitor the implementation of the Racial Equity Action Plan | Staff time – Commission Secretary | Inclusion of Health Equity as a category on the SFDPH Director of Health's annual performance evaluation. | 2021 | 1. The Health Commission will request quarterly updates on implementation the SFDPH Racial Equity Action Plan. During these discussions, the SFDPH will present new information on racial equity issues, not started Health Commission including emerging populations in San Francisco. | Not started | Health Commi-ssion |

# Boards and Commissions

| ACTIONS | RESOURCES COMMITTED | INDICATORS | TIMELINE | IMPLEMENTATION PLAN | STATUS | LEAD |
|---|---|---|---|---|---|---|
| 7.3.1.<br>The Health Commission will monitor the implementation of the Racial Equity Action Plan | Staff time – Commission Secretary | Ongoing evaluation of the Racial Equity Action Plan | 2021 | 2. The Health Commission will hold public discussions of racial equity data presented by the SFDPH, as part of ongoing implementation updates on its Racial Equity Action Plan. | Not started | Health Commission |
| 7.3.2<br>The Health Commission will include achievement of Health Equity goals as a performance standard for the Director of Health | Staff time – Commission Secretary | Inclusion of Health Equity as a category on the SFDPH Director of Health's annual performance evaluation. | 2021 | 1. The Health Commission will formally include Health Equity as a category on the annual performance evaluation of the DPH Director of Health. This will require the Director of Health to develop specific measurable goals regarding health equity activities and policy for the DPH. This will ensure that Health Equity will remain a priority for the DPH. | Not started | Health Commission |

Appendix

# Appendix A: REAP Contributors

**Equity Leadership**

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Amie Fishman, Laguna Honda Hospital
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Anh Thang Dao-Shah, ZSFG [former]
Richa Dhanju, Human Resources

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Julia Burns

**Human Resources Planning Team**

Michael Brown, Director of Human Resources
Rhonda Simmons, Director of Labor and EEO
    Hallie Albert
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Karen Hill, Director of Staffing
    Shivani Nath
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    Kimberley Walden
    Kimberly Woo

Elaine Lee, Director of People and Pay
    Richa Dhanju, HR Equity Lead

# Appendix B: Abbreviations

AAE: Appointment Above Entrance
ACE: Access to City Employment Program
B/AA: Blacks/African Americans
BAAHI: Black/African American Health Initiative
BIPOC: Black, Indigenous, People of Color
CBO: Community Based Organization
CCC: COVID-19 Command Center
CCSF: City and County of San Francisco
CHEP: Community Health Equity and Promotions Branch
CSC: Civil Service Commission
D&I: Diversity and Inclusion
DEI: Diversity, Equity, and Inclusion
DET: Department of Education & Training
DHR: Department of Human Resources
DSW: Disaster Service Worker
EEO: Equal Employment Opportunity
EGC: Equity Governing Council
EID: Equity, Inclusion, Diversity
FIH: Fairness In Hiring
FSA: Flexible Spending Account
GARE: Government Alliance on Race and Equity
HR: Human Resources
HRC: Human Rights Commission

IT: Information Technology
KSA: Knowledge, Skills, or Abilities
MCCP: Management Classification & Compensation Plan
MOU: Memorandum of Understanding
MQ: Minimum Qualifications
OFA: Opportunities For All
PCS: Permanent Civil Service
PDT: People Development Team
PHD: Public Health Division
PP: Pay Premium
PPAR: Performance Plan and Appraisal Report
PPE: Personal Protective Equipment
PTO: Paid Time Off
REAP: Racial Equity Action Plan
SFDPH: San Francisco Department of Public Health
SFHN: San Francisco Health Network
SFHSS: San Francisco Health Service System
SFUSD: San Francisco Unified School District
SOGI: Sexual Orientation and Gender Identity
TTA: Travel/Training Authorization
OHE: Office of Health Equity
PCS: Permanent Civil Service
ZSFG: Zuckerberg San Francisco General Hospital

# Appendix C: Vulnerable Populations Engagement Assessment

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | ACCOMPLISHMENTS | POPULATION |
|---|---|---|---|---|---|
| **HIV HEALTH SERVICES** | | | | | |
| African American | HIV Community Planning Council (HCPC). Ending the HIV Epidemic (ETE) new grant focus groups. | 20.4% | $7,521,888 | Structural racism, stigma, housing, mental health and substance use. | HIV cascade – engaged in care and virologic suppression. |
| Latinx | HIV Community Planning Council (HCPC). Ending the HIV Epidemic (ETE) new grant focus groups. | 26.2 | $9,660,464 | Structural racism, stigma, housing, mental health and substance use, language and immigratory status | HIV cascade – engaged in care and virologic suppression. |
| Asia Pacific Islander | HIV Community Planning Council (HCPC). Ending the HIV Epidemic (ETE) new grant focus groups. | 6.4% | $2,359,808 | Structural racism, stigma, housing, mental health and substance use, language and immigratory status. | HIV cascade – engaged in care and virologic suppression. |
| Native American | HIV Community Planning Council (HCPC). Ending the HIV Epidemic (ETE) new grant focus groups. | 1.4% | $2,359,808 | Structural racism, stigma, housing, mental health and substance use. | HIV cascade – engaged in care and virologic suppression. |
| Multi-Ethnic | HIV Community Planning Council (HCPC). Ending the HIV Epidemic (ETE) new grant focus groups. | 3.2% | $1,179,904 | Structural racism, stigma, housing, mental health and substance use. | HIV cascade – engaged in care and virologic suppression. |
| Female | HIV Community Planning Council (HCPC). Ending the HIV Epidemic (ETE) new grant focus groups. | 10.5% | $3,871,560 | Structural sexism, stigma, housing, mental health and substance use. | HIV cascade – engaged in care and virologic suppression. |
| Transgender | HIV Community Planning Council (HCPC). Ending the HIV Epidemic (ETE) new grant focus groups. | 4.1% | $1,511,752 | Structural sexism, homophobia and transphobia, stigma, housing, mental health and substance use. | HIV cascade – engaged in care and virologic suppression |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Maternal, Child, and Adolescent Health** | | | | | |
| Black pregnant women and mothers | Black Infant Health. Weekly group sessions | 6% | $2.34m | Social, economic, and racial stressors affect birth outcomes | # of participants; # of sessions. |
| African-American, Latino, and Asian-American children | Community-Led, Children's Oral Health Taskforces: Bayview- Hunters Point, led by APA Family Support Services Mission / Latinx led by CARECEN SF Chinatown / Chinese-speaking low-income, led by NICOS | 0.4% | $160,000 | "Dental caries in 40-60 % of African-American, Latinx, and Asian American kindergarteners in certain neighborhoods." | # of Successful Community-Led Taskforces # of culturally-appropriate oral health media messages disseminated to community. Website developed to share with local community. |
| Families with food insecurity. Many Latinx, Black, immigrants | WIC Nutrition Education Obesity Prevention | 10% | $4m | Hunger Poverty Chronic Disease | # of families served # of policies/systems changed to improve nutrition |
| Black & Pacific Islander Pregnant Women | Expecting Justice Collective Impact | 3.5% | $1.4m | Racism Perinatal social support Racial determinants of poverty | # of policies/systems changed to improve birth outcomes for Black and Pacific Islander women # of women served by doulas Funding for pregnancy income supplement |
| Black women of reproductive age | Perinatal Equity Initiative | 2% | 900,000 | Racial inequities of infant mortality Home visiting program addresses racism Prenatal care addresses racism | # of policies developed by HVP # of policies developed by prenatal care system Performance of prenatal care system |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Maternal, Child, and Adolescent Health** | | | | | |
| Children with disabilities | California Children Services | 8.2% | $3.3m | Children with disabilities have inequitable access to health, social, and educational services | # of families served |
| Children experiencing neglect or abuse | Family & Children's Services | 9.5% | $3.8m | Children who've experienced neglect and/or abuse | # of families served<br># policies, systems, environments improved |
| Children with disabilities | California Children Services | 8.2% | $3.3m | Children with disabilities have inequitable access to health, social, and educational services | # of families served |
| **Population Health** | | | | | |
| Indigenous immigrant communities in San Francisco. | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.65% | $200,000 | High burden of disease among Indigenous immigrant community, in addition to unique socio-cultural practices and monolingual Mayan dialects | Combines culturally and linguistically appropriate nutrition education, cooking demonstrations, dance, and physical activity programming |
| B/AA, immigrants in southeast corridor | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.49% | $150,000 | populations in southeast SF suffer from a high burden of chronic disease | Aims to provide affordable healthy, high-quality food for vulnerable populations in southeast SF who suffer from a burden of chronic disease, through a cooperative owned and operated by and for Bayview-Hunters Point residents |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Population Health** | | | | | |
| B/AA, low income families, Latinx in southeast corridor | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.57% | $176,000 | Populations in southeast SF suffer from a high burden of chronic disease | Engage residents interested in chronic disease prevention and intervention through health and wellness activities, programs and park services. |
| B/AA, Latinx, API children, families, individuals in Potrero Hill & Annex | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.64% | $199,000 | Populations experience high levels of chronic disease, ACEs and trauma | Support community hiring to create and implement a wide public awareness campaign directed toward 300 Potrero/Bayview children to recognize the origins of negative coping behaviors and adopt resilient-building habits. |
| low-income youth and youth of color: B/AA; Latinx, API, teens age 14-19 and TAY 19-25 in Western Addition, and BVHP | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.56% | $174,000 | Communities of color suffer from a high burden of chronic disease | Cultivate healthy youth through growing gardens in low-income, diverse communities, co-powering children to become healthy, eco-literate leaders. Employ 10 low-income youth of color to learn and lead health-focused workshops on nutrition, gardening and mindfulness, while building and maintaining edible gardens to increase access to fresh produce in their communities. |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Population Health** | | | | | |
| Asian, Latinx in District 11-Excelsior | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.53% | $162,000 | Communities of color suffer from a high burden of chronic disease | Connect residents with high-quality holistic services supporting self-care and overall wellness and promotion of healthy behaviors by supporting through on food as medicine, movement and emotional wellness. |
| Very low-income and people experiencing homelessness in Tenderloin, SOMA, and Mission | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.63% | $195,000 | Communities of color suffer from a high burden of chronic disease | Employ residents at social enterprise restaurant and urban garden, and help feed 18,000 customers, while raising awareness about veggie-forward diets. |
| Underserved African American community primarily in the Bayview Hunters Point | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.65% | $200,000 | Communities of color suffer from a high burden of chronic disease | Build faith-based coalition capacity to provide services and serve at least 450 people over the three-year cycle with healthy food training and food security. |
| African American, Latinx, and Pacific Islander communities in District 10 | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.65% | $200,000 | B/AA, Latinx, and Pacific Islander experience high rate of poor birth outcomes | Connect doulas from the community to provide specialized prenatal, peripartum, and postpartum care that includes one-to-one and group Healthy Eating and Active Living (HEAL) skills-building and coaching. |
| Filipino American in SOMA, Tenderloin, Excelsior | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.57% | $175,000 | Filipino communities experiencing high burden of chronic disease | Empower and build the leadership and civic engagement of SF Filipino residents to attain healthier lifestyles while advocating for healthier neighborhoods. |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Population Health** | | | | | |
| Low-income residents, including youth in Excelsior, Sunnydale-public housing, Mission Bay June Jordan | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.65% | $200,000 | Low-income residents in public housing | Provide low-income individuals of all ages through garden-based education, job-readiness, and community health & nutrition education programs. |
| Low Income Prenatal/Breastfeeding People | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.65% | $200,000 | Food insecurity | Address food insecurity among those impacted by COVID19 effects. |
| Undocumented Families | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.65% | $200,000 | Food insecurity | Addressing food insecurity among those impacted by COVID19 effects. |
| Families and children | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.97% | $300,000 | Food insecurity | Addressing Food insecurity among those impacted by COVID19 effects. |
| Public housing residents - Potrero and Sunnydale | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.97% | $300,000 | Food insecurity | Addressing Food insecurity among those impacted by COVID19 effects. |
| B/AA Community residents affiliated with African American Faith Based organizations | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.65% | $200,000 | Food insecurity | Addressing Food insecurity among those impacted by COVID19 effects |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Population Health** | | | | | |
| Low Income Families | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.10% | $30,000 | Food insecurity | Addressing Food insecurity among those impacted by COVID19 effects. |
| Low Income BVHP families/seniors | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.06% | $20,000 | Food insecurity | Addressing Food insecurity among those impacted by COVID19 effects. |
| Low income: faith based, BVHP, CBOs, Pregnant/Breastfeeding, undocumented, | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 1.30% | $400,000 | Food insecurity | Addressing Food insecurity among those impacted by COVID19 effects. |
| Low-income teens and families | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $75,000 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |
| 5-15 years old and their families | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.06% | $20,000 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |
| Low-income children ages 0-5 | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.22% | $66,930 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |
| Working uninsured of SF | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.23% | $72,315 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Population Health** | | | | | |
| Pregnant MediCal/SSI recipients, people w/ diet-related chronic disease, seniors, very low-income families | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $74,750 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |
| Latinx, Indigena, Mayan | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $74,309 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |
| Spanish speaking, Mexican and Central American | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.10% | $31,700 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |
| B/AA, API, transition age youth | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $73,370 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |
| Latinx, children 8 months-14 years, families | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.05% | $16,565 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |
| Pacific Islander | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $75,000 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |
| Pacific Islander, children/youth/ youth adults between 0-24 years old, and low-income populations | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $75,000 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Population Health** | | | | | |
| Pregnant women, B/AA, Latinx, API | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $75,000 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |
| Low-income seniors, homeless | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $75,000 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |
| B/AA, Latinx, API, native Indian, hire low-income youth 13 or older | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.15% | $45,019 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |
| Adults, overweight, SFHP Medi-Cal beneficiaries | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $75,000 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |
| Transitional age youth, B/AA, Latinx, adult caregivers | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $75,000 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |
| B/AA | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.13% | $41,637 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |
| B/AA, Latinx, low income | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $75,000 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development. |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| Low-income teen youth- African American, Latinx, API | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $74,699 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development |
| B/AA | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $75,000 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development |
| Mayan Indigenous immigrant | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $75,000 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development |
| B/AA, Latinx, API, very low-income families, youth | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $74,850 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development |
| B/AA, Latinx, API, youth and pregnant women | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $74,713 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development |
| Children of low-income families | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $74,988 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development |
| Income seniors and adults with disabilities | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.20% | $61,366 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| B/AA impacted by criminal justice system | Engagement with CBOs, community leaders, community members, SDDT Advisory Committee | 0.24% | $75,000 | Communities of color suffer from a high burden of chronic disease | Supporting one-time capacity building for healthy eating active living services, and community development |
| Communities targeted by tobacco companies (Chinese, B/AA, Latinx, Pacific Islanders, LGBTQ) | Engagement with CBOs, community leaders, community members, Tobacco Free Coalition | 0.39% | $120,000 | Communities of color suffer from a high burden of chronic disease | Capacity building of agencies to provide culturally and linguistically appropriate cessation and harm reduction services |
| Youth and young adults from communities of color | Engagement with CBOs, community leaders, community members, Tobacco Free Coalition | 1.30% | $400,000 | Youth and workforce development core needs among communities of color | Providing youth and social change development to support youth capacity to advocate for change in their communities |
| Low-income seniors and people living with disabilities | Engagement with senior service caregivers and providers | 0.32% | $100,000 | In home falls among seniors directly linked to high rates of morbidity and mortality | Providing education to seniors and caregivers on in home falls prevention, and home modification services |
| Seniors and people living with disabilities | Engagement with Vision Zero Task Force and senior service providers | 0.96% | $297,000 | high rates of injury and death among seniors and people living with disabilities | Providing education on pedestrian safety and capacity building to advocate for safe streets |
| Latinx youth and young people | Engagement with CBOs, community leaders, community members | 0.45% | $140,000 | Violence and gang influence impact Latinx communities | Providing support groups for young people experiencing community violence and gang influence, and supporting tattoo removal services |
| Black/African American communities in SF, focus in district 10, as well as TL and Western Addition | Engagement with CBOs, community leaders, community members | 4.25% | $1,312,000 | High burden of chronic disease and limited access to healthy foods | Providing culturally appropriate chronic disease prevention, interventions and resilience support through health and wellness activities, programs and park services |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| Low-income communities of color | Engagement with and backbone staffing of Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) | 0.23% | $70,000 | High burden of chronic disease and targeting of communities of color by sugar sweetened beverage industry | SDDTAC members directly engage with community, and use evidence/data and evaluation to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax |
| Low-income communities of color | Engagement with and backbone staffing of Tobacco Free Coalition (TFC) | 0.23% | $70,000 | High burden of chronic disease and targeting of communities of color by tobacco industry | TFC members directly engage with community, and use evidence/data and evaluation to make recommendations on priorities for tobacco control and prevention efforts |
| Low-income communities of color | Engagement with and backbone staffing of ShapeUp SF Coalition (SUSFC) | 0.23% | $70,000 | High burden of chronic disease and limited access to healthy foods and healthy living environments | SUSFC members directly engage with community, and use evidence/data and evaluation to make recommendations priorities for chronic disease prevention efforts |
| Low-income immigrants and refugees | Engagement with and backbone staffing of SF Coalition for Asylee, Immigrant and Refugee Communities (SF-CAIRS) | 0.06% | $20,000 | Limited access to and availability of culturally and linguistically appropriate health and social services | SF-CAIRS members directly engage with and provide services to low-income immigrants and refugees community, and coordinate to prioritize and address unmet need |
| B/AA residents affiliated with African American Faith Based organizations | Engagement with and support backbone staffing of African American Faith Based Coalition (AAFBC) | 0.23% | $70,000 | AAFBC | AAFBC members directly engage with and provide food security services to B/AA residents affiliated with African American Faith Based organizations, and coordinate to prioritize and address unmet need |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| Black or African-American | SFAF - AA MSM | 2.00% | $618,049 | Communities of color suffer from a high burden of chronic disease AA MSM also experience HIV stigma, homophobia. | Funded services:<br>   HIV/STI/HCV Prevention Outreach<br>   HIV/STI/HCV Testing<br>   Individual Counseling<br>   Group Sessions<br>   Linkage to Care for HIV-positive and HCV-positive persons. |
| Black or African-American | SFAF - PrEP Services for AAMSM | 0.63% | $195,667 | Communities of color suffer from a high burden of chronic disease AA MSM also experience HIV stigma, homophobia. | Funded services:<br>• Linkage to PrEP Outreach<br>• Individual Counseling<br>• Group Sessions<br>• Linkage to PrEP. |
| Indigenous, Native American or American Indian | Native American Health Center | 0.38% | $116,561 | Communities of color suffer from a high burden of chronic disease AA MSM also experience HIV stigma, homophobia.<br>Indigenous peoples may also have language barriers. | Funded services:<br>• HIV/STI/HCV Prevention Outreach<br>• HIV/STI/HCV Testing<br>• Individual Counseling<br>• Group Sessions<br>• Linkage to Care for HIV-positive and HCV-positive persons. |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| Latino/a/x or Hispanic | AGUILAS | 1.25% | $384,786 | Communities of color suffer from a high burden of chronic disease Latino MSM also experience HIV stigma, homophobia. | Funded services:<br>• HIV/STI/HCV Prevention Outreach<br>• HIV/STI/HCV Testing<br>• Individual Counseling<br>• Group Sessions<br>• Linkage to Care for HIV-positive and HCV-positive persons |
| Latino/a/x or Hispanic | IFR Cat 5 | 1.73% | $535,013 | Communities of color suffer from a high burden of chronic disease Latino MSM also experience HIV stigma, homophobia. | Funded services:<br>• HIV/STI/HCV Prevention Outreach<br>• HIV/STI/HCV Testing<br>• Individual Counseling<br>• Group Sessions<br>• Linkage to Care for HIV-positive and HCV-positive persons |
| Latino/a/x or Hispanic | IFR PrEP Services for Latino MSM | 0.63% | $195,667 | Communities of color suffer from a high burden of chronic disease Latino MSM also experience HIV stigma, homophobia. | Funded services:<br>• Linkage to PrEP Outreach<br>• Individual Counseling<br>• Group Sessions<br>• Linkage to PrEP |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| Lesbian, Gay, Bisexual, Queer People | SFCHC - PREP NAVIGATORS | 0.33% | $102,921 | LGBTQ persons prefer to receive PrEP services from culturally competent providers, rather than primary care. | Funded services: Linkage to PrEP Outreach Individual Counseling Group Sessions Linkage to PrEP. |
| Lesbian, Gay, Bisexual, Queer People | SFCHC MSM | 0.56% | $173,884 | MSM experience HIV stigma, homophobia. | Funded services: HIV/STI/HCV Prevention Outreach HIV/STI/HCV Testing Individual Counseling Group Sessions Linkage to Care for HIV-positive and HCV-positive persons. |
| Lesbian, Gay, Bisexual, Queer People | IFR Cat 2 | 1.16% | $356,675 | Communities of color suffer from a high burden of chronic disease Latino MSM also experience HIV stigma, homophobia. | Funded services: HIV/STI/HCV Prevention Outreach HIV/STI/HCV Testing Individual Counseling Group Sessions Linkage to Care for HIV-positive and HCV-positive persons. |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| Lesbian, Gay, Bisexual, Queer People | LYRIC PrEP Services for Youth | 0.63% | $195,667 | LGBTQ youth experience HIV stigma, homophobia and prefer to receive PrEP from culturally competent community providers rather than primary care. | Funded services: Linkage to PrEP Outreach Individual Counseling Group Sessions Linkage to PrEP |
| Lesbian, Gay, Bisexual, Queer People | San Francisco AIDS Foundation - HIV Testing | 3.61% | $1,112,560 | LGBTQ persons prefer to receive HIV testing services from culturally competent providers, rather than primary care. | Funded services: HIV/STI/HCV Testing and Linkage to Care |
| Lesbian, Gay, Bisexual, Queer People | SFAF - MSM SP | 2.38% | $733,640 | The burden of HIV disease is greatest among MSM who prefer to receive HIV testing services from culturally competent providers, rather than primary care. | Funded services: • HIV/STI/HCV Prevention Outreach • HIV/STI/HCV Testing • Individual Counseling • Group Sessions • Linkage to Care for HIV-positive and HCV-positive persons |
| Lesbian, Gay, Bisexual, Queer People | SFAF - PREP NAVIGATORS | 0.47% | $143,698 | LGBTQ persons prefer to receive PrEP services from culturally competent providers, rather than primary care. | Funded services: Linkage to PrEP Outreach Individual Counseling Group Sessions Linkage to PrEP |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| Lesbian, Gay, Bisexual, Queer People | SFAF - SIP | 0.70% | $215,250 | Binge drinking is disproportionately high in the LGBTQ population. | Single Session Intervention for Binge Drinking. |
| Lesbian, Gay, Bisexual, Queer People | SFAF - Street Intercept | 0.22% | $67,885 | Not applicable; program solicits data on behalf of the City. | Not applicable; program solicits data on behalf of the City. |
| Lesbian, Gay, Bisexual, Queer People | SFDPH COPC: Castro-Mission & Tom Waddell | 0.61% | $186,900 | PrEP needs to be available in a culturally competent manner to LGBTQ population in clinical settings. | Funded services: PrEP Provision in a Clinical Setting |
| Lesbian, Gay, Bisexual, Queer People | SFDPH LAB | 1.45% | $448,000 | Not applicable; processes testing only. | Not applicable; processes testing only. |
| Lesbian, Gay, Bisexual, Queer People | SFDPH STD | 4.46% | $1,375,161 | Incidence of HIV/STI/HCV is disproportionately high in the LGBTQ population and need to be addressed quickly in a clinical setting. | Funded services: HIV/STI/HCV Testing and Linkage to Care |
| Lesbian, Gay, Bisexual, Queer People | UCSF Alliance Health Project | 1.74% | $537,097 | LGBTQ persons prefer to receive HIV testing services from culturally competent providers, rather than primary care. | Funded services: HIV/STI/HCV Testing and Linkage to Care |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| Lesbian, Gay, Bisexual, Queer People | UCSF-AHP PREP NAVIGATORS | 0.32% | $99,710 | LGBTQ persons prefer to receive PrEP services from culturally competent providers, rather than primary care. | Funded services:<br>Linkage to PrEP<br>Outreach<br>Individual Counseling<br>Group Sessions<br>Linkage to PrEP |
| Incarcerated | PHFE JHS | 0.41% | $126,097 | HIV/STI/HCV testing and health education must be provided in jail settings. | Funded services:<br>• HIV/STI/HCV Testing<br>• Linkage to Care |
| Incarcerated | SFDPH JHS | 0.38% | $115,822 | HIV/STI/HCV testing and health education must be provided in jail settings. | Funded services:<br>HIV/STI/HCV Testing<br>Linkage to Care |
| People who Inject Drugs | BAART CHC | 0.13% | $39,400 | HIV/STI/HCV testing should be integrated into substance use treatment settings. | Funded services:<br>HIV/STI/HCV Testing<br>Linkage to Care |
| People who Inject Drugs | BVHP | 0.08% | $25,625 | HIV/STI/HCV testing should be integrated into substance use treatment settings. | Funded services:<br>HIV/STI/HCV Testing<br>Linkage to Care |
| People who Inject Drugs | Glide HCV Linkage | 0.80% | $247,500 | People experiencing homelessness who inject drugs and are HCV positive require high touch, community-based access to HCV treatment. | Funded services:<br>Outreach<br>Linkage to Care for HCV positive persons |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| People who Inject Drugs | Harm Reduction Coalition: DOPE, HRTI | 1.51% | $465,727 | Substance users need Narcan available in community-based settings. Providers must receive harm reduction training to meet the needs of substance users. | Funded services:<br>  Outreach<br>  Narcan Provision<br>  Harm Reduction Training |
| People who Inject Drugs | HealthRIGHT 360 HCV Linkage | 0.51% | $157,500 | People experiencing homelessness who inject drugs and are HCV positive require high touch, community-based access to HCV treatment. | Funded services:<br>  Outreach<br>  Linkage to Care for HCV positive persons |
| People who Inject Drugs | HealthRIGHT 360 Testing | 0.14% | $42,026 | HIV/STI/HCV testing should be integrated into substance use treatment settings. | Funded services:<br>  HIV/STI/HCV Testing<br>  Linkage to Care |
| People who Inject Drugs | SFAF - BHS Testing | 0.54% | $165,728 | HIV/STI/HCV testing should be integrated into substance use treatment settings. | Funded services:<br>  HIV/STI/HCV Testing<br>  Linkage to Care |
| People who Inject Drugs | SFAF - HCV Linkages | 0.51% | $157,531 | People experiencing homelessness who inject drugs and are HCV positive require high touch, community-based access to HCV treatment. | Funded services:<br>  Outreach<br>  Linkage to Care for HCV positive persons |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| People who Inject Drugs | SFAF - HERR Stonewall | 1.26% | $390,116 | Substance use treatment and harm reduction strategies are required in community-based settings. | Funded services: HIV/STI/HCV Prevention for Substance Users; Outreach; Individual Counseling; Group Sessions; Linkage to Care for HIV-positive and HCV-positive persons |
| People who Inject Drugs | SFAF - Syringe Access | 10.43% | $3,218,436 | Harm reduction is rooted in syringe access and disposal, and have been shown to decrease new infections among injection drug users. | Funded services: HIV/STI/HCV Prevention for Substance Users; Outreach; Syringe Access and Disposal; Individual Counseling; Group Sessions; Linkage to Substance Use Treatment |
| People who Inject Drugs | SFAF - Syringe Access - Disposal | 0.27% | $82,737 | Harm reduction is rooted in syringe access and disposal, and have been shown to decrease new infections among injection drug users. | Funded services: HIV/STI/HCV Prevention for Substance; Outreach; Syringe Disposal; Linkage to Substance Use Treatment |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| People who Inject Drugs | SFAF - Syringe Access - HYA Wraparound | 0.28% | $86,077 | Harm reduction is rooted in syringe access and disposal, and have been shown to decrease new infections among injection drug users. | Funded services:<br>HIV/STI/HCV Prevention for Substance Users<br>Outreach<br>Syringe Access and Disposal<br>Individual Counseling<br>Group Sessions<br>Linkage to Substance Use Treatment |
| People who Inject Drugs | SFAF - Syringe Cleanup Program | 2.43% | $750,000 | Harm reduction is rooted in syringe access and disposal, and have been shown to decrease new infections among injection drug users. | Funded services:<br>HIV/STI/HCV Prevention for Substance<br>Outreach<br>Syringe Disposal<br>Linkage to Substance Use Treatment |
| People who Inject Drugs | SFDPH Tom Waddell HCV Coordination - Data Entry | 0.12% | $37,576 | Not applicable: Support for HCV Testing & Linkage | Not applicable: Support for HCV Testing & Linkage |
| People who Inject Drugs | SFDPH Tom Waddell HCV Grant | 0.53% | $164,000 | HIV/STI/HCV testing should be integrated into substance use treatment settings. | Funded services:<br>Outreach<br>Linkage to Care for HCV positive persons |
| People who Inject Drugs | UCSF DSAAM | 0.63% | $195,251 | HIV/STI/HCV testing should be integrated into substance use treatment settings. | Funded services:<br>HIV/STI/HCV Testing and Linkage to Care |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| People who Inject Drugs | Westside | 0.24% | $73,544 | HIV/STI/HCV testing should be integrated into substance use treatment settings. | Funded services:<br>   HIV/STI/HCV Testing and Linkage to Care |
| People with Disabilities and Medical Conditions | SFCHC Intensive Case Mgmt (Aging) | 1.27% | $391,875 | Marginally housed people living with HIV require multiple touch visits in the community and in their homes. | Funded services:<br>   Outreach<br>   Linkage to Care for difficult to reach HIV positive persons |
| People with Disabilities and Medical Conditions | MNHC - PWP in the CoE | 0.18% | $56,998 | HIV/STI/HCV prevention must be provided to HIV positive persons in clinical settings. | Funded services:<br>   Prevention with Positives in a Clinical Setting |
| People with Disabilities and Medical Conditions | Positive Resource Center - Frontline Workers Group | 0.53% | $162,100 | Not applicable: Support for Direct Service Staff | Not applicable: Support for Direct Service Staff |
| People with Disabilities and Medical Conditions | Positive Resource Center - GTZ Employment SVs | 1.13% | $349,013 | HIV positive persons require assistance re-entering the work force and may encounter HIV stigma, and homophobia | Funded services:<br>   Workforce re-entry and development for HIV positive persons. |
| People with Disabilities and Medical Conditions | Project Open Hand - GTZ Curb Food Insecurity | 1.11% | $341,500 | Marginally housed people living with HIV or with other disabilities require multiple touch visits in the community and in their homes. | Funded services:<br>   Food delivery and provision for people with disabilities. |
| People with Disabilities and Medical Conditions | SFAF - PwP | 1.32% | $408,472 | HIV/STI/HCV prevention must be provided to HIV positive persons in clinical settings. | Funded services:<br>   Prevention with Positives in a Community Setting |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| People with Disabilities and Medical Conditions | SFAF - Stonewall - Prevention with Positives in CoE | 0.63% | $193,793 | HIV/STI/HCV prevention must be provided to HIV positive persons in clinical settings. | Funded services: Prevention with Positives in a Clinical Setting |
| People with Disabilities and Medical Conditions | SFDPH Southeast Health Center PwP | 0.32% | $100,000 | HIV/STI/HCV prevention must be provided to HIV positive persons in clinical settings. | Funded services: Prevention with Positives in a Clinical Setting |
| People with Disabilities and Medical Conditions | SFDPH Tom Waddell PwP | 0.32% | $100,000 | HIV/STI/HCV prevention must be provided to HIV positive persons in clinical settings. | Funded services: Prevention with Positives in a Clinical Setting |
| People with Disabilities and Medical Conditions | UCSF AHP - Retention/Core Medical Svs (Intensive Case Mgmt) | 1.26% | $389,277 | Marginally housed people living with HIV require multiple touch visits in the community and in their homes. | Funded services: Outreach  Linkage to Care for difficult to reach HIV positive persons |
| People with Disabilities and Medical Conditions | UCSF PHP | 0.46% | $141,778 | HIV/STI/HCV prevention must be provided to HIV positive persons in clinical settings. | Funded services: Outreach  Linkage to Care for difficult to reach HIV positive persons |
| People with Disabilities and Medical Conditions | UCSF PHP - RAPID and Retention Coordination at Ward86 | 0.19% | $57,249 | HIV positive persons require rapid initiation of treatment; many people at Wd 86 include those who are marginally housed and require more maintenance to be retained in care. | Funded services: Rapid initiation of treatment and retention for HIV positive persons in a clinical setting |
| People with Disabilities and Medical Conditions | UCSF PHP - STD services at Ward86 | 1.04% | $321,044 | HIV/STI/HCV prevention must be provided to HIV positive persons in clinical settings. | Funded services: STD and HCV screening for HIV positive persons in a clinical setting |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| Transgender, Gender Variant, Intersex People | SFCHC PrEP Services for Trans women | 0.63% | $195,677 | TFSM suffer from a high burden of chronic disease, including HIV. TFSM also experience HIV stigma, homophobia, difficulty finding employment and housing. | Funded services: Linkage to PrEP Outreach Individual Counseling Group Sessions |
| Transgender, Gender Variant, Intersex People | SFCHC Special Project for TFSM | 1.68% | $517,737 | TFSM suffer from a high burden of chronic disease, including HIV. TFSM also experience HIV stigma, homophobia, difficulty finding employment and housing. | Funded services: HIV/STI/HCV Prevention Outreach HIV/STI/HCV Testing Individual Counseling Group Sessions Linkage to Care for HIV-positive and HCV-positive persons |
| Transgender, Gender Variant, Intersex People | SFCHC Special Project for TFSM - Space | 0.87% | $267,507 | TFSM suffer from a high burden of chronic disease, including HIV. TFSM also experience HIV stigma, homophobia, difficulty finding employment and housing. | Funded services: HIV/STI/HCV Prevention Outreach HIV/STI/HCV Testing Individual Counseling Group Sessions Linkage to Care for HIV-positive and HCV-positive persons |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| Population Health | | | | | |
| Transgender Communities | Involve the trans community in developing all educational and recruitment materials as well as the dedicated study website | 1.58% | $488,343 | TBD | PrEP-T: Advancing PrEP Delivery in the Transgender Community. Project had robust budget for community engagement; involved the trans community in developing all educational and recruitment materials as well as the dedicated study website |
| Bridge HIV Community Advisory Group (CAG) | Bridge HIV Community Advisory Group activities and travel; community forums; Community Focus Group stipends | 4.83% | $1,490,310 | TBD | Annual Community Engagement budget $25K: funds the Bridge HIV Community Advisory Group activities and travel; community forums; Community Focus Group stipends |
| Black or African-American, youth | Focus Group Stipends community engagement | 0.58% | $180,360 | TBD | PHASTT: A Mobile Personalized HIV and STI Testing Tool for Young Black Men. $20K for Focus Group Stipends community engagement |
| — | Focus Group Stipends | 0.34% | $105,000 | TBD | Data -to-PrEP: using a data-driven approach to increase uptake of pre-exposure prophylaxis and reduce health disparities. $10K for Focus Group Stipends |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Population Health** | | | | | |
| Youth of Color who are matriculated undergraduates | Alumni who have completed the Summer HIV/AIDS Research Program (SHARP) hosted by our Center | 0.32% | $100,000 | Availability of high-quality mentored research experiences to promote future career trajectories in HIV prevention research and practice<br>Ensuring racial justice issues are embedded throughout formal curricula<br>Ensure we provide housing for all summer students, even those in the Bay Area | NIH-funded program (Multiple Pis: J. Fuchs, P. Coffin, J. Sauceda, UCSF). We are in our second 5-year cycle and have trained over 40 students, a majority of whom have gone on to graduate school (the intended outcome for this summer enrichment program) (sharpinternship.org) |
| Diverse vulnerable populations participating in National HIV Behavioral Surveillance (NHBS): trans women, people who inject drugs, men who have sex with men, high risk heterosexuals (i.e., persons living in low-income areas) | NHBS conducts a formative phase that engages stakeholders from community-based organizations, planning bodies, and community members to guide the conduct of the survey. A dissemination phase engages stakeholders on the results of the survey. | 1.43% | $439,919 | Disparities in the burden of HIV, STD, and HCV among vulnerable populations; barriers to accessing care and prevention services; experiences of discrimination | Recruitment of 500 persons 100% from vulnerable populations (i.e., persons of color, sexual and gender minorities, persons living in poverty, persons living with HIV); provision of HIV, STI, HCV counseling and testing and care and prevention service referrals to participants; research dissemination (e.g., reports, publications, community presentations) |
| Trans women, trans women of color participating in The Transnational Cohort: global HIV epidemiology and prevention for transwomen | The Transnational Cohort study engages trans gender stakeholders from community-based organizations, planning bodies, and community members in the start-up/formative phase and in the dissemination phase | 1.42% | $439,272 | Disparities housing, interpersonal violence, burden of HIV, STD, and HCV accessing care and prevention services, experiences of discrimination | Recruitment of 415 trans women, 62% trans women of color; provision of HIV, STI, HCV counseling and testing and care and prevention service referrals to participants; research dissemination (e.g., reports, publications, community presentations) |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Population Health** | | | | | |
| Trans women, trans women of color participating in the Trans women, sexual partners and HIV risk study | The study engages stakeholders from community-based organizations, planning bodies, and community members in the start-up/formative phase and in the dissemination phase | 0.81% | $250,000 | Risks for HIV/STD for trans women and their sexual partners; interpersonal violence, experiences of stigma and discrimination | Recruitment of 100 couples of trans women and their partners, the majority persons of color, 100% sexual and gender minority populations |
| Trans women, trans women of color participating in the Advancing PrEP Delivery in the SF Bay Area Transgender Community study | Community Advisory Board engagement to increase | 2.27% | $700,000 | Need to close gap on awareness, uptake, and adherence to PrEP among trans women, particularly trans women of color | Data on PrEP cascade indicators (percent aware, percent discussing PrEP with health care provider, percent initiating PrEP, percent PrEP adherent) |
| Diverse persons of color and sexual and gender minorities participating in the Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum study | Stakeholder engagement in formative and dissemination phases | 0.97% | $300,000 | Closing the gap in racial and gender minorities' access and use of HIV care and treatment | Delivery of adherence counseling, referral to care, prevention, and social service programs; Data on HIV care continuum indicators (e.g., percent initiating treatment, percent adherent), by race/ethnicity, sexual and gender minorities, homelessness |
| Persons of color, sexual and gender minorities as part of Ending the Epidemic: A Plan for America | Community advisory board engagement in formative phase, stakeholder dissemination phase planned | 0.39% | $118,862 | Cross-county comparison of Alameda and San Francisco disparities in HIV care | Data on HIV care continuum indicators (e.g., percent initiating treatment, percent adherent), by race/ethnicity, sexual and gender minorities, homelessness |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Population Health** | | | | | |
| African American, Latinx and Chinese communities | Environmental Justice Communities: Bayview, Hunters Point, Sunnydale, Western Addition, Chinatown, Mission District | 0.19% | $60,000 | Ironically, one of the top priorities for the Mission District, Latino Community and Bayview Hunters Point was identified as gentrification in those neighborhoods leading to severe overcrowding in housing and growing homelessness. We are seeing the impact of those issues with the spread of COVID19 throughout the Southeast Sector of the City. | African American, Latinx and Chinese communities |
| | TOTAL | 25% of PHD exp budget | $30,853,781 | | |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Behavioral Health Services** | | | | | |
| Older Adults | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming. In the fall/winter of 2019, BHS met with older adults from the MHSA Advisory Committee and other stakeholder meetings. | | $3.7m | Isolation<br>Loneliness<br>Depression<br>Physical and mental health disparities<br>Break down mental health stigma<br>Racism & trauma<br>COVID response | Services offer a multi-service center located in the Tenderloin neighborhood. It provides drop-in peer-led wellness-based services, including primary and behavioral health care, case management services, and socialization opportunities. |
| Black/African Americans | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming. In the fall/winter of 2019, BHS met with participants from the African American Arts & Culture Complex, the Joseph Lee Recreation Center and other stakeholder groups for this population. | 1.67% | $1.7m | Physical and mental health disparities<br>Police violence<br>Break down mental health stigma<br>Re-entry<br>Community healing<br>COVID response<br>Racism & trauma<br>Hiring and retaining staff reflective of communities served<br>Distress | These services take a collective impact approach where the City, community, and lead community-based organizations are intent on decreasing the physical and mental health disparities of San Francisco's Black/African American populations. Other services build strong families by providing an understanding how healthy families function and by encouraging them to develop leadership, collective responsibility, and mentoring skills. |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Behavioral Health Services** | | | | | |
| Asians/Pacific Islanders (API) | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming. In the fall/winter of 2019, BHS met members of the Asian & Pacific Islander Mental Health Collaborative; community members of the Chinese communities; and other stakeholder groups for this population. | 1.58% | $1.6m | Physical and mental health disparities<br>Break down mental health stigma<br>Re-entry<br>Community healing<br>COVID response<br>Racism & trauma<br>Hiring and retaining staff reflective of communities served<br>Distress | Services serve Filipino, Samoan and South East Asian community members of all ages. with the Southeast Asian group serving San Francisco's Cambodian, Laotian and Vietnamese residents. This programming formed three work groups with each workgroup being comprised of six to eight culturally and linguistically congruent agencies; forming a Collaborative. The Collaborative engages participants through substantial outreach and community education. |
| Latinx (including Indigenous Mayan communities) | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming. In the fall/winter of 2019, BHS met with the MHSA Advisory Committee, the BHS Client Council and other stakeholder groups for this population. | 1.38% | $1.4m | Physical and mental health disparities<br>Break down mental health stigma<br>Re-entry<br>Community healing<br>COVID response<br>Racism & trauma<br>Hiring and retaining staff reflective of communities served<br>Distress | This programming serves Indigena immigrant families, mostly newly arrived young adults. The program works to increase access to health and social services, support spiritual and cultural activities and community building. The program also helps with early identification and interventions in families struggling with trauma, depression, addiction and other challenges. |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Behavioral Health Services** | | | | | |
| Native Americans | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming. In the fall/winter of 2019, BHS met with the MHSA Advisory Committee, the BHS Client Council and other stakeholder groups for this population. | 0.79% | $0.8m | Physical and mental health disparities<br>Break down mental health stigma<br>Re-entry<br>Community healing<br>COVID response<br>Racism & trauma<br>Hiring and retaining staff reflective of communities served<br>Distress | This programming serves American Indian/Alaska Native adults and older adults who have been exposed to or at-risk of trauma, as well as children, youth, and TAY who are in stressed families, at risk for school failure, and/or at risk of involvement or involved with the juvenile justice system. The program included extensive outreach and engagement through cultural events such as Traditional Arts, Talking Circles, Pow Wows, and the Gathering of Native Americans. Services also include NextGen Assessments, individual counseling, and traditional healers. |
| Adults who are Homeless or At-Risk of Homelessness | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming. In the fall/winter of 2019, BHS met with individuals experiencing homelessness at the SF Library and other stakeholder groups for this population. | 39.31% | $39.9m | Food/water scarcity<br>Need for crisis response services that don't involve police<br>Demand for NarCan<br>No masks<br>Confusion about COVID<br>Shelters difficult to access during COVID<br>Access to sanitation<br>Distress<br>Trouble accessing benefits<br>Increase in mental health stress/difficulties<br>Racism & trauma<br>Physical and mental health disparities | This programming serves adult residents facing behavioral health challenges and homelessness in San Francisco. Services offer low-threshold engagement, including peer-run programming, case management, access to primary care, support groups and socialization. Services also offers outreach, screening, assessment, and referral to mental health services. Some services also offer short-term and long-term housing opportunities. |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Behavioral Health Services** | | | | | |
| Latinx/Mayan Transition Age Youth (TAY ages 16-24) | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming including a pre-program needs assessment and design planning process; satisfaction surveys; and continuous feedback elicited at regular provider and consumer meetings. | 0.30% | $0.3m | Engaging TAY to access Mental Health services Break down mental health stigma Re-entry Community healing COVID response Immigration supports Technology, e.g. telehealth for TAY, access to phones Racism & trauma | TAY population-specific programs provide flexible, relationship-focused, and culturally responsive engagement and treatment services for TAY. Services are low threshold/low barrier to entry and are designed to meet a wide range of behavioral health needs. This program serves transition age youth with a focus on the Latino/Mayan community. Other components include: Funding for services & staffing Training and capacity building for providers that serve TAY Direct care coordination to connect TAY to other culturally relevant programs across the TAY System of Care |
| Asian/Pacific Islander Transition Age Youth (TAY ages 16-24) | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming including a pre-program needs assessment and design planning process; satisfaction surveys; and continuous feedback elicited at regular provider and consumer meetings. | 0.30% | $0.3m | Mental health stigma amongst TAY and their identified families Access to mental health services Hiring and retaining staff reflective of communities served Engaging families Racism & trauma | TAY population specific programs provide flexible, relationship-focused, and culturally responsive engagement and treatment services for TAY. Services are low threshold/low barrier to entry and are designed to meet a wide range of behavioral health needs. This program serves transition age youth with a focus on the Asian/Pacific Islander community. Other components include: Funding for services & staffing Training and capacity building for providers that serve TAY Direct care coordination to connect TAY to other culturally relevant programs across the TAY System of Care |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Behavioral Health Services** | | | | | |
| Latinx/Mayan Transition Age Youth (TAY ages 16-24) | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming including a pre-program needs assessment and design planning process; satisfaction surveys; and continuous feedback elicited at regular provider and consumer meetings. | 0.30% | $0.3m | Engaging TAY to access Mental Health services Break down mental health stigma Re-entry Community healing COVID response Immigration supports Technology, e.g. telehealth for TAY, access to phones Racism & trauma | TAY population-specific programs provide flexible, relationship-focused, and culturally responsive engagement and treatment services for TAY. Services are low threshold/low barrier to entry and are designed to meet a wide range of behavioral health needs. This program serves transition age youth with a focus on the Latino/Mayan community. Other components include: Funding for services & staffing Training and capacity building for providers that serve TAY Direct care coordination to connect TAY to other culturally relevant programs across the TAY System of Care |
| Asian/Pacific Islander Transition Age Youth (TAY ages 16-24) | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming including a pre-program needs assessment and design planning process; satisfaction surveys; and continuous feedback elicited at regular provider and consumer meetings. | 0.30% | $0.3m | Mental health stigma amongst TAY and their identified families Access to mental health services Hiring and retaining staff reflective of communities served Engaging families Racism & trauma | TAY population specific programs provide flexible, relationship-focused, and culturally responsive engagement and treatment services for TAY. Services are low threshold/low barrier to entry and are designed to meet a wide range of behavioral health needs. This program serves transition age youth with a focus on the Asian/Pacific Islander community. Other components include: Funding for services & staffing Training and capacity building for providers that serve TAY Direct care coordination to connect TAY to other culturally relevant programs across the TAY System of Care |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Behavioral Health Services** | | | | | |
| Black/African American Transition Age Youth (TAY ages 16-24) | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming including a pre-program needs assessment and design planning process; satisfaction surveys; and continuous feedback elicited at regular provider and consumer meetings. | 0.30% | $0.3m | Physical and mental health disparities Police violence Food insecurities Major transportation issues Need for more mental health support in schools & community Racism & Trauma in the community Under-resourced across Bayview neighborhoods | TAY population specific programs provide flexible, relationship-focused, and culturally responsive engagement and treatment services for TAY. Services are low threshold/low barrier to entry and are designed to meet a wide range of behavioral health needs. This program serves transition age youth with a focus on the B/AA community. Other components include: Funding for services & staffing Training and capacity building for providers that serve TAY Direct care coordination to connect TAY to other culturally relevant programs across the TAY System of Care |
| Transition Age Youth (TAY ages 16-24) who are LGBTQ+ | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming including a pre-program needs assessment and design planning process; satisfaction surveys; and continuous feedback elicited at regular provider and consumer meetings. | 0.30% | $0.3m | Anti-LGBTQ, racism & trauma Hiring and retaining staff reflective of communities served When making referrals out, need knowledgeable partners on LGBTQ issues Physical and mental health disparities | TAY population specific programs provide flexible, relationship-focused, and culturally responsive engagement and treatment services for TAY. Services are low threshold/low barrier to entry and are designed to meet a wide range of behavioral health needs. This program serves transition age youth with a focus on the LGBTQ+ (lesbian, gay, bisexual, transgender, queer, questioning and more) community. Other components include: Funding for services & staffing Training and capacity building for providers that serve TAY Direct care coordination to connect TAY to other culturally relevant programs across the TAY System of Care |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Behavioral Health Services** | | | | | |
| Transition Age Youth (TAY ages 16-24) who are Homeless, At-Risk of Homelessness or Justice-Involved | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming including a pre-program needs assessment and design planning process; satisfaction surveys; and continuous feedback elicited at regular provider and consumer meetings. | 3.74% | $3.8m | Engaging TAY to access MH services<br>Break down mental health stigma<br>Desperation for water and food<br>Need for crisis response services that don't involve police<br>Demand for NarCan<br>No masks<br>Confusion about COVID<br>Shelters difficult to access during COVID<br>Access to water/sanitation<br>Food scarcity<br>Distress<br>Trouble accessing benefits<br>Increase in mental health stress/difficulties<br>Racism & trauma | The program serves low-income African American, Latino, Asian Pacific Islander, or LGBTQQ+ TAY (ages 16-24) who have been exposed to trauma, are involved or at-risk of entering the justice system and may have physical and behavioral health needs. The program conducts street outreach, mental health assessments and support, case management and positive youth development services. Other components include:<br>Funding for services & staffing<br>Training and capacity building for providers that serve TAY<br>Direct care coordination to connect TAY to other culturally relevant programs across the TAY System of Care |
| LatinX, LGBTQQ+, and Black/African American communities | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming. | 0.10% | $0.1m | Trouble accessing benefits<br>Increase in mental health stress/difficulties<br>Racism, discrimination & trauma<br>Mental health stigma<br>Lack of resources and support during COVID | BHS is conducting Mental Health and Wellness webinars as part of our COVID Community Wellness Activities. These webinars include tips and support for underserved communities including the Latinx, LGBTQQ+, and B/AA communities. These activities provide population-specific support during COVID and to share resources on the Heal SF website in different languages. |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Behavioral Health Services** | | | | | |
| Transgender Community Members | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming. In the fall/winter of 2019, BHS met with members from the MHSA Advisory Committee, members who identify as Trans Women of Color at the San Francisco Community Health Center and other stakeholder meetings. | 1.48% | $1.5m | Increase in mental health stress/difficulties Racism, discrimination & trauma Mental health stigma Hiring and retaining staff reflective of communities served When making referrals out, need knowledgeable partners on LGBTQ issues Physical and mental health disparities | These peer-based programs serve the transgender communities, with a focus on serving trans people of color. The primary goals involve increasing social connectedness, providing wellness and recovery-based groups and providing linkage to trans specific medical and mental health resources. |
| System-Involved Youth | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming. In the fall/winter of 2019, BHS met with members from the MHSA Advisory Committee, individuals with history of criminal justice system-involvement and other stakeholder meetings. | 17.04% | $17.3m | Engaging to access MH services mental health stigma Need for crisis response services that don't involve police No masks Confusion about COVID Access to water/sanitation Food scarcity Distress Trouble accessing benefits Increase in mental health stress/difficulties Racism & trauma Lack of basic needs Lack of consistent support system | Through close partnerships with Social Services, Mental Health, Juvenile Probation, and other organizations, these programs provide trauma informed, unconditional, family-centered, strengths-based, and outcome-oriented alternatives to group care placements, for children and youth ages 5-18 with complex and enduring needs at-risk of out of home placement. |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
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| **Behavioral Health Services** | | | | | |
| Latinx Unaccompanied Minors | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming. In the fall/winter of 2019, BHS met with members from the MHSA Advisory Committee, members of Excelsior Family Connections, and other stakeholder meetings. | 0.30% | $0.3m | Engaging to access MH services mental health stigma Need for crisis response services that don't involve police No masks Confusion about COVID Access to water/sanitation Food scarcity Distress Trouble accessing benefits Increase in mental health stress/difficulties Racism & trauma Lack of basic needs Lack of consistent support system Distrust of police and systems | Services are provided to reduce behavioral health disparities among Latinx newcomer youth, ages 12 to 18. The program promotes interagency and community collaboration and provides a specific school-based curriculum to address mental health disparities. |
| People with Disabilities and Medical Conditions | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming. | 0.49% | $0.5m | Engaging to access MH services mental health stigma No masks Confusion about COVID Distress Trouble accessing benefits Increase in mental health stress/difficulties Racism & trauma Lack of basic needs Lack of consistent support system | BHS provides a dual program for those who are both medically-vulnerable and have a severe mental illness within our Medi-Cal Health Home Care Coordination program. Services include case management, medical health support, therapy, wellness activities and linkage to services. |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Behavioral Health Services** | | | | | |
| Transition Age Youth (ages 16-24) | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming including a pre-program needs assessment and design planning process; satisfaction surveys; and continuous feedback elicited at regular provider and consumer meetings. | 1.97% | $2.0m | Housing access<br>Need for crisis response services that don't involve police<br>Racism & trauma<br>Distress<br>Trouble accessing benefits<br>Increase in mental health stress/difficulties | TAY population-specific programs provide flexible, relationship-focused, and culturally responsive engagement and treatment services for TAY. Services are low threshold/low barrier to entry and are designed to meet a wide range of behavioral health needs. Other components include:<br>Funding for services & staffing<br>Training and capacity building for providers that serve TAY<br>Direct care coordination to connect TAY to this and other culturally relevant programs across the TAY System of Care. |
| Justice-Involved Adults | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming. | 9.16% | $9.3m | Engaging to access MH services<br>Mental health stigma<br>Need for crisis response services that don't involve police<br>No masks<br>Confusion about COVID<br>Access to water/sanitation<br>Food scarcity<br>Distress<br>Trouble accessing benefits<br>Increase in mental health stress/difficulties<br>Racism & trauma<br>Lack of basic needs<br>Lack of consistent support | The program serves adults who are involved or at-risk of entering the justice system and may have physical and behavioral health needs. The program conducts street outreach, mental health assessments and support, case management and positive development services.<br>. |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Behavioral Health Services** | | | | | |
| Black/African Americans with Substance Use Needs | BHS seeks input from community agencies that serve this population. | 3.94% | $4.0m | Overdose death rates are four times higher in B/AA than White/Caucasian San Franciscans. Transition to community after residential treatment benefits from culturally appropriate temporary housing that supports life skills activities. Deaths from alcohol harms are disproportionately high in B/AA men. (this was identified as a BAAHI target). | Two opioid treatment programs and one opioid van specifically located to address B/AA population. One transitional housing program (residential step-down), two outpatient programs Buprenorphine tele-access in harm reduction agencies in the tenderloin. Performance improvement plan over several years to inform about medications for alcohol use disorder, and to increase appropriate use of same in mental health clinics. |
| Latinx, Spanish-speaking, undocumented individuals with Substance Use Needs | BHS seeks input from community agencies that specialize in culturally appropriate practices. | 3.65% | $3.7m | Language skills and culturally appropriate treatment approaches are needed for the Latinx San Franciscans. | Intensive outpatient and outpatient programs for Spanish Speakers Residential program and perinatal residential program for Spanish Speakers |
| Older Adults with Substance Use Needs | BHS seeks input from community agencies that focus on serving adults over 60 years of age | 0.39% | $0.4m | Outpatient counseling is needed, preferably with groups and/or access to home visits for vulnerable elders who use drugs | Outpatient program for seniors |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Behavioral Health Services** | | | | | |
| Women with Substance Use Needs | BHS seeks input from stakeholders and participants of a women's drop-in center and treatment programming. | 3.55% | $3.6m | Places where women experiencing homelessness and with a history of trauma need places to go where they feel safe.<br>Outpatient and residential treatment and groups benefit from shared life experiences and feeling of safety. | Drop-in center<br>Outpatient treatment<br>Residential programs<br>Transitional step-down housing. |
| Families who are Homeless or At-Risk of Homelessness | BHS conducted extensive community outreach/ engagement activities across the City to gather stakeholder input to guide program improvements and future programming. | 3.65% | $5.1m | Desperation for water and food<br>Need for crisis response services that don't involve police<br>Confusion about COVID<br>Shelters difficult to access during COVID<br>Distress<br>Trouble accessing benefits<br>Increase in mental health stress/difficulties<br>Racism & trauma<br>Physical and mental health disparities | Housing<br>Housing supportive services<br>Case management and resource services<br>Mental Health services |
| | TOTAL | 27.7% of BHS Budget ($446.4M) | $101.5M | | |

| POPULATION | STAKEHOLDER ENGAGEMENT | % OF PROGRAM BUDGET | $ OF BUDGET | CRITICAL ISSUES | MEASURABLE ACTIVITIES |
|---|---|---|---|---|---|
| **Laguna Honda Hospital** | | | | | |
| Native American/Eskimo | | 1% | | Increased outreach is needed with clinics who serve these populations.. | We serve those who are referred to us from the community, acute care hospitals and other SNFs. We accept all those who require post-acute care. |
| Native Hawaiian/Pacific Islander | | 1% | | | |
| Hispanic | | 11% | | | |
| Asian | | 23% | | | |
| African American | | 24% | | | |