SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

COMMUNITY HEALTH LEADERSHIP INITIATIVE (CHLI)

HIV/HCV/STI WORKFORCE DEVELOPMENT IMPLEMENTATION PLAN

DEVELOPED BY

FACENTE CONSULTING

UNDERSTAND · IMPLEMENT · TELL YOUR STORY

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History of CHLI

In Fall 2017, the San Francisco Department of Public Health (SFDPH) launched a planning process for the future of human immunodeficiency virus (HIV), hepatitis C (HCV), and sexually transmitted infection (STI) programs and services. The goal of this process was to develop a more coordinated and integrated response to these three epidemics, given the overlap in the populations most affected by each. The SFDPH hosted structured input sessions with community-based providers, clinicians, and other key stakeholders using a method called "scenario planning."[i] The process resulted in the development of an "HIV/HCV/STI Roadmap," which proposed a more whole-person approach to HIV, HCV, and STI prevention, care, and treatment; recognizing the impact of health disparities throughout San Francisco, changing needs among affected populations, and siloed funding resources.

One of the key goals identified in the Roadmap was:

To build a highly skilled cross-trained workforce that reflects the populations served,
has low turnover rates, and is valued and supported.

In 2019, HRSA/CDC released a Notice of Funding Opportunity PS19-1906: *Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States (ETE).* SFDPH leveraged the funding to implement some of the priorities laid out in the *Roadmap,* including workforce development, which was specifically outlined in the funding announcement as a key component to be addressed.

With 19-1906 funds, the SFDPH Community Heath Equity & Promotion (CHEP) branch took the lead, along with input from San Francisco's Ending the Epidemics Steering Committee[ii], in developing the Community Health Leadership Initiative, or CHLI, to address the goal highlighted above. SFDPH contracted with Facente Consulting to conduct formative research (*see Appendix B for methods and findings*) to inform the development of CHLI and to launch the initiative based on relevant findings. During the formative research phase, Facente Consulting reviewed best and promising practices from other workforce development efforts, and interviewed 36 key stakeholders from within the community, organizations, and SFDPH, as well as reviewed previous reports from the 19-1906 community engagement partners. Findings supported the emergence of several workforce development principles. Many of these principles suggested the need for transformative changes in how the sector approaches workforce development. It highlighted the need for a shift in systemic and organizational practices that continue to be barriers to the creation of high-quality jobs in the sector and the recruitment, hiring, retention, and advancement of people, especially those from affected communities, as well as building skills and providing job training. CHLI was developed from this lens.

This "blueprint" describes the components of CHLI that have been developed from 2020 through early 2022, as well as elements that are necessary for a sustainable future. It is intended to be a roadmap to making CHLI a fixture and asset in HIV/HCV/STI workforce development in San Francisco.

The Current San Francisco Landscape

Sexual and Drug User Health

Given the importance of the nonprofit sector to San Francisco's vitality and economy, it is important to understand the relevance of the organizations and the role they play. Community-based organizations (CBOs), especially sexual and drug user health organizations, are staples in their communities and are often, not only the key access to valuable

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[i] Scenario planning involves considering a variety of possible futures and how to design strategies and programs so that they can be effective and adaptable in the face of uncertainty.
[ii] ETE Steering Committee is comprised of a groups of stakeholders that reflect the communities and agencies served by Ending the Epidemics HIV elimination initiative. More information is provided throughout this blueprint.

services, but also the place of employment for many community members throughout San Francisco. They offer programming, services, resources, and/or referrals, and represent a place to receive the social support and connection that fulfills various needs and aspects of a person's identity.   These organizations may also be the place of or a vehicle for employment. The aim of CHLI is to support community members, people that work and subsequently access services throughout San Francisco, with training, guidance, and opportunities to obtain the skills necessary to have gainful employment and thrive in their community, without having to leave San Francisco.

Though vast, the nonprofit and CBO infrastructure in San Francisco is delicate — the high cost of maintaining a physical space, the outmigration of a workforce that can no longer afford to live in San Francisco or the Bay Area, and other factors are greatly impacting HIV/HCV/STI organizations in particular. During the formative research phase of CHLI, organizational leadership and staff told us that increased community needs coupled with challenges related to staff turnover have lent itself to increased demand and burnout.

SFDPH and its partners are committed to bolster and lift up sexual and drug user health service providers and their workforce, so that we can continue to move towards eliminating reducing HIV, HC, and STIs. SFDPH is working to ensure that communities receive the services they need and deserve through programs such as CHLI, which supports individuals and organizations alike using a multi-dimensional approach to building the workforce.

Key Stakeholders in Sexual and Drug User Health

The following groups and councils are key stakeholders in supporting and providing guidance to sexual health programs and initiatives throughout San Francisco, in partnership with SFDPH.

- **San Francisco HIV Community Planning Council** (HIV prevention and care integrated) – " The San Francisco EMA HIV Community Planning Council is a collaborative regional planning body that consists of volunteers and government appointees from throughout San Francisco, Marin, and San Mateo counties, including persons living with HIV, community members, and representatives of private and public agencies providing a wide range of HIV-related services and programs."[iii]
- **Getting to Zero San Francisco** - The Getting to Zero San Francisco Consortium is a broad coalition of community members working together to achieve a shared vision to reduce both HIV infections and HIV deaths by 90% from their current levels by 2025 in San Francisco.
- **HIV/AIDS Providers Network (HAPN)** – "A coalition of community-based, non-profit agencies that serve people living with and at risk of HIV/AIDS in San Francisco."[iv]
- **End Hep C San Francisco** – A collective impact initiative whose mission is " To support all San Franciscans living with, and at risk for, hepatitis C to maximize their health and wellness. We achieve this through prevention, education, testing, treatment, and linkage to reduce morbidity, mortality, and stigma related to hepatitis C."[v]
- **Frontline Organizing Group (FOG)** - A grassroots collaboration between community-based HIV service organizations and representatives of SFDPH to provide training and professional networking opportunities for frontline workers in San Francisco.[vi]
- **Ending the Epidemics (ETE) Steering Committee** - Representatives from each of the groups listed above, coming together to coordinate and align San Francisco's efforts to end the HIV, hepatitis C, and/or STI epidemics in San Francisco.

[iii] https://www.sfhivplanningcouncil.org/

[iv] https://www.linkedin.com/company/hiv-aids-provider-network-hapn

[v] https://endhepcsf.org/

[vi] https://prcsf.org/what-we-do/fog/#:~:text=SF%20HIV%20FOG%20is%20a,sharing%2C%20and%20professional%20development%20opportunities.

Workforce Development

In the process of developing CHLI, we learned of several organizations and efforts that are focusing on workforce development; however, many are unaware of each other, leaving untapped opportunities for collaboration and de-duplication of services. In addition, individual HIV, HCV, and STI service providers report that they are underequipped to bring the level of attention to workforce development that is needed to sustain the high-quality services they provide.

There is a significant opportunity to focus on workforce development within the HIV/HCV/STI sector here. The workforce development knowledge, expertise, and resources exist – and CHLI is well-positioned to take advantage of this opportunity. **CHLI, as a structural change initiative, can serve as the connective tissue between the existing workforce development assets and the need that exists in the sexual and drug user health arena.** One of CHLI's key roles is to harness the existing assets to strengthen the sector's infrastructure and systems to sustain our most valuable resource – the highly skilled workforce reflective of affected communities, without which we will never end the epidemics in San Francisco.

As of the writing of this blueprint (early 2022), CHLI has begun to inventory and build relationships with and among workforce development organizations and programs. Some are specific to HIV, HCV, and STIs; others have a broader focus. These programs make up the larger network and collective of programs that define workforce development efforts in San Francisco. These include (but are not limited to):

- Shanti Project – Supports with conducting Mentorship program coordination and implementation services for various workforce development initiatives. CHLI partners with Shanti to conduct mentorship support with the CHLI Training and Mentorship Program.
- SFDPH HIV Frontline Organizing Group (FOG) - a grassroots collaboration between community-based HIV service organizations and representatives of the San Francisco Department of Public Health. It provides training and professional networking opportunities for frontline workers in San Francisco, as well as partners with CHLI for obtaining and vetting mentors for the CHLI training and mentorship program.
- SFDPH: San Francisco AIDS Foundation – Community Health Academy Training Program - a free training program offered in English and in Spanish to develop and sharpen the public health skills of community health workers and promoters in the San Francisco area. CHLI partners with the Academy program ushering participants from our entryway project to their more detailed course-based program.
- SFDPH – Community Referral Network – The Referral Network is in its development phase but will act as a repository for information and resources to support Community Health Workers with necessary elements to support their clients and themselves.   One launched, CHLI will partner with the Referral Network to offer resources to participants as it becomes available.
- SFDPH LINCS Training Program - This program supports the onboarding and continual training needs of DIS and STI/HIV navigators. CHLI partners with LINCS to support with learning management system needs, as well as staff involvement in the mentorship component.
- Other community programs that have had limited involvement with CHLI:
  - SFDPH HIV/HCV Test Counselor training program, conducted by UCSF Alliance Health, provides certification and continuing education for test counselors, outreach workers, and service providers.
  - SFDPH Mental Health Services Act (MHSA) Programs: MHSA funding for vocational services assists consumers and family members in securing and maintaining meaningful employment.
  - Code Tenderloin – Youth Workforce Development Internship and Career-building training courses
  - GM Consulting – Promotores Training Program
  - Transitions - Community Health Worker Training
  - City College and other certificate programs
  - The Transgender District – Entrepreneurship Accelerator Program https://www.transgenderdistrictsf.com/events
  - San Francisco CCC Training Opportunities: https://www.sfccc.org/workforce-development
  - SHINE Strong: https://weshinestrong.org/

What is CHLI?

CHLI is a comprehensive approach that aims to change the culture of how the HIV/HCV/STI field approaches workforce development, resulting in a fundamental shift in power so that those most affected by HIV/HCV/STIs are those who drive the agenda for prevention, care, and treatment efforts in San Francisco with the full support of the organizations they work with. As outlined in the sections and components laid out in this implementation plan, CHLI seeks to transform the HIV/ HCV/STI workforce through a variety of ways:

Better Jobs

- *Sector Standards*: Supporting organizations in the sexual and drug user health sector to strengthen their infrastructure to 1) ensure equity across organizations, and 2) clarify the professional advancement pathways that exist within the sector, especially those with lived experience in the communities being served
- *Pipeline Toolkit*: Best practices & tools for all stages of the pipeline, designed to change organizational, management & HR culture/behavior
- *Trauma-Informed Systems (TIS)*: Supporting organizations to develop and/or strengthen a trauma-informed workplace, in which employees feel valued, respected, and supported.

Equitable Access

- *CHLI Training and Mentorship Program*: Improving access to training and professional development opportunities
- *Sector-wide Mentorship*: Providing guidance utilizing a mentorship model
- *Website and Training Portal*: The development of a central platform for trainings from multiple programs, with accessibility to organizations and people outside of SFDPH.
- *Sector-wide Coordination and Networking*: Bringing together SFDPH, nonprofit agencies, and other stakeholders within the sector and serve as the connector among various workforce development efforts, helping to foster collaboration, coordination, and alignment

Support Services

- *Peer Support Network*: a space for people to get together to provide support to each other based on similar roles, experiences, or circumstances in their personal and professional life
- *Whole Person Support Services*: Broadening the support available to workers (e.g., mental health, peer support, mentorship)

CHLI Goal

The goal of CHLI is to build a highly skilled cross-trained workforce that reflects the populations served, has low turnover rates, and is valued and supported. The initiative aims to develop a unified vision and approach to build the leaders from the most impacted communities.

Formative research conducted in late 2020/early 2021 led to the identification of three key domains that need to be addressed in order to achieve this goal (adapted from ReWork the Bay, https://reworkthebay.org/):

- **Better jobs,** including sufficient pay to be able to remain in the Bay Area and improved workplace experience ("pay & say")
- **Equitable access,** including access to job opportunities, paid training, and professional development while on the job; pathways for career advancement; and anti-racist workplaces with cultures amenable to supporting the success of people with lived expertise
- **Support systems** that remove barriers to successful employment, such as support with transportation, childcare, food, stable housing, etc.
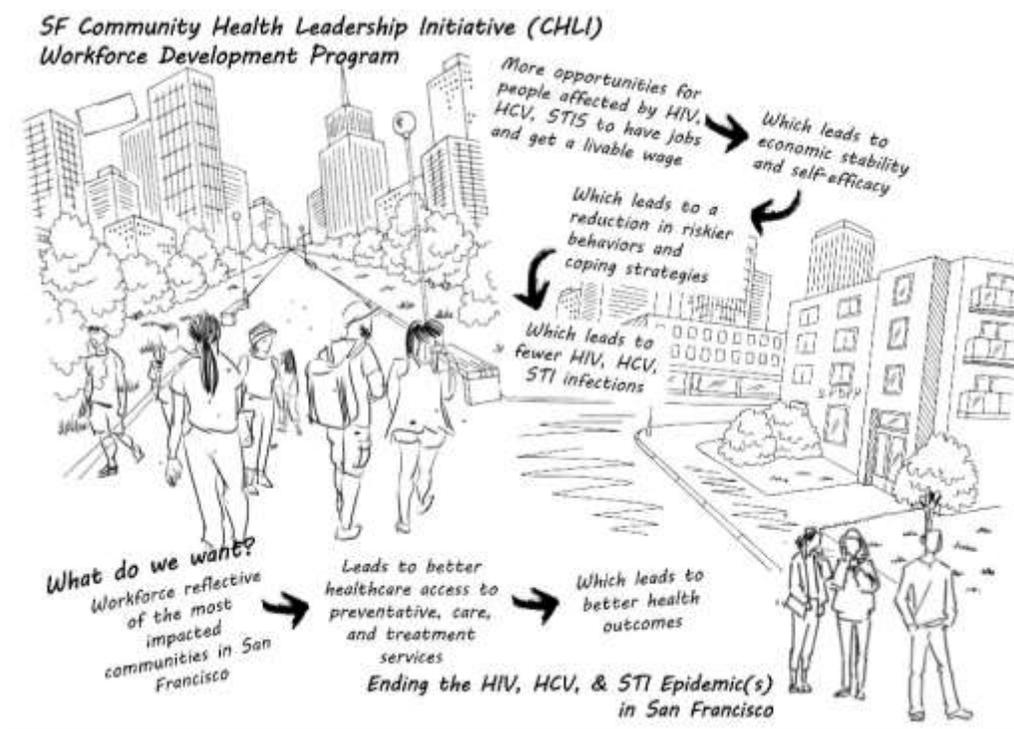

To address these three areas, CHLI aims to:

- Work with employers and workers to move toward **better jobs**
- Coordinate and facilitate **equitable access** to opportunities for training, education, and ongoing learning for people who work or want to work in the sector
- Coordinate and facilitate worker access to **support systems** that specifically address barriers to employee retention

Theory of Change

CHLI is unique in that it tackles workforce development from two angles:

1) It focuses on the individuals and communities affected by HIV/HCV/STIs, providing access to opportunities; this in itself is HIV/HCV/STI prevention for these communities, since we know that access to opportunity and economic resources is an upstream factor that affects individual risk (*see top row of the Theory of Change*)

2) It focuses on changing the systems and structures that are barriers to having the workforce that is needed to end the epidemics. CHLI goes beyond providing workforce development services to individual jobseekers and employees, such as training. It also aims to transform how organizations and the sector at large effectively support the workforce *(see bottom row of the Theory of Change)*. The bottom line is that when the workforce is not supported, the services suffer; when the services suffer, clients/patients do not get their needs met; when the needs are not met, we cannot end the epidemics.

In summary, CHLI intends to create systems that support employers and employees alike, creating more opportunities for people affected by HIV, HCV, and STI to have equitable access to jobs, along with supportive agency and sector infrastructure and protocol, to impact social determinants of health and support ending the HIV, HCV, and STI epidemics in San Francisco.

What Works?

What works to enhance workforce equity and create sustainable transformation? The ***Foundation and Steps for an Equitable HIV, HCV, and STI Workforce Pipeline*** depicted below are built on the belief that workforce improvement is founded on radical social and radical justice tenets that are people-centered and responsive to their needs. This concept is sustained by organizations, leaders, and workplace standards, and is informed by workers and their core needs. It supports mutual exploration and genuine growth and brings inclusion, equity, and excellence to the forefront. Through this systemic approach, jobs are created to mutually support agency need and worker skills; outreach and recruitment, along with hiring practices, are tailored and inclusive to ensure recruitment of workers from

priority population and facilitate low turnover rates; and retention and advancement opportunities exist where people feel valued and supported.

FOUNDATION AND STEPS FOR AN EQUITABLE HIV/HCV/STI WORKFORCE PIPELINE

Advancement

Retention

Hiring

Outreach and Recruitment

Job Creation

Active peer support and mentorship networks

Premium pay for lived expertise

Proactive population-specific outreach

Ongoing training and professional development

Clear pathways to civil service jobs

Jobs for monolingual Spanish-speakers

Paid training and professional development

Paid peer support specialists

Workforce reflects populations served, including Black/African American and Latinx communities, Trans women, People experiencing homelessness, and People who use drugs

Culturally relevant marketing and materials

More options than direct service

Low barrier, inclusive hiring practices

Support for barrier removal

Better paying jobs

Flexible and supportive HR policies

FOUNDED ON

COMMUNITY OWNERSHIP OF SERVICES	**ANTI-RACIST STRUCTURES AND PRACTICES**
MENTORSHIP AND NETWORKING	**BASIC NEEDS AS A RIGHT**
EQUITABLE AND SUSTAINABLE WAGES AND BENEFITS	**TRAUMA INFORMED CARE**
QUALITY STANDARDS AND ACCOUNTABILITY FOR THE SECTOR	**MEANINGFUL COMMITMENT TO FIGHTING SYSTEMIC INJUSTICE**

BETTER JOBS

Access to quality jobs includes opportunities that value and empower the employee personally, professionally, and financially. Better jobs offer people-centered practices and include better pay, safe environments where workers feel protected and experience job security, provide dignity in their protocols, and an overall improved workplace experience. It supports the development and availability of diverse jobs throughout the sector, enhances advancement potential, and encourages premium pay for cultural/language expertise, putting people first in the movement towards developing better jobs. The following initiative components aim to create systems that support developing better jobs throughout San Francisco.

Components

1. Sector-wide Standards for HIV/HCV/STI Employers

SFDPH and Facente Consulting are collaborating on a community engagement process designed to evaluate current organizational practices and advance innovative, sustainable, and quality strategies within the HIV, HCV, and STI workforce in San Francisco.

Goal

The standards will establish **shared policies and practices designed to strengthen collective capacity** to recruit, hire, develop, and retain our most valuable resource – the workforce. Specifically, the standards will seek to:

- Align job roles across organizations;
- Develop a shared approach to staffing, recruitment, hiring, onboarding, training and skills-building, professional growth, retention, and leadership development;
- Make the workforce more inclusive of the communities affected by HIV/HCV/STI, who have the lived expertise that is so critical for high quality service delivery; and
- Set the stage for the future development of specific tools, such as role-based trainings, job description templates, policy templates, job recruitment guidelines and resources, best practices toolkits for supporting professional development, and more – all supported by CHLI, with input from employers and workers.

Key Partners & Roles

- **SFDPH HIV-funded Agencies**. The agencies serve as the key vehicle for input on current organizational practices, infrastructure, and future vision.
- **HIV Frontline Organizing Group (FOG)** – Currently working on a project that is identifying various frontline roles and job descriptions to support with standardizing approach to providing HIV services.
- **The Community Health Resource Network** – The Resource Network is working towards developing an inventory of resources that are necessary for Community health workers to have a comprehensive.
- **ETE Steering Committee**. The Committee is the advisory group for the development of the Standards, including feasibility, scalability, and identifying implementation needs.
- **Facente Consulting (FC).** FC is facilitating a process to develop HIV/HCV/STI Sector Standards. The Standards could include agreements about how organizations in the sector plan will implement protocols, in conjunction with SFDPH.
- Other partners to be identified by CHLI Director

Timeline: This project is proposed as a multi-year, multi-phase program, with the opportunity for extension beyond the contracted effort. The current contract period is 08/01/2021 – 7/31/2022.

Budget: This is a one-time project with a total budget of $88,000. These funds have already been identified and contracted out. One-time and ongoing funding will be needed for the Toolkit (see Component 2).

Component/Task	Amount	Source	Status as of Feb 2022
Phase 1: Assessment • Determine parameters & partners • Meet with CBO executives to explain project and elicit information about needs • Conduct Assessment survey	$18,000	Source: CDC EHE →SFDPH Contracted to Facente Consulting	• Initiated community buy-in and info sessions • Disseminated survey tool to 42 agencies
Phase 2: Engagement • Vision meetings with employers & employees	$20,000	Source: CDC EHE →SFDPH Contracted to Facente Consulting	N/A
Phase 3: Development of Draft Standards • Work group meetings • Written Standards	$50,000	Source: CDC EHE →SFDPH Contracted to Facente Consulting	N/A

Detailed Description

In San Francisco, there is a need for comprehensive strategies that ensure a healthy pipeline supporting and bringing in sufficient, trained human resources into the sector, as well as a practices and standards that maintain and foster leadership opportunities for those who enter. Developing and maintaining a strong and engaged workforce requires intentional action towards providing job satisfaction. Job satisfaction not only directly impacts retention of employees and staff turnover, but it impacts the quality of work and the provision of services to the community. Factors such as compensation, professional growth, and burnout prevention, as well as organizational factors such as culture and climate, are important aspects to assess and address for workforce sustainability.

The ETE Steering Committee is the advisory body for this work. Accordingly, ETE Steering Committee members convened in 2021 during the inception of this project to discuss the scope, impact, and feasibility of the proposed plan. Given the broad scope of addressing sector-wide infrastructure changes related to equitable structures that support creating universal, standardized protocols, an initial priority focus area was identified by the advisory committee. At their recommendation, the initial focus of the standards has shifted to role-based standards: Uniformity in job description, trainings, pay scale, pathway to professional growth/leadership. This supports common understanding, common expectation, and common language of the key roles within HIV/HCV/STI field and sector throughout San Francsico that assists with having equitable pathway towards unified roles. It helps ensure quality and consistent job performance, transparent expectation in services, increased job satisfaction, and longevity in the respective roles.

Facente Consulting is conducting the following activities towards developing the Sector Standards that support more robust role-based strategy.
- Conduct an environmental scan/socio-cultural assessment of employees and organizations though surveys and 1:1 engagement with frontline staff and organizational leadership, focused on the following domains:
  - Job creation and requirements
  - Uniformity in job roles/responsibilities
  - Outreach and recruitment
  - Hiring and onboarding practices
  - Pay scales
  - Leadership structures
  - Retention
  - Advancement
- Summarize standard practices, challenges, and needs based on preliminary concepts obtained from assessments (survey and 1:1)

- Convene key stakeholder workgroups from within organizations, as well as ETE Steering Committee to discuss concepts, feasibility, timeline, and accountability
- Develop draft standards and protocols that support creating quality and equitable organizational infrastructure

Status: This project was incepted in August 2021. To date, Facente has gained ETE Steering Committee approval, as well as conducted a community-wide informational session orienting organization leaders to the project. Dissemination of the virtual organizational assessments for agency leaders and frontline workers was conducted in January of 2022, with an anticipated close date of mid-March.

2. <u>Workforce Pipeline Toolkit for HIV/HCV/STI Employers</u>
This toolkit is an accompaniment to the Sector Standards. It will provide specific best practices, tools, and resources for implementing the standards. For example, if one of the standards were to be "when hiring a navigator, use the following core job responsibilities in the job announcement," then the toolkit would include a sample job announcement. If one of the standards were to be "all employees must complete selected trainings within 1 month of hire," then the toolkit would describe where and how to access those trainings.

Goal
Conduct culturally relevant, proactive population-specific outreach to support people with lived experience to access these opportunities; create standard/customized pathways, best practices & tools for all stages of the pipeline, designed to change organizational, management & HR culture/behavior.

Key Partners & Roles
- **Facente Consulting (FC).** FC is facilitating a process to develop HIV/HCV/STI Sector Standards. The Standards could include agreements about how organizations in the sector plan to address training needs.
- Other partners to be identified by Facente Consulting and the CHLI Director to support with training and implementation needs.

Timeline: Timeline is dependent on when CHLI will incorporate this component into the initiative, upon completion of Sector Standards project.

Budget

Component/Task	Amount	Source	Status as of Feb 2022
One-time funding: - Development of workforce pipeline tools/toolkit Development of virtual and in-person trainings on the standards and the toolkit for employees and employees - Coaching & technical assistance to support employers to implement the toolkit and address barriers to implementation	$55,000	Source: TBD The toolkit and accompanying training and technical assistance are a subset of the FC scope of work for the sector-wide standards. However, a contract has not yet been awarded.	Not Initiated
Ongoing funding: - A limited budget will be needed for ongoing training & technical assistance - Alternatively, this role could be fulfilled by trained DPH staff	Up to $20,000 annually and/or dedicated DPH staff time	Source: TBD	Not Initiated

Detailed Description: Not available at this time, as this component has not yet started

Status: This project is still in the conceptual phase and has not started.

3. Trauma-Informed Systems (TIS): Developing TIS-centered Organizations

Trauma-Informed Systems (TIS) activities are proposed to support organizations and programs providing HIV/HCV/STI services to develop and/or strengthen a trauma-informed workplace, in which employees feel valued, respected, and supported. It supports Honoring the value added of experiences of trauma & resilience.

Goal

Working in this field inevitably means exposure to trauma, given that sexual and drug user health services often serve people who have experienced or are experiencing some form of trauma. An added stressor is organizational trauma, which can be caused by specific events or by the cumulative effects of the organizational environment. For example, institutional racism in an organization has an effect on organizational culture, which in turn affects staff. Staff retention and engagement are likely to improve if the workplace is trauma-informed.

Key Partners & Roles

- **SFDPH Trauma-Informed Systems Initiative.** This initiative provides ongoing healing circles and other events to help people to heal from trauma. It also formerly provided technical assistance to individual organizations to identify and work through a process to solve systems issues that are causing staff trauma (e.g., non-inclusive hiring practices, lack of advancement of people of color within the organization). If vacant SFDPH positions are filled and/or more funding is available, this service could resume and would make a valuable addition to the portfolio of organizational supports to which CHLI can facilitate access.
  - Contact: Lisa Reyes, TIS Program Director, lisa.reyes@sfdph.org
- **Facente Consulting (FC).** FC is facilitating a process to develop HIV/HCV/STI Sector Standards. The Standards could include agreements about how organizations in the sector plan to address internal trauma (e.g., all organizations agree to take a specific training, have transparent criteria for promotion, etc.).
- Other partners to be identified by CHLI Director

Timeline: The timeline is dependent on what CHLI decides to incorporate into the initiative with respect to this component.

Budget: Budget is dependent on what CHLI decides to do, but it is anticipated that there will need to be an outlay of funding to support training and technical assistance. This could come from individual agency budgets, from SFDPH, or other source. The CHLI Director will outline a specific budget and work to identify funding sources, once decisions are made about how to proceed.

Detailed Description: The CHLI Director is tasked with building this component of CHLI, so there is no additional detail at this time.

Status: This project is still in the conceptual phase and has not started.

EQUITABLE ACCESS

CHLI aims to develop pathways that ensure equitable access to job opportunities, including paid training and professional development while on the job, pathways for career advancement, and anti-racist workplaces with cultures amenable to supporting the success of people with lived expertise. Efforts such as these reduce the social and financial burden of communities and individuals most marginalized, thus opening avenues for better opportunities, choices and health outcomes. The following components are aimed towards creating systems that support equitable access to professional growth throughout San Francisco.

CHLI Components

1. CHLI Sexual & Drug User Health Training and Mentorship Program

The Community Health Leadership Initiative [CHLI] Sexual and Drug User Health Training and Mentorship Program was developed to welcome, celebrate, and empower a network of the next generation of HIV/HCV/STI health professionals in service to health equity in San Francisco.

Goal

The goal of the CHLI Training and Mentorship Program is to train, guide, and cultivate a highly skilled cross-trained sexual and drug-user health workforce that reflects the populations served. The program offers guidance, education, community exposure, and resources to address the unique workforce development needs of the most impacted community.

Programmatic Guiding Principles
- Value the people who make up the workforce
- Honor diverse and lived experiences
- Community input
- Unified organizational culture
- Job placement and maintenance

Anticipated Outcomes: Self-actualization
As a result of participating in the CHLI Pilot Program, participants should:
- Feel excitement about continuing to work in public health/HIV/HCV/STI
- Feel supported through professional and personal development process
- Feel that they have more career opportunities/stability
- Have increased professional knowledge and skills

Key Partners & Roles
Program Leadership

- Facente Consulting
- Springboard HealthLab
- Shanti Project

Program Partners

- SFDPH Ending the Epidemics Leadership Group
- ETE Steering Committee
- Positive Resource Group/ San Francisco HIV Frontline Organizing Group
- SFDPH Community Advisory Process (CAP) Agencies
- SFDPH-San Francisco AIDS Foundation: Community Health Academy
- SFDPH – Community Resource Network
- Code Tenderloin
- National Harm Reduction Coalition/Harm Reduction Training Institute
- Pacific AIDS Education Training Center
- SFDPH Center for Learning and Innovation
- SFDPH Linkage, Integration, Navigation, and Comprehensive Services (LINCS)

Timeline: This project is proposed as a 2-year, multi-phase program, with the opportunity for extension beyond the contracted effort. Contract Year 1 is 9/1/2020-7/31/2021; Contract Year 2 is 08/01/2021 – 07/31/2022. A third contract year is currently being negotiated with SFDPH.

Budget: The total budget for this project is $231,000 for all coordination and operating components of the training and mentorship project.

Component/Task	Amount	Source	Status as of Feb 2022
Phase 1: Formative Research/ Landscape Analysis • Literature Review • Program Inventory • KI Interviews • Project Management & Communications • Synthesis & presentation of findings	$87,000	Source CDC EHE → SFDPH Contracted to Facente Consulting	Completed
Phase 2: Pilot Project • Planning for pilot • Implementation & project management of pilot • Evaluation	$112,000	Source: CDC EHE → SFDPH Contracted to Facente Consulting	Completed
Phase 3: CHLI Blueprint • Development and submission of Blueprint/Implementation Plan report	$32,000	Source: CDC EHE → SFDPH Contracted to Facente Consulting	Completed

Detailed Description

Background and History
During the formative stage of CHLI, interviews and focus groups were conducted to gather information and further refine the needs of the priority population, along with the general stage of readiness, as described earlier in this blueprint. This process literature review, engaged in literature review and focus groups helped develop and detail the curriculum for CHLI's Training and Mentorship Program. The following are phases implemented to ensure efficacy throughout the initiative:

- **Phase 1: Formative Research, Relationship-Building & Initial Program Planning:** Conducted a landscape analysis, participated in meeting with ETE, and supported with developing ETE materials in partnership with community engagement agencies and their key stakeholders/clients.

- **Phase 2: Establishing Formal Collaborations:** Participated in the ETE community engagement partner agencies on a monthly basis; developed ongoing relationships with local organizations and key stakeholders to develop a network of collaborators that can work together to increase and expand workforce pathways.

- **Phase 3: PDSAs and Operations Planning:** Developed the operations and structure for the Training and Mentorship Program, with the support of ETE – CHLI Advisory Group, including curricula, recruitment methods, and evaluation protocols.

- **Phase 4: Sustainability Planning:** Development of the blueprint, detailing the year's activities, including processes, protocols, or materials developed by Facente Consulting and partner agencies; support SFDPH with developing a sustainability plan.
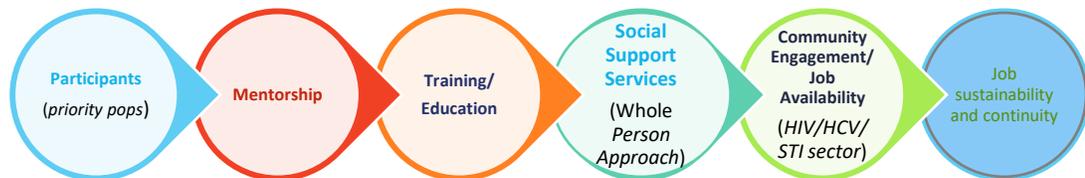
Description of the Pilot
The CHLI Sexual and Drug User Health Training and Mentorship Pilot program is a "full-service" professional and personal development model implemented between September 1 – December 31 (2021) to prepare a select number

of participants from the priority populations throughout San Francisco to pivot to jobs in sexual and drug-user public health. We leveraged partnerships and existing resources to ensure participants were offered mentorship/guidance, training, total-person support services (focused on basic needs and behavioral health), and job sustaining support to seek longer-term employment and growth within this sector. This Pilot was successfully completed in late December 2021 by 10 participants, with the support of 12 guiding mentors.

Overall leadership, coordination, and implementation was managed by three Facente staff.
- o Administrative oversight and ongoing coordinating communication
- o Programmatic curricula and activity development; key items include:
  - Overview and Goals
  - Weekly Tasks
  - Supporting activities and engagement opportunities
  - How -to's (Mentor and Participant Guides)
  - Supporting Forms
  - Evaluations
- o Planned program activities
  - o Conduct a Welcome and Orientation session
  - o Participate in 12 total trainings from core categories, based on menu of existing offerings throughout San Francisco and virtually; arranged on a Master Schedule located on Google docs for easy access
  - o Conduct 2 (two) Mentor shadow activities
  - o Conduct 2 (two) experiential skill-based activities (ex. Interviewing Skills, etc.)
  - o Raffel entry/registration to one conference for one participant and one mentor
  - o Program-end "Scavenger Hunt" activity throughout San Francisco (Winning prize @ $40/pp for winning team)
  - o Complete check-off completion list to be reviewed by mentor
  - o Conduct Closing Ceremony, with invited guest from SFPDH and closing cohort "Bingo" ($20 winning gift card for one member)
  - o At the conclusion, conduct an overall program evaluation assessment (SurveyMonkey or Goggle Docs) with the mentors and mentees
  - o Conduct a follow-up evaluation three months after the completion of the program to measure the success of the program

Implementation Components: Guidance, Training, Support, Networking, Creating Opportunities

[Participants (*priority pops*)] → [Mentorship] → [Training/ Education] → [Social Support Services (Whole *Person Approach*)] → [Community Engagement/ Job Availability (*HIV/HCV/ STI sector*)] → [Job sustainability and continuity]

Participants: A Reflection of Our Communities
Participants are members of the target population who have lived experience or other relevant experience with a community that has been disproportionately impacted by HIV, HCV, or STIs, including people living with HIV/HCV/STI; gay, bisexual, and queer men; trans* and gender nonconforming people; people who inject drugs and/or use substances; Black and Latinx people; and, additional people impacted by HIV/HCV/STI. They should be able to devote 2-4 hours per week for 12 weeks for the Training and Mentorship Program, and have a strong interest

in Sexual Health and Drug Use Health careers (they can be entirely new to the field, or have recently started a job in the field). Participants should ideally be able to participate in the program during work time –Facente can provide a reference letter to support their participation and use of community resources, as needed. The goal is to recruit between 14- 20 participants for completion of the program.

Key components and activities for participant coordination conducted by the CHLI Director include:
- Identifying who the intended communities and organizations are to support with recruiting
- Marketing and flier* development
- Recruitment, interest form* development, and registration review
- Onboarding and shared expectations
   o Participant Guidebook*
   o Mentor Roadmap Guide*
- Incentives/Stipends
   1. Monetary Compensation (for individuals who are not currently employed @ $25/hr x 4 hours x 12 weeks = $1200 or $200 bi-weekly)
   2. Mentors and professional/skill-building trainings (at no cost) and use of community resources,
   3. Resources, tools, and skills-building resources
   4. Gift card for evaluation participation
   5. Certificate of Participation/Completion*
- Ongoing Communication and Engagement
- Weekly Communication (Template)*
- Monthly Meetings and Presentations*
- Feedback/Evaluation Forms (mid and end)*
- Live Feedback Session

*All associated forms, materials, and templates are located in the following Google-Drive folder (*see Appendix C for listing of materials*): **https://drive.google.com/drive/folders/1OaBHAsGX2t1sr0lhok_O2_YGetlofXu4?usp=sharing**

Mentorship/Networking

Mentors are a core element of CHLI. Shanti Project is responsible for the full implementation, coordination, and management of the mentorship component of the CHLI initiative. Mentors are individuals how have experience within the HIV, HCV, and STI professional field, typically from CAP Agencies, ETE Steering Committee, and other partners. Their role in the sector can stem from frontline services to management and leadership positions. They may additionally be individuals who share the same sexual activity and substance using risk behaviors as the intended population as a whole, but who are in active career roles. They share their stories, experiences, and professional skills with participants during weekly one-on-one mentorship meetings. These sessions serve to demonstrate the potential within the field, as well as career opportunities. Mentors volunteer their time for CHLI activities, with employer buy-in and support.

Key components and activities for mentor coordination, conducted by the Shanti Project Mentorship Manager, with the support of the CHLI Director as needed, include:
- The Mentorship Manager serves as the point person to check in with for support
- Mentor roles/expectations are defined, and this information is shared at an introductory meeting conducted by the Shanti Project Mentorship Manager, with the support of the CHLI Director
   o Introductory meeting focuses on:
      ▪ Program Description
      ▪ Expectations and Involvement
      ▪ Mutual Accountability
      ▪ Resources
      ▪ Evaluation

- Coordination
- Marketing and Solicitation to Community
- Recruitment
- Onboarding and share expectations
  - Mentorship Roadmap Guide
- Ongoing Communication and Engagement
- Weekly Communication
- Feedback Monitoring (mid and end)
- Certificate of Participation
- Additional mentor resources and training available may include:
  - Books
  - Trainings and Tools
  - PRC resources and materials

Training and Education

Offering training and educational skill development activities is a key component of CHLI. Due to the collaborative nature of this initiative – along with the goal of not duplicating services, CHLI leverages existing training sessions and activities that are being conducted by partnering agencies. An extensive partnership has been established with community partners and organizations listed throughout this blueprint to ensure that a well-rounded variety of trainings may be offered during all cohorts of the Training and Mentorship Program. Below is a list of core categories and sample topics that are consistent with ensuring adequate training focused on sexual and drug user health professional skill building is available to all participating members of CHLI.

Core Categories include*:*
- *Job readiness and career development*
- *Public Health and HIV/HCV/STI Basics*
- *Drug Use Health and Harm Reduction*
- *Cultural Competence and Communities*

Topics from within the core categories may include, but is not limited to:

Public Health and HIV/HCV/STI Basics	Drug User Health and Harm Reduction	Job readiness and career development	Cultural Competence and Communities	Additional options
• Public Health 101 • HIV 101/HCV 101/STI 101 • Motivational Interviewing • Health Literacy • Trauma Informed Care • Disease Investigation Services • Confidentiality/ HIPAA • De-escalation and conflict management • Boundaries/Burn-out Prevention • Wellness and self-care	• Harm Reduction 101 • Drug-User Health • Opioid Overdose Prevention • Harm Reduction, Syringe Access and Health Promotion	• Job readiness skills • Employment hiring and placement skills • Public speaking and group facilitation skills	• Language awareness: Using non-stigmatizing language • Anti-racist work and structures • Anti-racism and Racial Healing • Building Bridges to Cultural Competency • LGBT Cultural Competency • Health Equity	• Understanding of health systems in the city • Navigating SFDPH system • Understanding health insurance • Other relevant offerings

Key functions of the training and education component of CHLI are managed by the CHLI Director and include:
- Identification of categories and relatable courses
- Identifying community partners
- Reviewing course content
- Coordination for conducting training
- Identify any costs/resources necessary
- Follow-up communication and reminders, as well as copies of training for filing
- Vetting the training/trainer
- Post-training follow-up and communication

Access to Key Community Experiences in the Sector

Community engagement opportunities are core to the experience of the participant of the training and mentorship program. A high percentage of jobs are found through networking, yet access to social and professional networks are not always equitable. These strategies were highlighted by interview participants as effective in helping them or people they know along their career path. This component allows participants to explore different events and activities that occur within the sector, provides them with exposure, and allows for networking that supports understanding the various roles and opportunities that may be available within the sector. The CHLI Director and the Mentorship Manager work together to identify possible community engagement activities and opportunities and communicates it to the participants via the Cohort Activity Calendar, email reminders, and other communication tools used to update the Cohort about events and activities.

- *Activities may include access to planning initiatives, partnerships, events, advocacy, and other kinds of opportunities relevant to understanding the sector (e.g., HCPC, ETE Steering Committee, Getting to Zero, or End Hep C SF meetings; Town Halls or community engagement events; policy/advocacy events; etc.)*

Social Support Services (Whole Person Approach)

This serves as an opportunity to connect with community organizations that focus on providing wrap-around services that address the needs of the workforce to minimize barriers to effectively sustaining job roles. Additional information is outlined and referenced below to support enhancing services that meet broader community needs and is integrated into the Training and Mentorship program. Social support services may include the following:
- Childcare Services
- Behavioral health support
- GED programs
- Housing
- Immigration
- Interview attire
- Job preparation
- Legal support
- Life skills
- Temporary assistance
- Transportation

Peer Engagement and Job Sustaining Resources

Offering peer engagement and other job sustaining resources creates a holistic strategy to ensure the most ample access to up-to-date info sharing, increased knowledge of workforce opportunities, thus impacting sustainable community economic growth and community stability. Activities that support continued engagement in workforce development opportunities through CHLI and its partners are managed by the CHLI Director with input from the Mentorship Manager, includes:

- 45-min Monthly Zoom session check-in throughout the 12-week training and mentorship implementation period (as a full cohort) used to connect and check-in as a whole, as well as share any pertinent information that may be useful throughout their participation
- Facebook/Social Media Group [**https://www.facebook.com/groups/chli2021**] – group space for all members of the CHLI cohort to share information, resources, job announcements, and activities that promote staying engaged as a collective
- Bi-weekly Newsletter/Bulletin via e-list serv - supports sharing information with cohort members, especially those who wish not to be connected via social media *[Template available in Google-Drive with all supporting materials]*
- Ad-hoc In-person and virtual learning and networking sessions as identified by the CHLI Director and Mentorship Manager
- Optional activities for consideration with future cohorts:
  - "Buddy" system for check-in post-participation – opportunity for individuals to be paired as "buddies" and operate as a unit to monitor each other's success and help each other reach self-identified goals (personal and professional)
  - Support with job placement and/or job advancement services – explore linkages and partnerships for available jobs in community that allows cohort members the opportunity to be notified about jobs, gain support with applying, and securing an interview (i.e. opportunity to develop a SF*DPH repository of jobs via an electronic portal)*
  - Create linkage with organization that is willing to review participant resumes and conduct mock interviews

Pathways and Linkages to Other Training & Professional Development Programs

Support with coordination of people and resources to ensure aligning opportunities to further engage in workforce development activities throughout San Francisco. The goal is to develop a direct avenue for connection to workforce development program and activities, in connection with other partnering SFDPH-funded agencies. Participants of the Training and Mentorship program will be notified about opportunities to engage in various opportunities for further advancement in workforce development activities through the same communication methods outlined above. There is cross-linkage between this component and Sector-wide networking opportunities outlined below in this blueprint. Examples of key partners to maintain continuous connection and engagement with include:

- **SFDPH: SFAF** – Community Health Academy [English & Spanish-language]
- **SFDPH** – Community Resource Network
- **SFDPH/ PRC** - Frontline Organizing Group (FOG)
- **GM Consulting** – Promotores Training Program [Spanish language]

Evaluation and Continuous Quality Improvement Plan

Evaluation is a key aspect of any program, as well as a core element of CHLI, and will be used to assess progress towards objectives and to adapt the intervention approach continuously throughout the project.

Beginning with the needs assessment and community identification process (formative evaluations), and continuing through the implementation phase, findings from the feedback assessments (mid-point, upon closing, and 60-days post end-of-program) are used to continually refine program activities and implementation, and to update the broader strategic plan as needed. Findings will be reviewed monthly, making data and analyses available as soon as possible to inform continued intervention improvement. Data and findings, including statistics for participation in various aspects of the program as well as completion, should be discussed with the ETE Steering Committee to make decisions about whether the intervention needs to change in any way to improve its effectiveness or appropriateness.

Further Programmatic Recommendations
- Have CAP organizations refer participants or ask that SFDPH staff give referrals for recruiting of participants; support by providing a flyer/script to make it less work for them
- Participant compensation: Consider flat stipend compensation (Ex: $1200/month, dependent on hours required or hourly rate of participation at $25/hr?)
- Identify an organic way to address language barriers for participation for training and mentorship members
- Set up Uber/Lyft Business for possible job interviews or training opportunities
- Offer payment for specialty related certifications, such as CADAC certificates renewal fees: $400 (rec from a community member) https://icaada.org/credentials/cadac-i/
- Provision of Clinical Supervision for possible case management and social work positions
- Offer support with PCP- Medical Linkage to Care for Cohort members that may be out of care

Status: Conducted and completed the first pilot cohort of the training and mentorship program from September through December 2021. A new cohort is in the preparatory stage and is set to start in late-March 2022.

2. Sector-wide Mentorship
The mentorship component of the Sexual and Drug User Health Training & Mentorship Program is overseen by the Mentorship Coordinator at Shanti Project. However, the role of this position is broader and includes developing and supporting a sector-wide mentorship program that can be accessed by an expansive range of employers and employees employed, or wanting to be employed, in the sector. This section describes that broader function as a sector-wide mentorship program.

Goal
To coordinate and further develop mentorship programs for people who work in, or desire to work in, the sexual and drug user health field, and specifically in HIV/HCV/STI-related jobs.

Key Partners & Roles
- **Shanti Project** – Shanti Project is a San Francisco based non-profit that builds human connections to reduce isolation and improve quality of life. Shanti Project is responsible for managing and coordinating the efforts put forth by the Mentorship Manager.
- **Springboard HealthLab** – Springboard HealthLab is the lead agency selected to enhance the development, coordination, and implementation of CHLI. Springboard HealthLab is responsible for overseeing the role and accomplishments of the CHLI Director, as a thought-partner and collaborator in support of mentorship activities.
- **Facente Consulting** – SFDPH has consulted with FC to provide direct oversight of CHLI efforts in conjunction with Springboard HealthLab and Shanti Project. FC is additionally facilitating a process to develop HIV/HCV/STI Sector Standards through the CHLI Year 1 and 2 funding streams.

Timeline: To be implemented concurrent with Year 2 of CHLI Implementation efforts

Budget: Approximately $110,649 annually, to support salary and benefits for the Mentorship Coordinator position

Detailed Description:
- Develop goals and structure of the CHLI (Community Health Leadership Institute) and FOG (Frontline Organizing Group) Mentorship Programs
- Develop standardized processes and protocols to support the programs, such as mentor/mentee profiles, mentor recruitment strategies and outreach materials, and systems to maintain a pool of qualified mentors
- Outreach and engagement with agencies providing sexual health/drug user health and HIV/HCV/STI services to gain buy-in and support for mentor/mentee relationships

- Mentor/mentee coordination and administrative practices
- Provide resources and training to mentor/mentee pairs regarding emerging professional development themes (e.g., identifying possible informational interviews, training programs, etc.)
- Facilitate mentor/mentee closing session(s)
- Collaborate and maintain effective communication with the FOG Steering Committee, the current CHLI program lead(s), the Department of Public Health, and other key stakeholders
- Evaluation and quality improvement efforts
- Develop and implement a plan for integration of mentorship program into community partner agencies as a worker training program that defines service provision standards for San Francisco's system of care, and helps workers meet these standards via CHLI, FOG, and mentor-mentee matches
- Provide support to mentees as needed, in collaboration with other parties interacting with mentees

Status: This component of the project is well underway and is actively being managed by Shanti Project. Currently the mentorship services are being offered to the CHLI and FOG projects.

3. Website
CHLI is actively working to collaborate with its workforce development partners to develop a website "hub" for the sector. This media source will serve as the collective landing space for individual program to share all related content that is identified, including who we are, what we do, what is offered, registration links, and other open-source information.   The Learning Management System (LMS) identified below will serve some of this functionality, but it predominantly reserved for trainings, webinars, and other educational activities led by the various programs.

Goal: Develop a centralized repository of information that is made available to the general public for all workforce developments efforts coming out of SFDPH.

Key Partners & Roles
- **SFDPH Center for Learning & Innovation Unit** - CLI offers technical assistance and support to develop the learning platform for DPH and is responsible for supporting with content development for website information.
- **SFAF** – Community Health Academy [English & Spanish-language]
- **SFDPH** – Community Resource Network
- **SFDPH/ PRC** - Frontline Organizing Group (FOG)
- **SFDPH/HRC** - Harm Reduction Training Institute

Timeline: To be implemented concurrent with Year 2 of CHLI Implementation efforts.

Budget: Proposed one-time funding from SFDPH for up to $20,000 for website design and build.

Detailed Description: Not yet available, as this project is in the conceptual phase.

Status: Informational and concept meetings have been initiated with SFDPH CLI, but no formal action has been taken toward the development of a website.

4. Learning Management System (LMS) and Training Portal Coordination
Currently, SFDPH uses Monarch Media as the content development partner for its internal LMS platform for staff training, located at: https://learnsfdph.org/. It has enormous potential to serve as a portal to access multiple trainings – individual one-time trainings, as well as training series.

During the development of CHLI, a shared vision has begun to emerge that the SFDPH LMS will become the central platform for trainings from multiple programs (not just CHLI) and will be accessible to organizations and people outside of SFDPH. This opens up enormous potential for CHLI – for example, there could be an online training series that all new employees at HIV/HCV/STI service providers are required to complete as part of their onboarding, with different modules for different types of job roles. This would help alleviate some of the agency burden of training new staff, when it comes to things that are not agency-specific (e.g., what is treatment as prevention, what is harm reduction, what does the substance use continuum of care look like in San Francisco, what are the housing options in San Francisco for people with HIV, and much more).

CHLI's role in the LMS rollout is two-fold: 1) providing content (not necessary developing new content, but finding existing content) to support workforce development in the sexual and drug user health sector; and 2) helping to coordinate efforts across the multiple partners who will be getting content into the LMS. These roles will be ongoing, as new needs emerge and additional materials and modules must be developed.

One gap that CHLI has identified while working to coordinate the various partners is that there is no central "LMS Operations" staff role. While SFDPH has a Distance Learning Specialist in the Center for Learning and Innovation, Population Health Division, whose role is focused on developing the vision and broad project management, it is not responsible for the actual logistics and technical aspects of ensuring that trainings are operating correctly, kept up-to-date, and additional information is included when necessary. For example, one San Francisco agency has developed mental health trainings for community-based providers. A staff person is needed to coordinate taking the trainings from where they are now through the full process of getting them into the system, with the help of Monarch, and making sure that the trainings are integrated into the system correctly so they are accessible to the people who might need them. See *Appendix D for a proposed CHLI Content Manager job description, for administrative and training portal coordination*.

Goal
Develop a standardized framework for the coordination and management of core trainings for all sector-wide agencies, and to support coordination and needs of the multiple partners involved in learning management system efforts.

Key Partners & Roles
- **SFDPH Center for Learning & Innovation Branch** - CLI offers technical assistance and support to develop the learning platform for DPH and is responsible for supporting with content development for website information. Support is provided by the Distance Learning Specialist, Center for Learning and Innovation, Population Health Division (Currently Amy Lee, amy.lee3@sfdph.org)

Timeline: To be implemented concurrent with Year 2 of CHLI Implementation efforts.

Budget: There is no CHLI budget per se, but to address the need for centralized coordination, we recommend a Health Program Coordinator I position, which at Step 5 is $99,320 plus benefits.

Detailed Description: TBD

Status: Conversations have been initiated with SFDPH and the LINCS team, as well as CLI. Currently CHLI does not have an immediate need to enter trainings into the LMS system, but is supporting with identifying the needs and coordinating efforts to support a standardized system. CLI agrees the LMS platform should be standardized and have the ability to filter user needs, among other functions. Currently at a optimal junction as they are exploring and enhancing needs and functional restructuring; currently working with 5 groups within SFDPH to make changes to the existing course catalog and accessibility The long-term vision is to make the LMS system community driven and a more open portal. Content managers typically need to create their own content, and CLI supports to put it into a

format that fits the LMS algorithm. CLI is developing a portal for capacity building opportunities to support with building your own courses and using the platform more effectively. CLI (Amy Lee) is committed to joining the WFD Collective partners (as identified below) to ensure the training needs of the group are being met and integrated in the most efficient manner.

5. <u>Sector-wide Coordination and Networking</u>
There is a collective body of providers working on workforce development efforts throughout San Francisco, that have ample cross-over in efforts and programming needs. Coordination across the sector is important for de-siloing of efforts, creating a centralized system of support for workforce development activities, and ensures deduplication of efforts and shared resources. This purpose is in alignment with CHLI's goal of increasing access to professional development opportunities; if there is a coordinated network with centralized access to the multiple resources available, it will make it much easier for employees and employers in the sexual and drug user health sector find and access trainings and other kinds of workforce development activities. This component brings together SFDPH, nonprofit agencies, and other stakeholders within the sector to share information about various programs, goals, community activities, and other workforce development efforts.

Goal
Alignment of efforts across different programs through the development of a collective workforce development Provider Network

Key Partners & Roles
- **Shanti Project** – Shanti is a San Francisco based non-profit that builds human connections to reduce isolation and improve quality of life. Shanti Project is responsible for managing and coordinating the efforts put forth by the Mentorship Manager.
- **Springboard HealthLab** – Springboard HealthLab is the lead agency selected to enhance the development, coordination, and implementation of CHLI. Springboard HealthLab is responsible for overseeing the role and accomplishments of the CHLI Director.
- **Facente Consulting** – SFPHD has consulted with FC to provide direct oversight of CHLI efforts in conjunction with Springboard HealthLab and Shanti Project. FC is additionally facilitating a process to develop HIV/HCV/STI Sector Standards through the CHLI Year 1 and 2 funding streams.
- Additional partners, but not limited to, identified below by Facente Consulting, Springboard HealthLab, and Shanti Project to support with ongoing networking events and opportunities.

Name	Agency
Lazara Paz-Gonzalez	Facente – CHLI
Terrance Walker	Springboard HealthLab – CHLI
Katie Faulkner	Shanti Project
Mark Molnar	Shanti Project
Hanna Hjord	SFDPH, CHEP, Workforce Development Initiative
Thomas Knoble	SFDPH, CHEP, Workforce Development Initiative
Ari Davila-Val	Community Referral Network – SFDPH
Andy Scheer	Frontline Organizing Group (FOG) – SFDPH/ PRC
Todd Watkins	SFDPH LINCS training
Erin Antunez	SFDPH LINCS training
Jonathan Fuchs	SFDPH CLI Learning Management System
Amy Lee	SFDPH CLI Learning Management System
TBD	ELC grant – UCSF, SFDPH
Hilary Spindler	PCHD grant supplement- UCSF, SFDPH

Giuliana Martinez	GM Consulting, Promotores Project
Michael Jones	UCSF, Workforce Development Unit
Dairo Romero	MEDA, Mision Adelante
Mark Pineda	Community Health Academy – San Francisco AIDS Foundation
Gaby Sandor	Community Health Academy – San Francisco AIDS Foundation
Patricia Erwin	SFDPH, CHEP - Deputy Director
Joshua Cristantiello	SFDPH - Spanish-Language Interpretation Services
Tracey Packer	SFDPH, CHEP – Director
Anika Kalra	UCSF, UCSF Institute for Global Health Sciences - Health Equity Training
Stephanie Teleki	California Health Care Foundation, Health Care Leadership Program

Timeline: To be implemented concurrent with Year 2 of CHLI Implementation efforts.

Budget: There is no specific budget for this component, as it is a job duty for the CHLI Director. However, ideally there would be a budget for convening key partners at least annually for a conference or learning community @ $15,000, including food and supplies, speaker stipends, and consulting fees for organizing.

Detailed Description: The group is a collective network of service providers who come together quarterly virtually, or in-person when possible, to discuss and review existing and upcoming programs, resources, and needs.

Status: Hosted one initial informational meeting with the partners listed above; garnered commitment from community partners to meet quarterly to discuss ongoing cross-agency opportunities, as well as information and resource sharing.

SUPPORT SYSTEMS

Workforce development must go beyond offering training and professional development opportunities. People cannot participate fully in the workforce if they do not have the supports they need in their lives. Therefore, a focus on the personal needs of workers is warranted. Providing access to support services and systems addresses the total well-being of workers and acknowledges them as whole people. These efforts are often necessary for people to remove barriers to successful employment and support keeping their jobs. CHLI is a hub through which support services and peer networks can be accessed.

Components

1. Peer Support Networks

Peer support networks create a space for people to get together to provide support to each other based on similar roles, experiences, or circumstances in their personal and professional life. There is currently one peer support network under the CHLI umbrella, which is for cohorts of participants and mentors who have gone through the CHLI Sexual and Drug User Health 12-week program. There is also ample opportunity for CHLI to identify and create other peer support networks, as ideas and needs emerge. For example, there may be value in having a peer support network of people who staff the front desks of HIV/HCV/STI service agencies, to discuss some of the challenges they face that are unique to their role as the first point of contact when a client comes in the door and share ideas and solutions.

Goal

To provide an ad-hoc space for workforce members to engage in peer support activities that address personal and professional needs. It is a space of sharing, connecting, and supporting each other with opportunity for guided facilitation and moderation by the CHLI Director and Mentorship Manager.

Key Partners & Roles
- **Open to any workers in the HIV, HCV, and STI career field/sector**
- **Springboard HealthLab** – Springboard HealthLab is the lead agency selected to enhance the development, coordination, and implementation of CHLI. Springboard HealthLab is responsible for overseeing the role and accomplishments of the CHLI Director.
- **Shanti Project** – Shanti is a San Francisco based non-profit that builds human connections to reduce isolation and improve quality of life. Shanti Project is responsible for managing and coordinating the efforts put forth by the Mentorship Manager.
- **Facente Consulting** – SFDPH has consulted with FC to provide direct oversight of CHLI efforts in conjunction with Springboard HealthLab and Shanti Project. FC is additionally facilitating a process to develop HIV/HCV/STI Sector Standards through the CHLI Year 1 and 2 funding streams.
- Other partners to be identified by Facente Consulting, Springboard HealthLab, and Shanti Project to support with ongoing networking events and opportunities.

Timeline: To be implemented concurrent with Year 2 of CHLI Implementation efforts.

Budget: There is no specific budget for this component, as it is a job duty for the CHLI Director, in collaboration with the Mentorship Coordinator.

Detailed Description: TBD

Status:
Various engagement tools have been put into place to create a space of peer support such as:
- Facebook/Social Media Group [**https://www.facebook.com/groups/chli2021**] – group space for all members of the CHLI cohort to share information, resources, job announcements, and activities that promote staying engaged as a collective
- Bi-weekly Newsletter/Bulletin via e-list serv – supports sharing information with cohort members, especially those who wish not to be connected via social media *[Template available in Google-Drive with all supporting materials]*
- Additional in-person and virtual activities are being identified to support with expanding peer support efforts (conducted by the CHLI Director and the Mentorship Manager)

2. Whole Person Support Services

Support with connection to provide and resources focused on provision of basic needs towards successful and sustainable work practices and retention, including clothing, food, affordable housing, childcare, transportation, immigration legal assistance, behavioral health, SSDI support, and more. This is especially important for agencies wanting to hire and retain people with lived expertise into entry-level positions, which at the present time simply do not pay enough to support living in San Francisco. However, people at all organizational levels, from front line to executive, have life experiences that can make it difficult to fully participate in their jobs – if CHLI can help make appropriate support more accessible, retention and employee satisfaction are likely to improve.

Goal

Formalize a network of service providers/services that workers can access through shared resources, including secure and confidential referral system to assure access to services when needed. The aim is to fund a collection of services that can be accessed by HIV/HCV/STI employees supporting comprehensive support services that alleviate

challenges to maintaining and thriving within the sector. These can include, but are not limited to, support with basic needs and social determinants of health.

Key Partners & Roles

- **Facente Consulting** – SFDPH has consulted with FC to provide direct oversight of CHLI efforts in conjunction with Springboard HealthLab and Shanti Project. FC is additionally facilitating a process to develop HIV/HCV/STI Sector Standards through the CHLI Year 1 and 2 funding streams.
- **Springboard HealthLab** – Springboard HealthLab is the lead agency selected to enhance the development, coordination, and implementation of CHLI. Springboard HealthLab is responsible for overseeing the role and accomplishments of the CHLI Director.
- **Shanti Project** – Shanti is a San Francisco based non-profit that builds human connections to reduce isolation and improve quality of life. Shanti Project is responsible for managing and coordinating the efforts put forth by the Mentorship Manager.
- Other partners to be identified by Facente Consulting, Springboard HealthLab, and Shanti Project to support with ongoing support services and referral opportunities.

Timeline: To be implemented concurrent with Year 2 of CHLI Implementation efforts.

Budget: There is no specific budget for this component, as it is a job duty for the CHLI Director. Once a model is developed, ongoing funding will be needed to implement the model.

Detailed Description:
Special consideration for the planning and implementation of this component may include –
- o Conduct a needs assessment and/or extract data from the CHLI Standards Assessment to determine what are the top service/support needs of the workforce.
- o Be mindful of employee confidentiality, particularly when services may be in the same location as their work agencies or where their clients access services
- o Broad access to services through extended partnership with CBOs, including addressing on-going trauma and other mental health or behavioral health needs
- o CHLI provides on-site services with co-located providers to provide therapy, substance use treatment services, transportation and housing assistance, childcare, etc. to sector employees – taking some load off CBOs *[a stand-alone, all-in-one support services center]*
- o Coordinating insurance/SSDI support so that people are less afraid to lose SSDI and other government benefits if they lose their job (Long term survivors)
- o Long-term funding for continued services provided through this component exclusively for sector employees

Status: Not initiated

The following entities serve as governing bodies for guidance and accountability to ensure the efficacy and efficiency of all CHLI goals and outcomes.

SFDPH

San Francisco Department of Public Health is the funding agency for this initiative, under the Community Health Equity and Promotion (CHEP) Department. Financial support comes directly from the Ending the HIV/HCV/STI Epidemics Initiative (ETE). This initiative works in a highly collaborative way to end the syndemics of HIV, hepatitis C (HCV), sexually transmitted infections (STIs), and overdoses. ETE funding is focused on providing services throughout San Francisco to Black/African Americans, Latinx communities, trans women, people experiencing homelessness, people who use drugs, and people with a history of incarceration. The goals of the ETE initiative are to advance racial equity and social justice; address social determinants of health; integrate HIV, HCV, STI, COVID-19, overdose, and harm reduction services; eliminate HIV/HCV/STI-related stigma and discrimination; provide status-neutral services for people living with and at risk for HIV; engage with communities served; thoughtfully invest in and employ people with lived experience; and invest in workforce development, recruitment, retention, and trauma-informed staff support.

ETE Steering Committee: CHLI Advisory Group

The programmatic advisory committee for CHLI included existing members from the ETE Steering Committee, who are tasked with supporting in strategic planning efforts through community leadership, as well as resource & information sharing for San Francisco's CDC, PS20-2010: "Integrated HIV Program for Health Departments to Support Ending the HIV Epidemic in the United States" End the Epidemics funded programs and HRSA-20-078: "Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B" HIV Health Services programs. This group convened over two sessions and via electronic communication with the intent of providing advice and supervise the implementation of the CHLI plan.

This group consists of staff from the following agencies, representing HIV, HCV, and STI initiatives:
- San Francisco EMA HIV Community Planning Group
- Getting to Zero San Francisco
- End Hep C San Francisco
- SFDPH Office of Transgender Initiatives
- Black/African American Health Initiatives
- Positive Resource Center
- HIV/AIDS Provider Network

Facente Consulting

SFDPH has consulted with FC to hold the master contract and provide direct oversight of CHLI efforts in conjunction with Springboard HealthLab and Shanti Project. FC is responsible for ensuring deliverables are met. Facente is additionally facilitating a process to develop HIV/HCV/STI Sector Standards through the CHLI Year 1 and 2 funding streams.
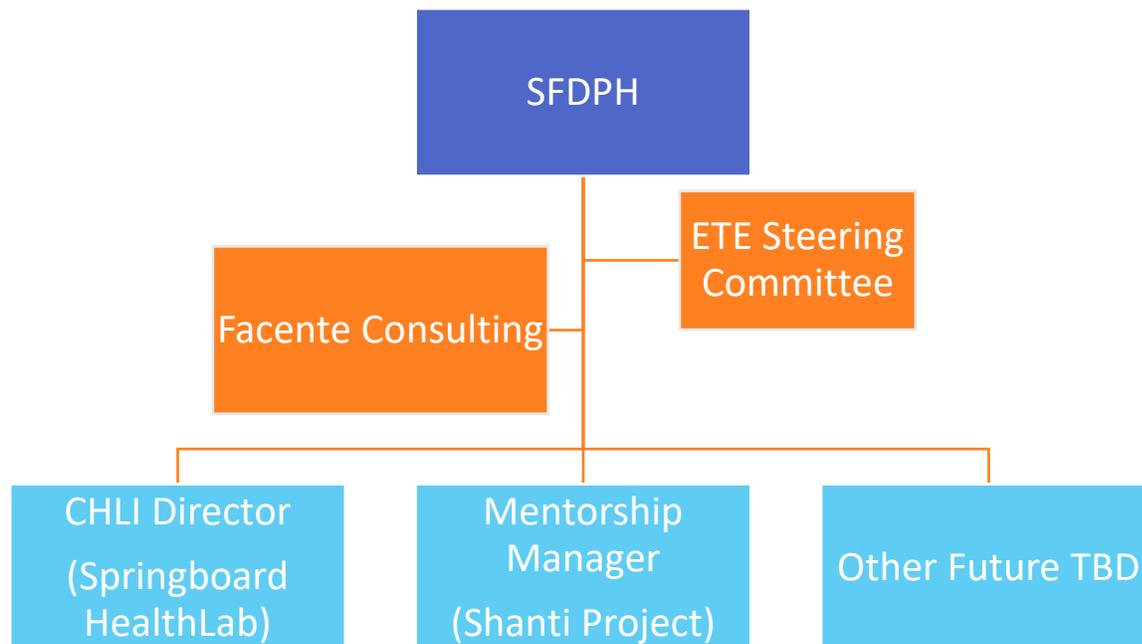
CHLI Director

The CHLI Director oversees all components of CHLI, some of which they have direct responsibility for and others for which they serve in a coordination role. The Director is responsible for building partnerships to support the work of CHLI, implement a sexual and drug user health training and mentorship program, and develop content for a CHLI website. The Director is responsible for growing and innovating CHLI, in alignment with the long-term vision. This includes conceptualizing and developing new training programs, building a network of support services providers to support workforce retention, identifying and iterating on program models for successful workforce development,

exploring potential funding sources for sustainability, and leveraging partnerships and networks in creative ways to support CHLI goals.

Mentorship Director

The role of the Mentorship Manager is to coordinate and further develop the goals and structure of the mentorship programs for people who work in, or desire to work in, the sexual and drug user health field, and specifically in HIV/HCV/STI-related jobs. This position is hosed at Shanti Project, and works closely with the Community Health Leadership Initiative [CHLI] and the Frontline Organizing Group [FOG]. The Manager oversees two current mentorship programs which are different but aligned, and may coordinate additional mentorship programs or projects as needed. The goal is to contribute to making the HIV/HCV/STI workforce well-trained, well-supported, well-connected, and inclusive of people with lived experience.

Finding a Permanent Home

Ongoing funding and resources are important to sustaining CHLI. This blueprint serves as the first step towards developing a sustainability plan. It provides a roadmap for achieving long-term goals and documents strategies that have been implemented to continue the initiative and its activities and partnerships. Considerations include the sustainability of: 1) personnel to provide oversight and implementation of objectives; 2) stakeholder relationships and contributions to the CHLI effort; and, 3) services being provided to the community, particularly the training and mentorship program and the Whole Person Support Services to highlight a few. As such, we would like to recommend that all aspects of the initiative be considered for preservation and continuance over time.

Although Facente has provided oversight for the implementation of all phases and components of this initiative, the initiative must transition to a more permanent home with an organization whose mission is consistent with program and services delivery, which Facente Consulting is not. After the 2022-2023 funding cycle, the Initiative will need an independent home to support continued operations. SFDPH may decide to bring CHLI "in house," which would entail establishing at least one position for the CHLI Director. Alternatively, consideration can be given to subcontracting CHLI to one of more CBOs or other type of organization(s).

Possible guiding questions for consideration:
- Should the Initiative "live" under SFDPH? Under a CBO? Be its own entity?
- Who will be responsible for hiring, onboarding, and supervising staff?
- Who will direct the Initiative?
- What components can continue?
- What needs to be accomplished to move forward and meet the vision and goal of CHLI?
- Are there other funding strategies and opportunities outside of HIV funding sources; expanding or further integrating into existing workforce development funding structures throughout San Francisco?

Positions for Consideration

- *CHLI Director* – This position provides oversight and leadership for all components of CHLI for successful community development and implementation. This position currently exists at Springboard HealthLab.
- *Workforce Development Mentorship Manager*- This role coordinates and develops the goals and structure of the mentorship programs for workforce development efforts throughout San Francisco. This position currently exists at Shanti.
- *CHLI Content Manager* – This position would report directly to the CHLI Director and assist in the daily administrative operations of CHLI, including ongoing meeting coordination, participant management, and special project support. This would be a new position. Additionally, this person would help *d*evelop and maintain original, engaging, and ongoing high-quality content in support of CHLI goals and deliverables for external audiences on select media platforms. This would be a new position.

Draft Annual Budget

The budget below outlines the cost of approximately $795,000 necessary to operate all CHLI components for one (1) year as detailed throughout this blueprint.

CHLI Component	Description	Currently Managed by	One-Time Funding	Annual Budget to Sustain CHLI
Current Positions				
Implementation & Coordination	Full-time CHLI Director (salary, benefits, indirect) to implement and coordinate all aspects of CHLI	Springboard HealthLab	-	$126,428
Sector-wide Mentorship	Full-time Mentorship Manager (salary, benefits, indirect) to manage the CHLI	Shanti Project	-	$110,649

	mentorship program as well as sector-wide mentorship efforts			
Desired Positions				
CHLI Content Manager: Administrative and Training Portal Coordination	Full-time position (salary, benefits, indirect) to coordinate and manage comprehensive LMS system	N/A – this would be a new position	-	$120,000
Project Components				
Formative Research & Program Development	One-time cost to develop the model for CHLI and produce this blueprint	Facente Consulting	$199,900 *(cost already incurred)*	
CHLI Sexual & Drug User Health Training and Mentorship Program	Incentives and program supplies for 12-week professional development program	Springboard HealthLab (CHLI Director)	-	$25,000
Sector-wide Standards	Shared policies and practices designed to strengthen collective capacity	Facente Consulting	$88,000 *(cost already incurred)*	N/A
Workforce Pipeline Toolkit	Initial creation of the toolkit to support implementation of Sector Standards; ongoing technical assistance	Facente Consulting	$55,000 *(funding already identified)*	$20,000
Trauma-Informed Systems (TIS)	SFDPH-led initiative to develop and/or strengthen a trauma-informed workplace, which would provide services to participating agencies in the sector for a fee	SFDPH/Facente Consulting	-	TBD
Pathways and Linkages to Other Training & Professional Development Programs	Ensure aligned and clear pathways for people at different stages of the workforce pipeline	Springboard HealthLab (CHLI Director)	-	TBD (May be no additional cost beyond CHLI Director position)
Sector-wide Networking	Brings together SFDPH, nonprofit agencies, and other stakeholders	Springboard HealthLab (CHLI Director)	-	TBD (May be no additional cost beyond CHLI Director position)
Website	Initial development, and ongoing maintenance for an informational landing page for all public health workforce development efforts in San Francisco	Springboard HealthLab (CHLI Director)	$25,000 *(funding not yet identified)*	$10,000
Peer Support Networks	Program supplies to facilitate cross-agency peer support	Springboard HealthLab (CHLI Director)	-	$10,000
Whole-Person Support Services	Support services for workers in the sector to remove barriers to retention (e.g., clothes, food, housing, childcare, transit, mental health, etc.)	Springboard HealthLab (CHLI Director)	-	TBD
		MINIMUM COST	**Without desired positions**	**$302,077**
			With desired positions	

6. CONCLUSION

This blueprint has provided a practical implementation framework which explains coordination and project management efforts for the San Francisco Community Health Leadership Initiative (CHLI) workforce development initiative. The CHLI framework captures the complexity of workforce development through its transformative potential based on a collective and communal approach, pointing to the need for continued robust collaborative activities. The scope of CHLI and other workforce development throughout San Francisco should continue to be comprehensive, shaped by continued engagement with the intended populations most impacted by HIV, HCV, and STI, their guiding committees, and the communal partners that contribute to the ongoing operation of the initiative.

APPENDICES

A. CHLI Implementation Activities, Tasks and Timelines (2020-2021)
B. Key Informant Interview Guide; Formative Research Report and Findings (2021)
C. Google-Drive Link: Listing of Associated Files (2021)
D. CHLI Content Manager: Administration and Training Portal Coordination (Proposed Job Description)

APPENDIX A.

CHLI Implementation Activities, Tasks and Timelines

Using a strengths-based approach towards reducing duplication of efforts, Facente conducted a scan and inventory of San Francisco resources and potential partners. A deep exploration of best practices, project feasibility, and existing barriers was conducted with the aim of developing an initiative that addresses HIV, HCV, and STI workforce sustainability and growth. Transformative changes in the way we think about leadership development, systems, and practices were common themes identified in our findings.

In preparation to best address and meet the proposed goals and objective, Facente conducted the following activities:

- **Conducted a local landscape analysis** from December 2020 – March 2021 of existing community efforts and initiatives that address workforce development needs of the community as a community engagement initiative
  - Interviews addressed the following overarching questions:
    - How have you been involved in WF development?
    - What models work that are already in place?
    - What is not being done to help reach the vision?
    - If something could be funded, what would it be?
    - What are the steps to get what we need done?
    - *Themes from Key Informant Interviews*
      - The idea of CHLI is very welcomed
      - Identified assets/opportunities/gaps
      - Partners are key to eliminating silos in the work
      - Collaboration must be ensured and supportive of existing community work

- **Conducted a literature/secondary data review**, including:
  - Recruiting and maintaining workforce research
  - Training workforce to work specifically in HIV/HCV/STI, teach public health skills
  - Existing workforce development initiatives happening in San Francisco
  - Peer education models
  - Strategies for encouraging organizations to hire people
  - Mentorship programs
  - Workplace re-entry for people with long term disability or chronic illness (e.g., HIV)

- **Worked with community engagement partner agencies to inform CHLI training and mentorship pilot, along with associated workforce development strategies.**
  - Participated in monthly ETE steering committee meetings (n=9) to gather feedback related to formative research and plans for a pilot, share progress and lessons learned and identify opportunities to leverage resources
  - Determined local resources, models, and strategies for existing workforce pathways in San Francsico for community members to grow into leadership roles.
  - Continued partnership opportunities to ensure equity and alignment across all priority communities
  - Strategized formal collaborations to increase and expand workforce pathways – mentorship network, training partners, social service providers, CHLI tracks

- **Commenced facilitation of participatory evaluation of CHLI pilot, using a plan, do, study, act (PDSA) approach to CHLI Pilot**
  - Designed process and program evaluation tools

○ Initiated processes to get ongoing feedback from participants and key community stakeholders

Tasks and Timelines

Month	Task	Details
December (2022)	Existing Landscape	• Complete Theory of Change Conversation • Determine criteria for Landscape (programs and theoretical models) • Definition of Workforce Development – Who? What? Why/What For? • Criteria for Resource list: determining and prioritizing programs
January (2021)	Key Informant Interviews & Lit Review	• Involve and outreach to Workforce Development Leaders, Community Members, Workforce Development Program Participants, and Community Agencies • Understanding and education on Empowerment Education mode
February	Lit Review/ Landscape Mapping	• Interviews complete
March - April	Formative Report	Development, review, and finalization of Formative Report
Mar-May	SFDPH ETE Steering Committee	Formation of SFDPH ETE Steering Committee, that inform CHLI activities throughout San Fracisco, including: • Angel Fabian – MPACT –(Workforce Development, Secret Client) • Briannah Drew – Coordinator Y's Health SF Office – • Ming Ming Kwan – SF CHC—COO – Community Engagement – Homeless/Trans Women (PHHI) • Marsha Davison – SF CHC – Health Access Program Manager – Transgender Services • Donna Hillyard – Code Tenderloin • Antwan Matthews – Code Tenderloin – Black youth 13-19 • Giuliana Martinez –GM Consulting – virtual charlas with Latinx -- promotores

May	DPH/EHE Steering Presentation	• Recommendations based on feasibility & impact
		• Start with/pilot:
		  ○ Population-specific aspects of workforce development
		    ▪ Range of considerations of privilege, etc of people
		    ▪ Detailed work force analysis – look at CBOs that do this work
		    ▪ Age – nearing retirement
		    ▪ "Home grown" SF based
		    ▪ Stories of workforce development success – leadership interviews with key leaders

July	CHLI Advisory Group	• Established a core working advisory group to the project • Hosted two, 2-hr working group meetings with 8 community agencies present among 12 participants (July 16, July 23)
June-August	CHLI Pilot Coordination	• Developed the operating structure for the Initiative, through piloting curricula, recruitment methods, and developing operations structures and protocols with community input from CHLI Advisory Group members • Development of Participant and Mentor Guidebooks • Participant and mentor recruitment • Coordination and MOUs for training • Solicitation for Mentor participation (n= 20 mentors)
September	CHLI Pilot Launch	• Participant interest assessment (end-Aug through September 10); final selection/notification = 9/17 (n=20 participants) • Mentor match [selection, linkage, and mutual confidentiality agreement] • Started implementation for inaugural 12-week Pilot cohort, inclusive of a mentorship and guidance model, ongoing required trainings, and offering of personal support services (9/29)

October	CHLI Pilot Launch	• Send out any participation letters • Secure stipend needs for participants (@ $200/bi-weekly); signed stipend form • Conduct _____ trainings and activities
November	CHLI Pilot Launch	• Conduct _____ trainings and activities • Hire Mentorship Manager, in partnership with Shanti Project
December	CHLI Pilot Launch/Closure	• Conduct _____ trainings and activities • Complete Scavenger Hunt • Secure date, conduct, and complete closing ceremony o Secure invited guests from SFDPH • Develop Cohort Bingo • Secure gift cards • Develop completion feedback assessment • Develop and disseminate certificate of completion (participants)/certificate of acknowledgement (mentors)
January (2022)	CHLI Sustainability Planning	• Hired CHLI Director; developed workplan • Review of all collective feedback (mid-point and end) • Host 90-day post program feedback session • Initiate cohort engagement activities (FB, list-serv, Newsletter, etc)

APPENDIX B.

Key Informant Interview Guide and
Formative Research Report and Findings (2021)

PART 1: Big-picture

Overview

Purpose of Focus Groups:
1. FGs will be used as part of the formative research to develop the Community Health Leadership Institute (CHLI).

Overview of major focus group responsibilities:
2. **Recruitment:** Facente Consulting to identify key informants to interview and a snowball effort of additional contacts will form.

3. **Facilitation:** Facente Consulting to facilitate

4. **Analysis:** Who will analyze data TBD

   ○ Identify key themes from the discussion as they relate to our proposed intervention

   ○ Findings will be incorporated into the needs assessment and strategic plan

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Introduction
- We invited you here today to ask a few questions regarding expanding WFD, specifically including people living with HIV, Hep C and STIs.

- Before we begin, I want to tell you that your honest perspective is important. There are no right answers, so please feel free to share your opinions.

- Of course, you are welcome to skip any questions that you do not want to answer, and if at any point, you no longer feel comfortable participating, you are welcome to end the meeting.

- We will also be audio-recording today's group so that we won't forget any of your ideas. This audio recording will only be shared with a few people who will help summarize the notes from our discussion and we will delete the recording as soon as our notes are summarized. If you are uncomfortable with being recorded, please let us know before we begin.

- Are there any questions before we get started?

Main Guiding Questions

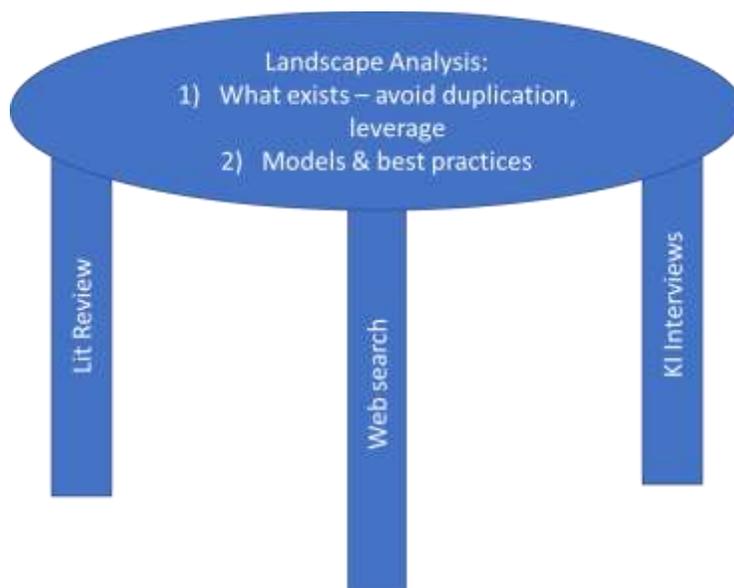| Question	Example Probe (optional)
WFD	
1. What WFD assets do we currently have in SF? What are the WFD gaps in SF?	- What does collaboration look like in SF? - What are the major gaps in WFD efforts in San Francisco (related to public health?) - What is needed to move WFD efforts forward?
2. Who are the key partners in developing WFD in SF?	- Are there any current policies in place around expanding WFD? - How can SFDPH/orgs adjust HR policies to retain graduates? - Best way to advance opportunities for non-outreach positions
▪ HIV, HEP C, STI	
3. What services are there to help people living with HIV, Hep C, and STIs in SF? 4. How can we develop the workforce to reflect populations of people living with HIV, Hep C, STIs?	Their perspective on our particular objectives re: impacting HIV/AIDS service delivery/work force?
Closing questions	
5. Is there anyone additional we should speak with to help form ideas around CHLI?	
6. Is there anything we have not talked about that you think is important to support young adults in SF?	

Wrap-up

That wraps up our discussion. Thank you to everyone for sharing your ideas! Your perspectives will be helpful in tailoring our project to the needs of the community.

Landscape Analysis and Key Informant Findings

Facente conducted a landscape analysis focused on inventorying existing San Francisco resources, along with finding opportunities for alignment with potential partners. This was conducted through a literature review, web search for local organizations and program, and identification of key stakeholders and community constituents for key informant interviews. Additionally snowball interviews were conducted with relevant individuals who work in the HIV, HCV, STI

sector. A deep exploration of models and best practices, project feasibility, and existing barriers was conducted with the aim of developing a peer-leadership institute that addresses HIV, HCV, and STI workforce sustainability and growth.

During this process, Facente conducted 2-hour key-informant interviews from December 2020 – March 2021, with 5 community members from highly-impacted communities, who were compensated for their time and participation. Additionally, 18 community stakeholders participated in interviews, and included *SFPDH Leadership and Department heads and local organizations funded by SFDPH to do work with 5 priority populations identified above, including: GM Consulting; MPact; SF Community Health Center; Code Tenderloin; AIDS Project East Bay; El/La Para Translatinas; Instituto Familar de la Raza; PRC; Sistas Leadership for African American Youth Council (SLAY); SF Transgender Initiatives; GLIDE (drug user health); SF Office of Transgender Initiatives; City College CHW Program; City and County Office of Economic and Workforce Development; Chicano/Latina Foundation; CA Future Health Workforce Commission; SF Office of Transgender initiatives; and, SF Foundation: Rework the Bay.*

Interviews with the aforementioned groups and individuals addressed the following overarching questions:

- How their programs are structured/run?
- What would they describe as the "theory of change" that is necessary?
- Key tenets of WFD?
- What is their perspective on our particular objectives impacting HIV/AIDS service delivery for the workforce?
- What is their understanding of the SF WFD landscape? Where are the strength, weaknesses, opportunities, and challenges?
- What is needed to move WFD efforts forward?
- What is their perspective on the effectiveness of collaborative efforts on WFD in SF?
- Recommendations on who we should talk to? What we should read?
- What are some funding streams that might support expansion of current WFD efforts in SF?
- Can you recommend participants that might benefit from a WFD program focused on careers in the HIV, HCV, STI sector?

FINDINGS AND RECOMMENDATIONS

In reviewing best and promising practices from other workforce development efforts, as well as the reports from the 19-1906 community engagement partners, several workforce development principles emerged. Many of these

principles suggested the need for transformative changes in the way we think about leadership development. It requires transforming the systems and practices that continue to be barriers to the vision described in the SFDPH HIV/HCV/STD Roadmap.

Lessons learned from within the community that were shared with Facente include putting trust in the community and understanding that it has the answers. Language matters and statements like "hard to reach" are stigmatizing to the population. Additionally, stating that a program will empower people, denotes that people do not have existing power and takes away from it. Models that support peer engagement and collectivism highlight the strength that is built from within and mobilized for positive outcomes. Use other non-traditional strategies to conduct outreach efforts to coordinate careers fairs, and recruit for jobs.

Innovative strategies that were identified proposed through the key informant interviews with community-based organizations and community members:

- Provides education or training in health disparities
- Addresses social and racial justice
- On-the-job training/career development opportunities
- Training conducted by peers
- Case Management/barrier navigation
- Prioritizes people with lived experience of mental health conditions or substance use disorder
- Provides training to people who are court-involved or programming for re-entry populations
- Prioritizes people experiencing homelessness
- Addresses immigrant health concerns
- Provides Spanish-language services
- Trauma-informed
- Training in harm reduction
- Training in handling stress or burn-out

- Training in interpersonal skills, self-resilience, or conflict-resolution
- Provides behavioral health services/support
- Provides childcare and other resources for parents
- Provides housing services
- Provides cash assistance
- Training in cultural humility
- Works with employers to increase hiring of graduates
- Business-approved curriculum
- Training in epidemiology
- Popular education model
- Curriculum designed or chosen by trainees
- Continuous education
- Offers GED courses
- Offers college credit

In an analysis of all information collected from respondents, the following two categories were identified as broad recommendations for workforce development enhancement and infrastructure change throughout San Francisco; systemic changes and operational changes.

SYSTEMIC CHANGES

Racial Equity and Justice	Funding and Policy	Population-specific services	Higher value on lived experience	Fund and support formal and informal networks*	Utilize existing infrastructure
• Institutional racism, intersectionality, stigma • Increase representation in leadership* • Reform/eliminate criminal background checks • Promote and provide support around intersectionality • Increase accountability from funders around anti-racist work • Anti-racist training and workgroups that produce action • Decrease language-barriers • Address racial bias in the workplace	• Increase funding for "meta structures" • City support for WFD programs • Policy change to come from the bottom up • Reform immigration policies • Tap into private philanthropy	• Programs for placing specific populations • Peer to peer counseling, peer educator positions • Re-assess job descriptions and demands to accommodate people with disabilities • Increase Spanish and Mayan language services	• Tiered social worker/educator positions • Premium or additonal pay for cultural expertise	• Support people to develop networks across identities	• Build off of COVID workforce • Continue funding programs that assist people with online job applications and support services • Build off of tech infrastructure

ORGANIZATIONAL CHANGES

Hiring Reformation	Training	Explicit organizational commitment	Support Services	Organization culture change
• outreach protocols/address discriminatory hiring practices* • Outreach to appropriate populations, more diverse hiring campaigns* • Focus on recruiting people that are from SF • Outreach to existing networks (churches, associations, etc) • Diversify hiring panels • Clearer and more succinct job descriptions (policy) • Standardize qualifications for management • Trial periods for staff (make hiring more accessible) • On-the-spot hiring (no second interview) • Reduce barriers created by electronic job applications • Increase pay	• Management training* • Continuing staff education and training (content, process, cultural humility)* • Teaching professionalism • Cultural competency training • Case conferencing	• Mentorship and professional coaching (official or unofficial)* • Stipends and paid internships • Increase personal interactions/support in the workplace/Culture change • Create a success plan for new staff that goes beyond just onboarding • Teach workplace skills • Need culture shift around decisions about who to advance in the org • Follow-through and actionable steps from anti-racist meetings and caucuses	• Support of mental health and basic needs • Meeting people where they're at in terms of practical support, wrap-around services, case management* • Peer-to-peer staff counselors • Enable real self-care and time off • Address past and recurring trauma of staff/Support staff resilience • On-going healthcare coverage	• Address digital divide • Human Resource Dept support groups • Alter HR expectations and services • Create a real safe space for people to check-in

APPENDIX C.

Google-Drive Link: Listing of Associated Files (2021)

All adaptable CHLI files and templates can be found in the following G-drive:

https://drive.google.com/drive/folders/1OaBHAsGX2t1sr0Ihok_O2_YGetIofXu4?usp=sharing

   a. CHLI Flier
   b. CHLI Training and Mentorship Program Pilot Plan
   c. CHLI Participant Interest Form
   d. CHLI Mentor Application
   e. CHLI Mentor – Participant Match Form
   f. Mentor Guidebook
   g. Participant Roadmap
   h. Participant Letter
   i. Participant Stipend Form
   j. Mentor Acknowledgement Template
   k. Cohort Meeting Agenda Template
   l. Cohort Meeting PowerPoint Samples
   m. Evaluation Assessment Questions: Mid-point and End
   n. CHLI Newsletter Template

APPENDIX D.

CHLI Content Manager: Administration and Training Portal Coordination

(Proposed Job Description)

The San Francisco Department of Public Health Linkage, Integration, Navigation, Comprehensive, Services (LINCS) Program is responsible for linking individuals to sexual health services, screening/testing, and HIV care. This team is primarily made up of Disease Intervention Specialists (DIS) and Navigation workers, which are an integral part of the public health workforce. Given their skills with connecting individuals to care and treatment, DIS and Navigators have increasingly been utilized in other programs – including COVID-19 response efforts; requiring an increased need for ongoing training and skill building to sustain the workforce.

This position requires a diverse knowledge base and set of skills, from disease-specific information to counseling techniques, and training can be time consuming and lengthy. Given the shift and increased need for virtual engagement, there is a demand for a virtual training platform that stores and conducts trainings in a more efficient manner. Thus, to adequately support onboarding and ongoing training and skills building needs, the LINCS Program is enhancing and expanding their learning management system (LMS) catalogue using learnsfdph.org.

The LINCS Program currently has 11 modules, inclusive of 40 trainings, built, scaled for virtual usage, and entered into the LINCS-specific LMS catalog. This effort has taken approximately 200 hours to create over the span of three (3) months and necessitates additional infrastructure and content build-out. There is a need for additional materials and modules to be developed, including 14 trainings and 2 modules based on the outlined Catalogue developed by the LINCS leadership team *[See list attached]*. Lastly, it requires ongoing management to ensure that trainings are operating correctly, kept up-to-date, and additional information is included when necessary.

To complete the extensive creation, development, and integration of the LMS into LINCS onboarding and training protocols, SFDPH is requesting a 0.5 FTE (@ approximately 20 hrs/wk) to implement and be responsible for the following:

- Support the build-out of a multi-faceted blended-learning module and curricula that enhance the current learning management system tools
- Management and coordination of the LINCS learning management system, which consist of three major components: Content Development, Instructional/ Visual Design, and Material and Resource Acquisition
- Creating and maintaining a suite of all of the online learning resources used by SFDPH LINCS Disease Investigation Team, RADR, and potentially for CBOs
- Create interactive content and develop assessments and other media
- Manage the resources assigned to the training, including production and maintenance of appropriate documentation including project title, overview/description, agenda, PowerPoint slides, talking points/script, resources, assessments, A/V needs, and any other pieces
- Collaborates with a cross-functional team and content specialists (i.e. Subject Matter Experts) to determine appropriate curriculum and course content for learning and assessment
- Identifying LINCS future training needs and outcomes