File No. 121073

Committee Item No. 4
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

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Committee: Budget and Finance Committee **Date** 11/14/2012

Board of Supervisors Meeting **Date** _____

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

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Completed by: Victor Young **Date** November 9, 2012
Completed by: Victor Young **Date** _____

[Accept and Expend Grant - Enhancing Engagement and Retention in Quality HIV Care - $300,000]

Resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant in the amount of $300,000 from the Health Resources and Services Administration to participate in a program entitled "Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color - Demonstration Sites" for the period of September 1, 2012, through August 31, 2013, and waiving indirect costs.

WHEREAS, Health Resources and Services Administration (HRSA) has agreed to fund San Francisco Department of Public Health (SFDPH) in the amount of $300,00 for the period of September 1, 2012, through August 31, 2013; and

WHEREAS, The full project period of the grant starts on September 1, 2012 and ends on August 31, 2017, with years two, three, four and five subject to availability of funds and satisfactory progress of the project; and

WHEREAS, As a condition of receiving the grant funds, HRSA requires the City to enter into an agreement (the "Agreement"), a copy of which is on file with the Clerk of the Board of Supervisors in File No. 121073; which is hereby declared to be a part of this resolution as if set forth fully herein; and

WHEREAS, The purpose of this project is to develop and implement a multi-faceted demonstration program called TransAccess designed to Enhance Engagement and Retention in Quality HIV Care for Transgender Women of Color; and

WHEREAS, DPH will subcontract with Asian and Pacific Islander Wellness Center in the total amount of $244,165; for the period of September 1, 2012, through August 31, 2013; and

WHEREAS, An Annual Salary Ordinance amendment is not required as the grant partially reimburses DPH for two existing positions, one Registered Nurse (Job Class No. 2320) at .20 FTE and one Medical Social Worker (Job Class No. 2920) at .20 FTE for the period of September 1, 2012, through August 31, 2013; and

WHEREAS, A request for retroactive approval is being sought because DPH did not receive notification of the award until August 28, 2012 for a project start date of September 1, 2012; and

WHEREAS, Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color – Demonstration Sites grant does not allow for indirect costs to maximize use of grant funds on direct services; and

WHEREAS, The grant terms prohibit including indirect costs in the grant budget; now, therefore, be it

RESOLVED, That DPH is hereby authorized to accept and expend a grant retroactively in the amount of $300,000 from HRSA; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in the grant budget; and, be it

FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and, be it

FURTHER RESOLVED, That the Director of Health is authorized to enter into the agreement on behalf of the City.

RECOMMENDED:

for

Barbara A. Garcia, MPA
Director of Health

APPROVED:

Office of the Mayor

Office of the Controller

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

Grant Resolution Information Form
(Effective July 2011)

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

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

1. Grant Title: **Enhancing Engagement and retention in quality HIV Care for Transgender Women of Color – Demonstration Sites**

2. Department: **Department of Public Health**
Community Health Services
Community Oriented Primary Care

3. Contact Person: **Dean Goodwin** Telephone: **415-554-9054**

4. Grant Approval Status (check one):

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

5. Amount of Grant Funding Approved or Applied for: **$1,500,000 in the 5-year project period**
(Year 1 = $300,000; Year 2 = $300,000; Year 3 = $300,000; Year 4 = $300,000; Year 5 = $300,000)

6a. Matching Funds Required: **$0**
b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: **Health Resources and Services Administration**
b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary: **To develop and implement a multi-faceted demonstration program called TransAccess designed to Enhance Engagement and Retention in Quality HIV Care for Transgender Women of Color living in the City and County of San Francisco, California. The proposed program will forge a unique public / private partnership model in which the medical services of a public community health clinic which has an established specialty in transgender medical care - the Tom Waddell Health Center - are transported and integrated into a respected and highly trusted community-based transgender support program - the TRANS:THRIVE program at Asian & Pacific Islander Wellness Center - with the explicit goal of enhancing utilization of and retention in HIV medical care by underserved transgender women of color. The program will create a unique neighborhood-based transgender medical home specifically designed to address the complex needs of this critically impacted population.**

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Approved Year one project: Start-Date: 09/01/2012 End-Date: 08/31/2013
Full project period: Start-Date: 09/01/2012 End-Date: 08/31/2017

10a. Amount budgeted for contractual services: **$244,165 in Year 1**
$1,220,825 in the 5-year project period

b. Will contractual services be put out to bid? No

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N/A**

d. Is this likely to be a one-time or ongoing request for contracting out? **N/A**

11a. Does the budget include indirect costs? [] Yes [X] No

b1. If yes, how much? **$0**
b2. How was the amount calculated?

c1. If no, why are indirect costs not included?
[ ] Not allowed by granting agency [X] To maximize use of grant funds on direct services
[ ] Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs?
$78,630 (26.21% total direct costs)

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to September 01, 2012. The Department received the agreement on August 28, 2012.

Grant Code: HCAO63/1200

****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

[X] Existing Site(s) [ ] Existing Structure(s) [ ] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s) [ ] Rehabilitated Structure(s) [ ] New Program(s) or Service(s)
[ ] New Site(s) [ ] New Structure(s)

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Jason Hashimoto
(Name)

Director, EEO, and Cultural Competency Programs
(Title)

Date Reviewed: 10/10/12 for
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 10/10/12

for
(Signature Required)

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
SPNS ENHANCING ENGAGEMENT & RETENTION IN CARE FOR TRANSGENDER WOMEN OF COLOR- DEMONSTRATION SITES
FIRST YEAR PROJECT BUDGET
SEPTEMBER 1, 2012 - AUGUST 31, 2013

		Annual	FTE	Total Amount
A.	Personnel			
	1. In-Kind Project Administrator- (William S. Blum)-		0.05	$0
	2. In-Kind Principal Investigator- (Royce Lin, MD)-		0.05	0
	3. Registered Nurse - (TBA) -	109,046	0.20	21,809
	4. Medical Social Worker / Behaviorist - (TBA) -	82,628	0.20	16,526
	Subtotal, Personnel			$38,335
B.	Fringe Benefits@ 30% of Salaries -			$11,500
	Total Personnel			$49,835
C.	Travel			
	1. Required Grant Conference Travel - Two (2) SPNS Conferences Per Year x 3 Participants Per Conference @ $1,000 Per Trip =			$6,000
	Total Travel			$6,000
D.	Equipment - None			
E.	Supplies - None			
F.	Contractual			
	1. Asian & Pacific Islander Wellness Center -			$244,165
	Total Contractual			$244,165
G.	Construction - None			
H.	Other- None			
H.	Total Direct Charges			$300,000
I.	Indirect Charges - None			$0
J.	Total First Year Project Budget			$300,000

ASIAN & PACIFIC ISLANDER WELLNESS CETNER
FIRST YEAR SUBCONTRACT BUDGET
SEPTEMBER 1, 2012 - AUGUST 31, 2013

		Annual Salary	FTE	Total Amount
A.	Personnel			
	1. Project Director - (Erin Amstrong) -	$55,000	0.50	$27,500
	2. Transgender Case Manager - (TBA) -	42,814	1.00	42,814
	3. Transgender Outreach Workers / Navigators (2) (TBA) -	36,000	1.60	57,600
	3. Evaluation Coordinator - (Sapna Mysoor) -	60,000	0.40	24,000
	Subtotal			$151,914
	Fringe Benefits @ 30% of Salaries -			$45,574
	Total Personnel			$197,488
H	Other			
	1. Transgender Leadership Team Stipends- 5 Team Members@ $300 Per Month x 12 Months=			$18,000
	2. Speakers Bureau and Other Peer Stipends - Avg. 18 Stipends Per Month@ $30 Each x 12 Months=			6,480
	Total Other			$24,480
	Subtotal, Subcontract			$221,968
	Indirect Costs@ 10% of Total Budget			$22,197
	Subcontract Total			$244,165

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
SPNS ENHANCING ENGAGEMENT & RETENTION IN CARE FOR TRANSGENDER WOMEN OF COLOR- DEMONSTRATION SITES
SECOND YEAR PROJECT BUDGET
SEPTEMBER 1, 2013 - AUGUST 31, 2014

	Annual	FTE	Total
A. Personnel			
1. In-Kind Project Administrator- (William S. Blum) -		0.05	$0
2. In-Kind Principal Investigator - (Royce Lin, MD) -		0.05	0
3. Registered Nurse - (TBA) -	109,046	0.20	21,809
4. Medical Social Worker / Behaviorist - (TBA) -	82,628	0.20	16,526
Subtotal, Personnel			$38,335
B. Fringe Benefits@ 30% of Salaries-			$11,500
Total Personnel			$49,835
C. Travel			
1. Required Grant Conference Travel - Two (2) SPNS Conferences Per Year x 3 Participants Per Conference @ $1,000 Per Trip =			$6,000
Total Travel			$6,000
D. Equipment - None			
E. Supplies - None			
F. Contractual			
1. Asian & Pacific Islander Wellness Center -			$244,165
Total Contractual			$244,165
G. Construction - None			
H. Other- None			
H. Total Direct Charges			$300,000
I. Indirect Charges - None			$0
J. Total Second Year Project Budget			$300,000

ASIAN & PACIFIC ISLANDER WELLNESS CETNER
SECOND YEAR SUBCONTRACT BUDGET
SEPTEMBER 1, 2013 - AUGUST 31, 2014

	Annual	FTE	Total
A. Personnel			
1. Project Director - (Erin Amstrong) -	$55,000	0.50	$27,500
2. Transgender Case Manager- (TBA)-	42,814	1.00	42,814
3. Transgender Outreach Workers / Navigators (2) (TBA) -	36,000	1.60	57,600
3. Evaluation Coordinator - (Sapna Mysoor) -	60,000	0.40	24,000
Subtotal			$151,914
Fringe Benefits @ 30% of Salaries -			$45,574
Total Personnel			$197,488
H Other			
1. Transgender Leadership Team Stipends- 5 Team Members@ $300 Per Month x 12 Months=			$18,000
2. Speakers Bureau and Other Peer Stipends - Avg. 18 Stipends Per Month@ $30 Each x 12 Months=			6,480
Total Other			$24,480
Subtotal, Subcontract			$221,968
Indirect Costs@ 10% of Total Budget			$22,197
Subcontract Total			$244,165

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
SPNS ENHANCING ENGAGEMENT & RETENTION IN CARE FOR TRANSGENDER WOMEN OF COLOR - DEMONSTRATION SITES
THIRD YEAR PROJECT BUDGET
SEPTEMBER 1, 2014 - AUGUST 31, 2015

	Annual	FTE	Total
A. Personnel			
1. In-Kind Project Administrator- (WilliamS. Blum)-		0.05	$0
2. In-Kind Principal Investigator- (Royce Lin, MD) -		0.05	0
3. Registered Nurse - (TBA) -	109,046	0.20	21,809
4. Medical Social Worker / Behaviorist - (TBA) -	82,628	0.20	16,526
Subtotal, Personnel			$38,335
B. Fringe Benefits@ 30% of Salaries -			$11,500
Total Personnel			$49,835
C. Travel			
1. Required Grant Conference Travel - Two (2) SPNS Conferences Per Year x 3 Participants Per Conference@ $1,000 Per Trip=			$6,000
Total Travel			$6,000
D. Equipment - None			
E. Supplies - None			
F. Contractual			
1. Asian & Pacific Islander Wellness Center -			$244,165
Total Contractual			$244,165
G. Construction - None			
H. Other- None			
H. Total Direct Charges			$300,000
I. Indirect Charges - None			$0
J. Total Third Year Project Budget			$300,000

ASIAN & PACIFIC ISLANDER WELLNESS CETNER
THIRD YEAR SUBCONTRACT BUDGET
SEPTEMBER 1, 2014 - AUGUST 31, 2015

	Annual	FTE	Total
A. Personnel			
1. Project Director- (Erin Amstrong) -	$58,000	0.50	$29,000
2. Transgender Case Manager - (TBA) -	43,914	1.00	43,914
3. Transgender Outreach Workers / Navigators (2) (TBA) -	40,000	1.60	64,000
3. Evaluation Coordinator - (Sapna Mysoor) -	60,000	0.25	15,000
Subtotal			$151,914
Fringe Benefits @ 30% of Salaries -			$45,574
Total Personnel			$197,488
H Other			
1. Transgender Leadership Team Stipends- 5 Team Members@ $300 Per Month x 12 Months=			$18,000
2. Speakers Bureau and Other Peer Stipends - Avg. 18 Stipends Per Month@ $30 Each x 12 Months=			6,480
Total Other			$24,480
Subtotal, Subcontract			$221,968
Indirect Costs@ 10% of Total Budget			$22,197
Subcontract Total			$244,165

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
SPNS ENHANCING ENGAGEMENT & RETENTION IN CARE FOR TRANSGENDER WOMEN OF COLOR- DEMONSTRATION SITES
FOURTH YEAR PROJECT BUDGET
SEPTEMBER 1, 2015 - AUGUST 31, 2016

		Annual	FTE	Total
A.	Personnel			
	1. In-Kind Project Administrator- (William S. Blum) -		0.05	$0
	2. In-Kind Principal Investigator- (Royce Lin, MD) -		0.05	0
	3. Registered Nurse - (TBA) -	109,046	0.20	21,809
	4. Medical Social Worker / Behaviorist - (TBA) -	82,628	0.20	16,526
	Subtotal, Personnel			$38,335
B.	Fringe Benefits@ 30% of Salaries -			$11,500
	Total Personnel			$49,835
C.	Travel			
	1. Required Grant Conference Travel - Two (2) SPNS Conferences Per Year x 3 Participants Per Conference@ $1,000 Per Trip=			$6,000
	Total Travel			$6,000
D.	Equipment - None			
E.	Supplies- None			
F.	Contractual			
	1. Asian & Pacific Islander Wellness Center -			$244,165
	Total Contractual			$244,165
G.	Construction - None			
H.	Other- None			
H.	Total Direct Charges			$300,000
I.	Indirect Charges - None			$0
J.	Total Third Year Project Budget			$300,000

ASIAN & PACIFIC ISLANDER WELLNESS CETNER
THIRD YEAR SUBCONTRACT BUDGET
SEPTEMBER 1, 2015 - AUGUST 31, 2016

		Annual	FTE	Total
A.	Personnel			
	1. Project Director- (Erin Amstrong) -	$58,000	0.50	$29,000
	2. Transgender Case Manager- (TBA) -	43,914	1.00	43,914
	3. Transgender Outreach Workers / Navigators (2) (TBA) -	40,000	1.60	64,000
	3. Evaluation Coordinator - (Sapna Mysoor) -	60,000	0.25	15,000
	Subtotal			$151,914
	Fringe Benefits@ 30% of Salaries-			$45,574
	Total Personnel			$197,488
H	Other			
	1. Transgender Leadership Team Stipends- 5 Team Members@ $300 Per Month x 12 Months=			$18,000
	2. Speakers Bureau and Other Peer Stipends - Avg. 18 Stipends Per Month@ $30 Each x 12 Months=			6,480
	Total Other			$24,480
	Subtotal, Subcontract			$221,968
	Indirect Costs @ 10% of Total Budget			$22,197
	Subcontract Total			$244,165

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
SPNS ENHANCING ENGAGEMENT & RETENTION IN CARE FOR TRANSGENDER WOMEN OF COLOR- DEMONSTRATION SITES
FIFTH YEAR PROJECT BUDGET
SEPTEMBER 1, 2016 - AUGUST 31, 2017

		Annual	FTE	Total
A.	Personnel			
	1. In-Kind Project Administrator- (WilliamS. Blum)-		0.05	$0
	2. In-Kind Principal Investigator- (Royce Lin, MD) -		0.05	0
	3. Registered Nurse - (TBA) -	109,046	0.20	21,809
	4. Medical Social Worker / Behaviorist - (TBA) -	82,628	0.20	16,526
	Subtotal, Personnel			$38,335
B.	Fringe Benefits@ 30% of Salaries -			$11,500
	Total Personnel			$49,835
C.	Travel			
	1. Required Grant Conference Travel - Two (2) SPNS Conferences Per Year x 3 Participants Per Conference@ $1,000 Per Trip =			$6,000
	Total Travel			$6,000
D.	Equipment - None			
E.	Supplies - None			
F.	Contractual			
	1. Asian & Pacific Islander Wellness Center -			$244,165
	Total Contractual			$244,165
G.	Construction - None			
H.	Other- None			
H.	Total Direct Charges			$300,000
I.	Indirect Charges - None			$0
J.	Total Fifth Year Project Budget			$300,000

ASIAN & PACIFIC ISLANDER WELLNESS CETNER
FIFTH YEAR SUBCONTRACT BUDGET
SEPTEMBER 1, 2016 - AUGUST 31, 2017

		Annual	FTE	Total
A.	Personnel			
	1. Project Director- (Erin Amstrong) -	$58,000	0.50	$29,000
	2. Transgender Case Manager- (TBA) -	43,914	1.00	43,914
	3. Transgender Outreach Workers / Navigators (2) (TBA) -	40,000	1.60	64,000
	3. Evaluation Coordinator - (Sapna Mysoor) -	60,000	0.25	15,000
	Subtotal			$151,914
	Fringe Benefits @ 30% of Salaries -			$45,574
	Total Personnel			$197,488
H	Other			
	1. Transgender Leadership Team Stipends - 5 Team Members@ $300 Per Month x 12 Months=			$18,000
	2. Speakers Bureau and Other Peer Stipends - Avg. 18 Stipends Per Month@ $30 Each x 12 Months=			6,480
	Total Other			$24,480
	Subtotal, Subcontract			$221,968
	Indirect Costs @ 10% of Total Budget			$22,197
	Subcontract Total			$244,165

San Francisco Department of Health Services
Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color - Demonstration Sites (HRSA-12-009)

Year 1 Budget Justification

September 1, 2012 - August 30, 2013

Personnel - $38,335

1. In-Kind Project Administrator (William S. Blum) - .05 FTE - $0
The in-kind Project Administrator has ultimate responsibility for ensuring the success of the proposed SPNS initiative. The Project Administrator will develop and oversee project subcontracts; convene meetings of the Project Management Team; serve as administrative program contact to HRSA; ensure coordination and integration of the initiative within the San Francisco Department of Public Health as a whole; and maximize the use of complementary resources to add value and impact to the proposed initiative..

2. In-Kind Principal Investigator (Royce C. Lin, MD) - .05 FTE - $0
The in-kind Principal Investigator will be responsible for ensuring the overall quality of medical care provided through the out-based transgender clinic at Asian & Pacific Islander Wellness Center, and will ensure adherence to PHS standards and to standards of transgender care established by the Tom Waddell Health Center. The Principal Investigator will also help design and oversee the quality and fidelity of project evaluation activities in collaboration with the proposed Evaluation Coordinator.

3. Registered Nurse (TBA) - $109,046/Yr. x 0.2 FTE = $21,809
In collaboration with a primary care physician, the Registered Nurse will provide community-focused nursing care to transgender patients infected with or at high risk for HIV, including patients undergoing hormone therapy. The Nurse will perform triage and nursing assessments; perform health maintenance assessments and interventions, including immunizations, TB screening, medication administration, and wound care; and develop and implement nursing care plans. The RN will provide patient education and arrange follow-up care.

4. Medical Social Worker / Behaviorist (TBA) - $82,629/Yr. x 0.2 FTE = $16,526
The Medical Social Worker / Behaviorist will assess transgender client needs in the context of the out-based transgender HIV medical home, including conducting intensive psychosocial assessments in conjunction with medical appointments. The Social Worker will provide short-term psychosocial counseling for up to ten sessions to address immediate client barriers and impediments to care, including mental health and substance abuse issues. The Social Worker will refer and link clients to essential services in collaboration with the Transgender Case Manager and Transgender Outreach Workers / Navigators.

Fringe Benefits: Includes health insurance, FICA, other costs and benefits at **30.0% = $11,500**

Travel - $6,000

1. Required Grant Conference Travel - 2 SPNS Conferences Per Year x 3 Participants Per Conference @ $1,000 Per Trip = $6,000
The above line item covers the cost of three SPNS project staff attending two required SPNS conferences during the first project year in Washington, DC. The breakdown of the average cost per trip is as follows:

Plane Fare - **$525**
Hotel Stay - 2 Nights @ $175 Per Night = **$350**
Per Diem - 3 Days @ $75 Per Day = **$125**

Total Cost Per Trip - $1,000

Contractual - $244,166

1. Asian & Pacific Islander Wellness Center - $244,166
As the primary project partner for TransAccess, the highly respected non-profit organization Asian & Pacific Islander Wellness Center will utilize subcontract funds to provide core services that engage and retain HIV-infected and high-risk transgender women of color in specialized HIV and transgender medical care and support services, mainly through transgender staff. A&PI Wellness Center will also provide multiple expanded leadership opportunities through the program to transgender women. A&PI Wellness Center will host the proposed on-site transgender-specific HIV medical home for an average of one day per week using the facilities of a newly instituted wellness clinic facility at the agency. The subcontract includes the following components

- **Personnel - $151,914**

1. **Project Director (Erin Armstrong) - $55,000/Yr. x 0.5 FTE = $27,500**
   The Project Director will provide day-to-day oversight, supervision, and coordination of the TransAccess program and will serve as day-to-day project contact with HRSA SPNS staff. The Project Director will coordinate implementation of the transgender HIV medical clinic at A&PI Wellness Center with the programs and initiatives of TRANS:THRIVE. The Director will also be responsible for supervising and supporting project staff; organizing project timelines and calendars; convening meetings of the Transgender Leadership Team; and ensuring timely data collection. She will also take a lead role in preparing project reports.

2. **Transgender Case Manager (TBA) - $42,814/Yr. x 1.0 FTE = $42.814**
   The Transgender Case Manager will perform comprehensive client psychosocial assessments and develop and will continually update individualized care plans in collaboration with clients. The Case Manager will provide referrals and linkage support to essential identified health, behavioral, and psychosocial resources, including housing, employment, mental health, substance abuse, and domestic violence services and will provide patient advocacy as needed to help client access services to help them remain in

HIV care and treatment. The Case Manager will develop supportive one-on-one relationships with clients to encourage retention in care and increase self-esteem and self-protective behaviors and will work in collaboration with the Medical Social Worker and Transgender Outreach Workers to address needs of clients. The Case Manager will also provide one-time referral support to transgender women of color not on the case manager's specific caseload as time permits

3. **Transgender Outreach Workers / Navigators (2) (Vanessa Warri & TBA) - $36,000/Yr. x 1.80 FTE = $57,600**
   The project's two Transgender Case Managers - both transgender women of color - will conduct street and community-based outreach to identify HIV-aware positive transgender women of color and to re-link them to care. The Workers will collaborate with TransformSF to identify new HIV-positive transgender women of color in San Francisco and will receive training from and collaborate with the San Francisco LINCS program to ensure linkage to and retention in care for transgender women of color with HIV. The Transgender Outreach Workers will work in collaboration with the Transgender Leadership Team to develop new approaches to increasing transgender visibility and HIV awareness in San Francisco, including overseeing development of a new Transgender Speakers Bureau and will work in collaboration with TRANS:THRIVE staff to increase client involvement in site-based medical services. These two individuals will also continually build their skills in program years one and two to progress to positions as Panel Managers beginning in project year three.

4. **Evaluation Coordinator (Sapna Mysoor) - $60,000/Yr. x .40 FTE = $24,000**
   The Evaluation Coordinator will work in collaboration with project management and with HRSA staff to develop and implement a comprehensive internal evaluation plan for TransAccess, including developing effective data collection, storage, tracking, extraction, and analysis systems to ensure protected and accessible project data. The Evaluation Coordinator will collaborate closely with the Evaluation and Technical Assistance Center (ETAC) to develop and produce data for the national cross-site evaluation and will continually monitor data quality and data collection procedures.

   Fringe Benefits @ 30% = $45,574

- **Other - $24,480**

1. **Transgender Leadership Team Stipends - 5 Team Members @ $300 Per Month x 12 Months = $18,000**
   The above line item provides stipend support to the five transgender women of color who participate in the TransAccess Transgender Leadership Team. The team will be responsible for providing ongoing input into project design, implementation, and evaluation and will coordinate efforts at TRANS:THRIVE to involve transgender women in Speakers Bureau and social media development initiatives. Team members will receive ongoing leadership and employment skills development training and support and will attend staff and Management Team meetings.

2. **Speakers Bureau and Other Peer Stipends - Avg. 18 Stipends Per Month @ $30 Each x 12 Months = $6,480**
   The above line item provides limited stipends for transgender women of color who make presentations through the proposed Speakers Bureau program, and for transgender women who provide notable contributions to the program in other ways. The line item provides a pool of support to help incentivize expanded client participation in the TransAccess program.

San Francisco Department of Health Services
Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color - Demonstration Sites (HRSA-12-009)

Program Narrative

▪ INTRODUCTION

"The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socioeconomic circumstance, will have unfettered access to high-quality, life-extending care, free from stigma and discrimination." - Vision for the National HIV/AIDS Strategy, July 2010

The San Francisco Department of Public Health's **Community Oriented Primary Care Program** - a network of 12 community-oriented health clinics that includes the **Tom Waddell Health Center** and its nationally recognized transgender medical clinic - seeks FY 2012 Ryan White Special Projects of National Significance (SPNS) funding to develop and implement a multi-faceted demonstration program called **TransAccess** designed to Enhance Engagement and Retention in Quality HIV Care for Transgender Women of Color living in the City and County of San Francisco, California. The proposed program will forge a **unique public / private partnership model** in which the medical services of a public community health clinic which has an established specialty in transgender medical care - the Tom Waddell Health Center - are transported and integrated into a respected and highly trusted community-based transgender support program - the **TRANS:THRIVE** program at **Asian & Pacific Islander Wellness Center** - with the explicit goal of enhancing utilization of and retention in HIV medical care by underserved transgender women of color. The program will create a unique **neighborhood-based transgender medical home** specifically designed to address the complex needs of this critically impacted population.

Through the proposed TransAccess intervention, a medical team from the Tom Waddell Health Center will be **out-based** at Asian & Pacific Islander Wellness Center **one day each week** specifically to provide HIV and other medical services to transgender women of color in a setting that is safe, welcoming, and respectful of transgender populations and their needs, and that is located directly within the San Francisco neighborhood that has highest concentration of transgender residents - The Tenderloin. This medical care model will be enhanced by a range of outreach, linkage, and supportive services designed to significantly increase the number of transgender women of color in San Francisco who are aware of their HIV status and involved in regular medical care on a long term basis, including enhanced linkages to behavioral health, housing, and employment services. The program will also be linked to a new, wide-ranging transgender HIV testing initiative just launched in San Francisco and led by A&PI Wellness Center called TransformSF which will provide at least **500** annual HIV antibody tests in the city. TransAccess will provide extensive opportunities for HIV-affected transgender women of color to play an expanded leadership role in their community, including through participation in a Transgender Leadership Team, a new proposed transgender Speakers Bureau, and client-developed social media components.

The program's out-based medical services will be provided by staff of the **Tom Waddell Health Center**, one of 12 public FQHC clinic that make up the city's Community Oriented Primary Care Program. Since 1994, Tom Waddell Health Center has operated **Transgender**

Tuesdays, a nationally respected primary medical home providing services specifically tailored to the needs of low-income transgender individuals. With over **400** active patients, the Transgender Tuesday clinic offers care through a highly skilled, multi-disciplinary medical team which has many decades of combined expertise serving and supporting transgender women of color. The program utilizes a **harm reduction model** which incorporates both comprehensive HIV medical care and medically supervised hormone therapy, complemented by case management services that link clients to appropriate support.

The project's community partner agency will be **Asian & Pacific Islander Wellness Center (A&PI Wellness Center)**, a non-profit, multi-service community-based agency established to address the AIDS crisis in 1987. A&PI Wellness Center operates the **HIV Care Program** which provides case management, mental health counseling, and substance abuse counseling for persons living with HIV, as well as a recently established **Wellness Clinic** providing free primary medical are to low-income, uninsured individuals one day per week. A&PI Wellness Center also operates **TRANS:THRIVE**, a comprehensive transgender service and support program which is the **largest program of its kind in the nation**, with an active client population of over **550** male to female transgender individuals crossing all ethnic and cultural groups. TRANS:THRIVE offers a wrap-around transgender-specific drop-in center which operates five days per week and offers social programs, leadership development, support groups, psycho-educational workshops, psychotherapy, and case management.

Through the proposed SPNS intervention, the San Francisco Department of Public Health will implement a **continuum-based model** which follows clients through outreach and testing through care linkage and linkage support, through long-term engagement in care and support for adherence to HIV treatment. At A&PI Wellness Center, TransAccess will support **two new 80% Peer Outreach Workers / Navigators**, both transgender women of color, who will actively build networks and conduct community outreach to refer women HIV-unaware women to testing while identifying and linking HIV-positive women who know their status to HIV care and treatment. The Outreach Workers will work in close collaboration with the City of San Francisco's **LINCS** (Linkage Integration Navigation and Comprehensive Services) program, which employs a citywide team of trained individuals who partner with newly identified HIV-positive individuals to provide intensive care linkage support for up to three months following their initial HIV diagnosis. A&PI Wellness will also be home to a new **full-time Transgender Case Manager** who will work specifically with the demonstration population of to ensure coordination of care, service access, and support for care retention. TransAccess will also create a new **Transgender Leadership Team** composed of at least **five** transgender women with strong leadership potential. The Team will play a key role in project development and implementation and will develop auxiliary activities to mobilize transgender women in support of HIV testing, prevention, and care access, including formation of a new **Transgender Speakers Bureau** to increase public and provider awareness of transgender issues and development of **social media sites** to link transgender women to HIV testing and care. Meanwhile, on the clinical side, the program will support a **20% time Registered Nurse** with a specialty in transgender medical care as well as a **20% time Medical Social Worker / Behaviorist** who will offer intensive medical case management within the out-based clinic while providing intensive, short-term counseling to address immediate client barriers to care. Project leadership staff will include a **50% time Project Director, Erin Armstrong** - also based at A&PI Wellness - a transgender woman who plays a strong leadership role in TRANS:THRIVE.

Requested SPNS funding will enable our network to develop a model intervention in which HIV-affected transgender women of color who are resistant to accessing care in traditional medical settings are given the opportunity to receive comprehensive medical services within a neighborhood-based, transgender-specific social services setting which has forged strong bonds of trust with the transgender community. The new medical clinic will emphasize the availability of **high-quality, supervised hormonal therapy** within the clinic as a strong incentive for HIV-infected and affected transgender women to enter care. The intervention is expected to significantly increase both the number and percentage of HIV-positive and high-risk HIV negative transgender women of color in San Francisco who are receiving HIV care and are remaining adherent to HIV treatment. At the same time, the program will test a complementary range of supportive interventions designed to help women remain in HIV care over the long term, in part through accessing services that stabilize their lives, build self-esteem, and encourage self-protective behaviors. The program will be extensively evaluated to assess impacts across a broad range of indicators, and the project will actively participate in the proposed cross-site evaluation to compare impacts across other SPNS-funded programs.

- **NEEDS ASSESSMENT**

Summary of the Literature: Transgender persons are generally defined as those whose gender identity, expression, or behavior is not traditionally associated with their birth sex. Some transgender individuals experience gender identity as being incongruent with their anatomical sex and may seek some degree of gender confirmation surgery, take hormones, or undergo other cosmetic procedures. Others may pursue gender expression (whether masculine or feminine) through external self-presentation and behaviors. According the to the San Francisco Department of Health, the term "transgender" is not a pathological one, but rather a term of **self-identification**, describing a number of identities that do not conform to the anatomical gender of birth.

Disproportionately high rates of HIV prevalence among transgender women, and especially among transgender women of color, have been documented in studies throughout the United States. Data collected nationwide through CDC-funded HIV testing programs, for example, demonstrated that among 2.6 million HIV antibody tests conducted in 2009 (4,100 of which were among persons who identified as transgender), new infections were identified in **2.6%** of transgender people. This compares to a rate of **0.9%** for non-transgender males and **0.3%** for non-transgender females. **Transgender women of color were by far the group most heavily impacted** with an overall positivity rate of **4.4%** among African American transgender women and **2.5%** among Latina transgender women. [1]

A growing body of literature specifically focuses on transgender women in the San Francisco Bay area. Kellogg and colleagues found an HIV incidence of **7.8 per 100 person-years** in their multi-ethnic sample of transgender women in San Francisco, the highest of any population in the region, with African American ethnicity serving as an **independent predictor** of HIV seroconversion (adjusted relative hazard ratio = **5.0**).[2] Other studies of HIV prevalence in San Francisco have yielded self-reported HIV positivity rates ranging from **22%** to as high as **60%** among transgender women of color[3 4 5], along with positivity rates based on direct HIV testing of between **33%** and **63%** among African American transgender women.[2 6 7] The studies indicate an urgent need for increased HIV testing among transgender women, as many infected transgender women are unaware of their HIV status. **One report on transgender people in San**

Francisco demonstrated that 35% of those who tested positive did not previously know their status.[6] A more recent meta-analysis of data from studies conducted across the U.S. found similar results, indicating that **45%** to **65%** of HIV-positive transgender women are unaware of their status.[8]

Given the alarming HIV prevalence in this population, it is not surprising that high levels of **sex and drug-related HIV risk behaviors** have been recorded in studies of transgender women. The above-mentioned meta-analysis which included **29** studies of risky sexual behaviors among transgender populations found that **48.3%** of study participants reported having sex with casual partners, with an average rate of unprotected receptive anal intercourse at an astonishing **44%.** The authors also estimated that **27%** of transgender women reported unprotected insertive anal intercourse and almost **40%** reported having sex while under the influence of alcohol or drugs. **An average of 41% also reported having participated in sex work.**[8] One study included in the meta-analysis focusing specifically on transgender people in San Francisco found that **37%** had engaged in receptive anal intercourse (RAI) with a casual partner in the past six months (**44%** of these reported unprotected RAI), while **one-third** reported RAI with an exchange partner (**28%** of these reported unprotected RAI).[6] A later study of Latino gay, bisexual, and transgender people in San Francisco not included in the meta-analysis found that **34%** reported having engaged in unprotected anal intercourse within the previous 12 months.[3]

A broad range of factors have been associated with HIV risk behaviors in transgender populations. Inconsistent condom use, for example, has been associated with being unstably housed, binge alcohol drinking, and stimulant use in the past year [6] while having sex under the influence of alcohol or drugs has been associated with unstable housing, hormone use, being arrested, and stimulant use.[6] A transgender-specific risk behavior identified in many studies involves engaging in unprotected sex with male partners as a means to **affirm female gender identity**.[9 10] One study based in New York City found that distinct predictors of HIV status among transgender women of color included being sexually attracted only to men, participation in commercial sex work, and the open social expression of transgender identity - issues reported infrequently by white study participants.[11]

As the above studies suggest, many HIV risk behaviors - as well as the avoidance of HIV testing and of health care services - may be driven by larger social and structural forces, particularly by institutionalized, virtually ubiquitous **stigma and discrimination**. Openly expressing a transgender identity may expose women to HIV risk because it exposes them to higher levels of harassment and discrimination. The 6,450 respondents to the National Transgender Discrimination Survey (NTDS) published in 2011, for example, reported that anti-transgender bias and discrimination were pervasive and devastating. Of those who expressed a transgender or nonconforming gender identity in grades K-12, **78%** experienced harassment and **35%** experienced physical assault. The unemployment rate found among study respondents was **twice** the national average and **26%** of those surveyed stated that they had lost a job because of their gender identity. Another **half** also reported having been harassed on the job.

The consequences of employment discrimination documented by the study were ruinous. Those who were unemployed believed almost universally that they had no choice but to engage in risky and illicit behaviors such as **commercial sex work or drug trafficking**. As a consequence of anti-transgender discrimination, many transgender people also lack the education and job skills needed to seek other forms of employment. **Sixteen percent** of NTDS respondents reported they felt compelled to participate in the underground economy while the rate for those who were unemployed was **twice** the rate of those who were employed. Unemployed transgender

respondents also reported **twice** the level of homelessness; **almost double** the rate of incarceration, **nearly double** the rate of current drinking or drug use to cope with mistreatment, and **more than twice** the rate of HIV prevalence.[12] For transgender persons of color, the survey paints an even more desperate picture, with the combination of anti-transgender bias and racism having particularly devastating impacts. Almost **half** of African American survey respondents (**48%**) stated that they had not been hired for a job because of bias and **more than half** said they had been compelled to engage in sex work or sell drugs in their lifetime. **Over a third** of African American respondents had been arrested or held in a cell due to bias at some point in their lives and **29%** of those who had been in jail or prison reported having been physically assaulted while in custody. **One-third** also reported having been sexually assaulted while in custody. **Perhaps most devastatingly, just under half of African American respondents stated that they had attempted to commit suicide at least once in their lives.**[13]

Studies of transgender populations in the San Francisco area confirm the findings of the NTDS survey. Transgender women in San Francisco live in **extreme poverty**, with roughly **one-third** to **one-half** reporting annual income in the range of **$7,200 to $12,000**[5 6] and **41%** to **47%** reporting unstable housing [6] **One-quarter or more** of transgender persons in San Francisco report that they were arrested in the past six to twelve months [6] and as many as **80%** report a history of participation in sex work or survival sex.[6] Those who engage in sex work or survival sex are at a clear power disadvantage in terms of their ability and willingness to negotiate safer sex, but even those transgender women who have not engaged in these behaviors are at increased sexual risk. Ramirez-Valles and colleagues - along with other researchers - have proposed that non-gender conforming individuals such as transgender people use **alcohol and other substances** as a maladaptive coping strategy to deal with the stress of anti-transgender stigma. For transgender women of color, racial stigma further heightens such stress and a corresponding need to cope.[3 14] This can increase HIV risk through the use of alcohol or drugs in conjunction with sex.[15]

In addition to experiences at school and in seeking employment, transgender women report that discrimination is also a critical barrier to **accessing health care**. The Transgender Law Center reports that many transgender people are not able to obtain health insurance coverage because their applications are denied when they disclose their transgender status. Many policies also specifically exclude transgender-related care and services. Even in cases where transgender-related care is not specifically excluded, non-transgender-related care may be denied.[16] Regardless of insurance status, however, transgender populations may face additional barriers to health care access. The Tom Waddell Health Center, serving transgender populations in San Francisco, reported that many of their patients were reluctant to seek care from other providers because they were required to undergo **psychiatric treatment**. In addition, some were reluctant to access care in order to avoid revealing illegal activities (such as sex work or drug trade) or undocumented immigration status.[17] Transgender populations may also avoid seeking health care as a result of **previous negative interactions with healthcare providers**.[6 18 22 23] Discrimination by providers may include such factors as use of inappropriate names or gender pronouns; invasive questions regarding genitalia; denial of access to restrooms that correspond to the person's gender identity; use of epithets; and hostile or intimidating behavior.[16] In a recent study in Cambridge, MA, **73% of the transgender women interviewed reported being treated disrespectfully in health care systems based on their gender identification, and more than half reported that they had been denied services** at some point.[19] Other authors confirm these findings and document further barriers to health care utilization, including lack of provider

knowledge about and sensitivity to transgender health issues.[20 21 22] In one study assessing barriers to care for transgender people, **32%** cited lack of access to a health care provider who is knowledgeable about transgender health issues, a barrier to medical care that ranked even higher than cost.[23]

Significant challenges also exist in terms of reaching and encouraging transgender populations to undergo **HIV testing and care linkage**. In a report prepared for the State of California, Sevelius and colleagues note that many transgender people are **transient** and that the population includes a high percentage of recent immigrants, persons who are homeless or unstably housed, and persons who are unemployed.[24] Transgender women are also not a homogenous group, and originate from a wide range of ethnic and cultural backgrounds. This means that they may identify their sexuality differently and vary in the extent to which they are socially open regarding their sexual identity. HIV infection itself also may not be a high priority for transgender women. Some evidence indicates that **transgender women may prioritize transition-related care such as hormone therapy over primary health care, including HIV-related medical care.**[25] Citing high rates of homelessness and unstable housing, some have noted that HIV is simply **not a priority** among transgender women who do not have a place to live or who must fight to address daily survival needs. Given the prevalence of physical and psychological abuse suffered by transgender persons, as well as the discrimination suffered at the hands of medical professionals and others in positions of power or authority, transgender patients who do present for care may do so with **resentment against authorities** and with **multiple vulnerabilities**. Providers must work to overcome these barriers and establish trust with such patients.[17]

Some studies in the literature indicate that HIV-positive transgender women are also **significantly less likely** to be on antiretroviral treatment than other populations.[1] When HIV-positive transgender women are engaged in care, additional challenges and barriers existing in regard to **long-term care retention.** A recent study conducted in four U.S. cities found that compared to other groups, HIV-positive transgender women had significantly lower scores on a scale assessing self-efficacy for integrating their antiretroviral medications into their daily lives and routines, and were significantly less likely to report taking at least 90% of their prescribed antiretroviral medications within the past three days.[6]

A number of studies have also documented **pervasive mental health issues** among transgender populations, including **high rates of depression, loneliness and social isolation.**[26 27] As noted above, the National Transgender Discrimination Survey found that **almost half** of African American transgender people surveyed reported having attempted suicide, while the meta-analysis conducted by Herbst and colleagues found that **54%** of transgender people reported suicidal thoughts and **31%** had attempted suicide.[8] Some authors have suggested that these mental health issues can undermine motivations to engage in safer sex and may increase motivations for unsafe sex; in this scenario, transgender people may engage in high-risk behavior to achieve cognitive escape or emotional release, or to seek and enhance feelings of love and intimacy.[9 10 28]

Transgender women, and in particular transgender women of color, are also at extremely high risk for multiple co-occurring epidemics including mental health problems, substance abuse, discrimination and violence, poverty, unemployment, and homelessness. As noted by Operario and Nemoto,[29] these co-occurring epidemics and the complex, interacting determinants that feed them require **multi-dimensional interventions** that move far beyond traditional models of HIV testing, linkage, and treatment. These authors and others [30] suggest

bundling HIV testing and treatment into systems that also offer services such as peer-based support groups, substance use counseling and treatment, life skills coaching, employment services, housing assistance, and other relevant programs. Such multi-component approaches have created environments of care where transgender women at risk for or living with HIV felt empowered, engaged with medical providers, and achieved better health outcomes.[30]

Figure 1.
MTF Transgender Persons Living with HIV/AIDS in San Francisco County as of 12/31/11

Demographic Categories	Number	Percent
Current Age		
13- 24 Years	7	2.0%
25 - 49 Years	342	67.2%
Age 50 and Above	106	30.8%
Ethnicity		
African American	120	34.9%
Asian / Pacific Islander	35	10.2%
Latino	105	30.5%
White	74	21.5%
Other / Unknown	10	2.9%
Transmission Categories		
MSM	189	54.9%
MSM / Injection Drug Users	155	45.1%
TOTAL	**344**	**100.0%**

Overview of the Proposed Target Population: Because of its longstanding reputation for tolerance and respect for diverse identities and lifestyles, San Francisco has long served as a hub for transgender men and women from across the US. According to Clements, at least **5,000** transgender persons call San Francisco home, although precise statistics are not available.[31] In a city of roughly 800,000 residents, this would mean that more than **1 in every 160** persons is a transgender man or woman. What is not in question, however, is the HIV epidemic's growing impact on transgender populations. As of December 31, 2011, at least **500** male to female (MTF) transgender persons were estimated by the San Francisco Department of Public Health to be living with HIV and AIDS in San Francisco, including individuals who do not yet know their HIV status and persons diagnosed in other regions who have not yet entered care locally. The actual numbers, however, may be much higher, with some studies indicating HIV infection rates as high as **23.8%** among this population, which in San Francisco would mean that at least **1,200** transgender persons may already be living with HIV.[32] **Figure 1** provides a demographic breakdown of male-to-female transgender persons living with **confirmed** HIV or AIDS in San Francisco County as of December 31, 2011 and offers some fascinating insights into the complexity of this population. Perhaps most striking is the **cultural diversity** of transgender PLWHA, with the largest infected ethnic groups being **African Americans (34.9%)** and **Latinos (30.5%).** Together these groups make up **65.4%** of all transgender PLWHA in San Francisco. Reflecting the high risk of injection-related infections among transgender persons, fully **45.1%** of transgender PLWHA were infected through combined MSM / IDU behavior, versus **13.9%** for the EMA as a whole.

The proposed SPNS demonstration program will serve a complex and multi-faceted population of transgender women of color whose members face a broad range of challenges and barriers in regard to HIV identification and entry and retention in HIV care. This includes **five** broad categories of participants, consisting of:

1. HIV-infected women who are not yet aware of their HIV status;

2. HIV-infected women who have previously been in care but who, for a variety of reasons, have dropped out of or been lost to care;
3. HIV-infected women who know their serostatus but have never been engaged in regular medical care;
4. HIV-infected women who are currently in medical care but who are unstably in care or at high risk of dropping out of care; and
5. HIV-negative women who are at high risk for contracting HIV, including women who have had at least one STD diagnosis within the past six months.

Our project will provide integrated supportive, behavioral, and medical services for each of the above populations, and will utilize detailed evaluation data to compare the effectiveness of our proposed interventions on each of the above demonstration groups.

Local Issues in Transgender Care and Service Access: As noted in the literature review above, transgender persons face **widespread stigma and discrimination** that can create significant barriers to HIV care. Transgender-related stigma is associated with **lower self-esteem, increased likelihood of substance abuse** and a high prevalence of **survival sex work**, particularly among male to female transgender persons.[33] **Social marginalization** resulting from discrimination can result in the denial of educational, employment, and housing opportunities, factors that can reduce utilization of health services by forcing transgender persons to focus on **survival issues**. Transgender persons also frequently lack access to health services due to low socioeconomic status, lack of insurance, fear of transgender status being revealed, and a lack of provider sensitivity and expertise. Because of high rates of poverty and unemployment, transgender persons are also disproportionately dependent on the Ryan White system of care to help support core medical services. Transgender women of color living with HIV also face **dual discrimination** which exacerbates the impact of both HIV diagnosis and gender identity.

According to local Ryan White care data recorded through the ARIES system, a total of **253** male-to-female transgender women are currently accessing Ryan White Part A-funded services in San Francisco. Fully **83.8%** of these individuals are women of color, including a population that is **39.5%** African American, **28.4%** Latina, and **9.5%** Asian and Pacific Islander. Additionally, at least **26.9%** are temporarily or unstably housed, including living with relatives or friends, in substance abuse treatment facilities, in jail or prison, in transitional housing, or on the streets or in shelters. Fully **two-thirds** of the population (**66.8%**) lives at or below 100% of Federal Poverty level while another **24.1%** lives between 100% and 200% of FPL. Nearly **one-quarter** of MTF transgender clients (**22.9%**) lack insurance of any kind.

According to the most recent Protocols for Hormonal Reassignment of Gender developed by our project's medical partner, the county-funded Tom Waddell Health Center, transgender women in San Francisco have historically been averse to accessing medical services for a wide range of reasons, including prior negative experiences in clinic settings, expectation of discriminatory treatment, requirements for psychiatric treatment, and, in some cases, reticence to reveal illegal occupational activities or undocumented immigrant status.[34] Many transgender women who migrate to San Francisco seeking a more nurturing and accepting environment carry with them the scars of prior abuse and discrimination, and remain resistant to seeking medical care and social support for months or years following their arrival in the city. As noted in the 2010 San Francisco HIV Prevention Plan, "social stigma, violence experienced by many, and other forms of discrimination also negatively impact client mental health, as evidenced by

increased anxiety, depression, and suicidality."[35] The Plan notes that many transgender women routinely prioritize **basic survival needs** ahead of HIV prevention while underestimating their risk of acquiring or transmitting HIV. At the same time, because many transgender women face **mental health issues** related both to gender identity issues and prior abuse but lack access to basic mental health services, turning to **substance use and abuse** becomes a common means of dealing with the pain brought on by multiple stressors.

Extremely high rates of job discrimination and employment also force a large percentage of transgender women to turn to **sex work** as a means of self-support, a choice that is encouraged by the firmly established transgender sex trade that exists in the city, particularly in neighborhoods such as **the Tenderloin** in which our primary service partner, Asian & Pacific Islander Wellness Center, is located. Several transgender women of color interviewed as part of a focus group conducted at Asian & Pacific Islander Wellness Center on April 5, 2012 specifically for this application noted that tricks were often willing to pay significantly higher prices for women to perform unsafe sexual acts as opposed to safe ones, and that economic pressures impelled many women to consent to these activities. Focus group participants also noted the extreme dangers implicit in underground sex work, including the danger of sexual abuse and of physical violence and injury. Women participating in the focus group also noted that **receiving hormone therapy** was a critical priority that could serve as an incentive for many transgender women to access care, and that transgender women could be more likely to access medical care in a service setting in which their **physical appearance on a given day** would not be an issue.

A critical additional risk factor involves the dangers of women **injecting silicone or other preparations** in their efforts to inexpensively mold feminine body contours. Such silicone injections can be easy to access and inexpensive, with many unlicensed practitioners approaching male to female transgenders in bars or clubs. Lay practitioners often prey on transgender persons' lack of funds to pay for surgery and offer injections at **parties** where multiple people receive injections. According to the Tom Waddell Health Center, many patients have been **permanently disfigured** by these injections, which often mix industrial grade silicone with other substances such as paraffin and oil. Immediate dangers of these injections include soft tissue infection and the risk of contaminated needles transmitting HIV or hepatitis. Longer-term risks include recurrent inflammation, migration of foreign matter from the injected sites, and disfigurement such as nodules, granulomata, and pain syndromes. Treatment in these cases is **palliative** - there is no effective way to remove unencapsulated silicone from body tissue. Silicone injections into breast tissue also render mammograms ineffective.

Current HIV Counseling and Testing Capacity: San Francisco is fortunate to have in place a newly established, city-funded collaborative initiative specifically designed to increase the number of transgender persons in San Francisco who undergo testing for HIV infection. Led by Asian & Pacific Islander Wellness Center and TRANS:THRIVE, **TransformSF** - which began its work in March 2012 - seeks to increase access to culturally and linguistically competent HIV testing and treatment services for high-risk transgender individuals, particularly transgender women, of all races and ethnicities. In addition to TRANS:THRIVE, collaborating partners in the initiative include El/La, Instituto Familiar de la Raza, and Native American AIDS Project, all of which each bring their own cultural competency and expertise working with the transgender populations of color they serve in San Francisco. **TransformSF will conduct at least 500 new HIV antibody tests each year to high-risk transgender women and men through an aggressive mobile outreach and HIV testing strategy at multiple sites in San**

Francisco. Collaborating organizations will provide linkage to high quality culturally and linguistically-competent support and HIV prevention programs as well as to treatment and care services to assist people living with HIV in managing their disease. The collaborative will also produce a comprehensive listing of citywide social support services available to the transgender community within the next two years.

TransformSF is ideally timed to coincide with the proposed SPNS initiative, and provides a complementary set of resources that will greatly increase the value and impact of our proposed intervention. Through TransformSF, San Francisco now has in place a new, aggressive system of transgender HIV outreach and testing which will in turn allow our initiative to focus more closely on returning out of care, HIV-aware populations to care and on developing a model of effective support and medical care services to HIV-infected and affected transgender women of color. Additionally, by serving as the leadership agency in TransformSF, Asian and Pacific Islander Wellness Services will ensure that SPNS services complement and are integrated with TransformSF, and that the two initiatives share findings and information in regard to issues such as outreach strategies, effective transgender outreach sites.

Consistency with Statewide Coordinated Statement of Need: See **Attachment 6.**

- **METHODOLOGY**

The San Francisco Department of Public Health's Community Oriented Primary Care Program seeks FY 2012 Ryan White Special Projects of National Significance (SPNS) funding to develop and implement a multi-faceted demonstration program designed to Enhance Engagement and Retention in Quality HIV Care for Transgender Women of Color living in the City and County of San Francisco, California. The proposed five-year program - called **TransAccess** - will create a unique public / private partnership model in which the medical services of a public community health clinic which has an established specialty in transgender medical care - the Tom Waddell Health Center - are transported and integrated into a respected and highly trusted community-based transgender support program - the TRANS:THRIVE program at Asian & Pacific Islander Wellness Center - with the explicit goal of enhancing utilization of and retention in HIV medical care by underserved transgender women of color. The program will create a unique **neighborhood-based transgender medical home** specifically designed to address the complex needs of this critically impacted population.

TransAccess will consist of **four** principal components, each of which addresses the primary goals of the SPNS project while corresponding to emerging paradigms and priorities in HIV treatment and care and healthcare reform. These components are as follows:

Component # 1: Creating a High-Quality Transgender Clinic within a Community-Based Transgender Social Services Program: At the heart of TransAccess is an innovative public / private partnership designed to make accessing and obtaining high-quality medical care easier, more attractive, and more tenable for HIV-positive and high-risk HIV-negative transgender women of color. The highly skilled transgender and HIV medical specialists at the San Francisco Department of Health's Tom Waddell Center - the same specialists who provide care through the Center's highly regarded Transgender Tuesdays clinic - will travel to Asian & Pacific Islander Wellness Center to deliver out-based medical care using the facilities available through the agency's newly established Wellness Clinic. The new Wellness Clinic facility

includes **three** fully equipped examination rooms and a comfortable waiting / reception area, along with essential equipment including refrigeration units. The Wellness Center is located on the same floor as, and directly across the hall from, the facilities of TRANS:THRIVE, where over **500** transgender women access care, service and support services from throughout the city each month. By basing a new transgender-specific HIV medical clinic site directly adjacent to TRANS :THRIVE, our program hopes to successfully engage and retain in care at least **250** HIV-positive and high-risk HIV-negative transgender women of color, the vast majority of whom would not have accessed care, or would have accessed care less regularly, without the presence of the satellite clinic.

Transgender women utilizing the new TransAccess neighborhood-based clinic will receive services through the same high-quality **medical team** approach as available through the Transgender Tuesdays program. This team approach offers an intensive level of support and medical care coordination appropriate to the intense and multi-leveled needs of the transgender population, through a multi-cultural, multi-lingual staff that reflects the ethnic diversity of San Francisco. Out-based staff providing clinical services through TransAccess will include a primary care physician, a registered nurse and/or nurse practitioner, a social worker / behaviorist, one or more medical assistants, a benefits counselor, at least one intake worker, and selected volunteers. In keeping with the patient-centered medical home framework, all TransAccess clinic clients will forge a personal relationship with a **specific primary care physician**, who for the majority of our clients will be **Dr. Royce Lin**, lead physician for the Transgender Tuesdays program and a **self-identified person living with HIV**. Dr. Lin has intensive experience in providing culturally competent transgender medical care, is an American Academy of Medicine Certified HIV Specialist, and is a trusted provider within the San Francisco HIV treatment and LGBT communities. Dr. Lin will also serve as the project's **Principal Investigator** on an in-kind basis, providing oversight and supervision to ensure the overall quality of medical care services provided at Asian & Pacific Islander Wellness Center while coordinating and supervising the project's evaluation component.

The bulk of funding to support the new clinical services at A&PI Wellness Center will come through patient reimbursements. These reimbursements will be maximized by the presence of an **on-site Benefits Counselor** who will travel with the out-based team and will work with clients to ensure that they apply for and receive all medical benefits for which they are eligible. Key reimbursement streams to support the program are expected to include Medicaid, Medicare, Ryan White funding, the San Francisco Health Plan, and the State of California's newly implemented **Low Income Health Insurance Program (LIHP),** which provides a bridge to health care reform through expanded Medicaid eligibility for low-income populations. The Tom Waddell Health Center and the San Francisco Department of Public Health will also contribute extensive **in-kind resources** to make the satellite transgender clinic a reality. However, the proposed SPNS project will also set aside funding to support **two** specialized providers whose role will be particularly critical in regard to engaging and retaining transgender women of color in care, and who will help fill the expected gap in unreimbursed care for the minimum **30%** of clinic patients who are expected to be uninsured. The first of these is a **Registered Nurse** who specializes in transgender care and transgender care issues, who will be reimbursed at **20% time** through the SPNS program. The second reimbursed position is for a **20% time Medical Social Worker / Behaviorist** who will provide intensive MSW-level support for transgender women of color designed specifically to **address and overcome barriers to care access and retention**, including the provision of **short-term, outcomes-based**

psychological counseling to pinpoint and address specific life issues that are creating roadblocks to medical care and treatment adherence such as domestic violence issues, substance abuse issues, and/or mental health issues. The Medical Social Worker / Behaviorist will provide comprehensive referral and advocacy services to link clinic patients to essential services while scheduling additional short-term counseling sessions as needed up to a maximum of **10 sessions** in order to provide **short-term stabilization support** for these complex populations.

Patient care provided through the new satellite clinic will utilize the unparalleled expertise which the Tom Waddell Health Center and its Transgender Tuesdays clinic have gathered over the **18 years** they have been providing transgender-specific medical care. Clinicians from the Tom Waddell Health Center will take an approach that seeks to **optimize health and quality of life for patients** and that utilizes a **non-judgmental, harm reduction-based approach** that **respects each patient** and takes into account the fact that many transgender individuals have a history of trauma; harbor justifiable resentments against institutions; and present with multiple vulnerabilities which can only be effectively addressed through a **flexible, responsive approach** that is specifically tailored to the needs of each patient. Using this non-judgmental perspective, all project clinic staff - and indeed all staff of the TransAccess program - will work with each client to obtain the following desired outcomes:

- Increased trust and ability to overcome previous negative experiences in medical systems;
- Personal ownership of the primary medical home and the primary care physician and medical team;
- Increased sense of self-empowerment and a corresponding ability to take a greater role in managing health care and treatments;
- Adherence to advice regarding laboratory tests, office visits, medical treatments, etc.; and
- Openness to discuss issues as substance use, sexual practices, and occupational sex work with medical practitioners through the harm reduction model.

The **initial intake visit** will form the critical first step in the care process, providing a comprehensive oversight of client needs and health conditions while taking the first step toward building a bridge of trust and communication with each client. Lasting at least **one hour**, the initial intake visit for each patient will include, at minimum, the following components:

- Nurse initial screening intake: All prospective patients will meet first with a nurse team leader who will assess health needs, identify high risk patients (e.g. those with immediate illness or homelessness), and orient and educate patients about how the clinic works
- Psychosocial intake
- Baseline labs: CBC with differential, liver panel, renal panel, glucose, hepatitis B total core antibody, hepatitis B surface antibody, hepatitis C antibody, VDRL (every six months), lipid profile, prolactin level, GC, and Chlamydia (every six months)
- Review health care maintenance including: immunizations, TB screening, safety and safer sex counseling, and HIV testing
- Address medical problems as needed
- Discuss patient's goals and expectations for therapy
- Review side effects, risks and benefits of hormone therapy and obtain informed consent
- Prescribe medications and follow patients per protocols
- Conduct benefits review and begin process for benefits registration as needed

Patient follow-up visits - to be scheduled at least every six months but more frequently as indicated - will include, at every visit assessing for desired and adverse effects of medications; checking weight and blood pressure; reviewing health maintenance behaviors; and directed

physical exams as needed. The SPNS grant will also allow the new medical home to attain key transgender standards contained in the CDC's **Program Collaboration and Service Integration (PCSI) framework,** including calls for screening transgender clients for STDs and for HIV **every three months** along with **annual** screening for hepatitis B and C and tuberculosis.

Perhaps the most important approach our satellite clinic will take to attract out-of-care HIV-positive and high-risk transgender women of color to engage in medical care and treatment involves providing free, safe hormonal therapy under the supervision of a trained medical team. Hormone therapies are frequently not supported by HMOs and private insurers, and Tom Waddell Health Center staff have become highly skilled in safely prescribing and monitoring hormone therapy, and in tailoring hormone therapy to meet the specific needs of each transgender patient. We have found through our practice that transgender individuals are eager to access and begin hormone therapy and welcome the opportunity to discuss the potential risks and benefits of different treatment approaches. The Center has also developed an extensive set of **protocols** guiding the use of hormones in the clinic setting for the transgender patient.[36]

The primary goal of transgender hormone therapy is the manipulation of hormones such as estrogen, progesterone, and testosterone to create a desired body effect by activating target cells of latent yet responsive tissue / organs, resulting in feminization or masculinization of the individual. In addition to the female hormones estrogen and progesterone (which in very high doses possess anti-androgen = anti-testosterone effect), **anti-androgen therapy** is often added to the male-to-female medical regimen to reduce the need / risks of such high doses of female hormone. Anti-androgen therapy will decrease testosterone to normal or lower than normal female levels. It is also important to note that HIV is **not** a contraindication or precaution for any of the Tom Waddell Health Center's hormone therapy protocols, and that while drug-drug interactions can occur, the Center knows of **no** specific dangerous interactions between hormones and HIV medications.

The proposed new transgender medical home to be based at Asian & Pacific Islander Wellness Center will serve a total of over **250** unduplicated HIV-positive and high-risk HIV-negative transgender women of color over the five-year project period, and provide a total of nearly **2,500** individual medical visits / appointments over that period. The clinic will be implemented using a **staged rollout** that gradually increases service levels and clientele over time, in part to allow medical staff to develop new routines for providing care in an out-based setting, and in part to ensure that the process of building trust with TRANS:THRIVE clients is not rushed or forced. During the first three months of the SPNS project, Tom Waddell Health Center will work with A&PI Wellness Center to develop protocols, work out logistical issues, and establish initial clinic schedules and clinic outreach approaches. Clinical services will begin at TRANS:THRIVE in month four of the project, with Tom Waddell staff providing **four hours per week** of medical services. Following the clinic's opening, and for the first six months of clinic operations, virtually **all** patients will be new to the program, necessitating a longer initial medical visit and reducing the number of patients who can be seen each week. Over time, as the established client population grows, the proportion of new to existing patients will even out, resulting in more patients seen per day. Beginning in the middle of the second year of the SPNS program, the clinic operation will expand to **eight hours per week**, and the number of visits will increase dramatically. **Figure 2** on the following page details the expected progress of patient care and patient numbers over the five-year project period.

Medical staff of the Tom Waddell Health Center will work with Asian & Pacific Islander Wellness Center to develop a clinic schedule that is most conducive to encouraging

participation by transgender women of color in the clinic program. This may include scheduling clinic hours to coincide with particular TRANS:THRIVE events or activities, or ensuing that clinical services are available during hours with transgender women of color may be most likely to access services. TWHC staff will coordinate with TRANS:THRIVE staff to identify an ideal day and time for the new TransAccess clinic. The TransAccess clinic will be scheduled to provide maximum convenience for TG clients, and will likely run concurrently with certain TRANS:THRIVE program activities to promote client accrual and retention.

Figure 2. Proposed Five-Year Schedule of New Out-Based Transgender Clinic Patient Medical Visits

Project Period	# of Clinic Hours Per Week	Avg. # of New Patient Appts. Per Week	Avg. # of Returning Patient Appts. Per Week	# of Weeks in Period (Based on 48 Clinic Weeks Per Year)	Total # of New Patients	Total Patient Appts.
3-Month Start-Up Period 10/1/12 - 12/31/12						
First 6 Months of Clinic Services 1/1/13 - 6/30/13	4	4	1	24	96	120
Next 9 Months of Clinic Services 7/1/13 - 3/31/14	4	2	4	36	72	216
Final 42 Months of Clinic Services 4/1/13 - 9/30/17	8	0.5	12	168	84	2,100
TOTAL				228	252	2,436

Component # 2: Ensuring Access to a Comprehensive Continuum of Culturally and Linguistically Competent Social and Support Services to Enhance Care Engagement and Retention: As described in the needs assessment above, TransAccess recognizes that transgender women - particularly transgender women of color - face complex needs and issues that, perhaps more than any other HIV-affected population, require a **multi-faceted, holistic approach to care** that takes into account the full range of needs and perspectives of **each transgender woman** living with or at risk for HIV. For this reason, TransAccess will **integrate** an aggressive program of client needs assessment, service linkage, and psychosocial support to ensure that issues or problems that act as a barrier to HIV care access are addressed and that maximum client stabilization is attained. One of the key elements of this integration involves using SPNS funds to hire a **new, full-time Transgender Case Manager** to provide high-quality psychosocial case management services for HIV-positive and high-risk negative transgender women in our program who are facing complex barriers to care. The new Case Manager - herself a transgender woman - will respond to a key need directly identified by transgender women who participated in the formation of this proposal. These informants felt strongly that the presence of a dedicated Case Manager would be critical in helping ensure ongoing care engagement and

retention for transgender women of color, particularly women facing multiple challenges related to **substance abuse, mental health issues, homelessness, and poverty.**

The new Transgender Case Manager will be based directly at the TRANS:THRIVE program and will oversee an ambitious caseload of approximately **50** high-need transgender women at any one time, including an estimated **40** HIV-positive women and **10** high-risk HIV negative women, and a combined unduplicated total of at least **140** clients over the five-year project period. The Case Manager will also be available to provide one-time consultations and service referrals for other transgender women of color utilizing the on-site TransAccess clinic as time permits. The Transgender Case Manager will continually assess client needs; develop a continually revised individualized care plan in collaboration with each client; and will refer and link clients to essential services in order to achieve long-term stabilization and care retention. The Case Manager will work in close collaboration with out-based clinic staff to coordinate elements such as benefits eligibility, psychosocial services referral and linkage, and appointments, and will also work with the projects' new transgender outreach staff to address client needs and identify new clients for admission to the case management program. The Case Manager will also closely assess threats related to **domestic violence** and the threat of violence resulting from involvement in commercial sex work. The Case Manager will also participate in **monthly case conferences** involving project medical and service staff. The proposed staff position will provide a **critical bridge** linking the social services provided by TRANS:THRIVE with the medical home services provided by the new on-site medical clinic, and offering critical support to help highly impacted women engage in and remain in care.

Component # 3: Conducting High-Quality Outreach to Identify HIV-Positive and High-Risk Negative Transgender Women of Color: Asian & Pacific Islander Wellness Center and the TRANS:THRIVE program have developed strong bonds of trust with the local transgender community, and have extensive experience in engaging and involving transgender women in supportive programs to improve the quality of their lives. However, TRANS:THRIVE has consistently lacked outreach resources specifically dedicated to **HIV-infected and affected** transgender women, and has also lacked the capability of directly linking HIV testing to clinical care engagement. For these reasons, one of the most critical elements of TransAccess will involve the hiring of **two new 80% time Transgender Outreach Workers / Navigators** who will create a new, highly visible presence in the San Francisco transgender community advocating for the importance of HIV issues in transgender women's lives and continually identifying and involving transgender women of color in TransAccess' medical and psychosocial service continuum. The Transgender Outreach Workers / Navigators will be responsible for a number of key tasks, including:

- Making at least **1,100** direct client contacts each year with transgender women of color, and reaching an estimated minimum of **2,000** unduplicated transgender women of color over the course of the five-year grant period;
- Working in collaboration with staff of the TransformSF project to ensure that at least **500** transgender women per year in San Francisco participate in HIV testing;
- Linking at least **12** newly diagnosed HIV-positive transgender women of color to TransAccess medical services each year (**60** over the five-year grant period);
- Conducting outreach in transgender communities of color to identify at least **15** HIV-positive women each year who are aware of their serostatus but have never been involved in medical care (**75** over the five-year grant period);

- Conducting outreach to identify another **10** HIV-positive women each year who are aware of their HIV status but have dropped out of or left medical care (**50** over the five-year grant period);
- Working in collaboration with transgender women at TRANS:THRIVE to create supportive programs, events, and services that increase awareness of the importance of HIV testing and treatment and that build engagement in the new on-site clinic program; and
- Developing one-on-one trust relationships with specific clients which - for reasons of personal identification and rapport - become the **anchor relationship** linking many clients to the TransAccess program.

The two Transgender Outreach Workers / Navigators will conduct outreach to identify HIV-positive out of care transgender women of color who know their serostatus by building **strong trust relationships** within the San Francisco transgender community. As noted above, while previous outreach efforts have existed in our region to bring transgender women in to care and to recruit them for HIV testing, there have been no specific efforts focusing on **HIV-positive women who are aware of their status** but for a variety of reason are not seeking or obtaining medical services. By recruiting two transgender women with strong leadership skills to conduct such outreach - one African American and one Latina - our program will be able to bring greater attention to the importance of seeking and obtaining HIV training while spreading the word throughout the community regarding the new neighborhood-based transgender medical home program at TRANS:THRIVE. The program will also work to produce events, activities, and campaigns that seek to destigmatize HIV infection from a transgender perspective, while using the incentive of physician-supervised hormone therapy to help bring positive women into care.

For obvious reasons, both of the Transgender Outreach Workers / Navigators to be hired through the program will be **transgender women of color** who are drawn specifically from the TRANS:THRIVE client population. A&PI Wellness Center will ensure high-quality, ongoing training for these women, including training through the California Statewide Treatment & Education Program (CTEP) operated by our agency. A&PI Wellness Center has already identified one of these individuals, a highly active and engaged volunteer named **Vanessa Warri**. Since October 2011, Vanessa - an African American transgender woman in her late 20s - has been serving as an intern at TRANS:THRIVE, a relationship which began through her involvement with Larkin Street Youth Services. Prior to that, she participated as a peer leader in the **T-LISH** (Transgender Ladies Initiating Sisterhood) program for trans- youth of color at A&PI Wellness Center. Vanessa began her work in advocacy and human services in 2010, working for Beyond Emancipation through AmeriCorps, an organization working closely with transition age youth who have been emancipated from foster care for whom she provided services and resources such as peer case management. To complement Vanessa's background, the **second** new transgender outreach position will most probably be occupied by a Latina transgender woman who is bilingual in English and Spanish.

Because employment support is a critical issue for transgender populations, TransAccess is also proposing to create a new employment development track specifically for the two new Transgender Outreach Workers / Navigators. As the two women employed in these positions grow in skill and expertise, they will - beginning in the third program year - be promoted to the position of **Panel Manager** with a commensurate increase in salary. In their role as Panel Managers, the two individual will provide broader oversight of the overall HIV-impacted transgender population served by TransAccess, working to spot deficiencies in care or shortfalls in care quality or impact, and will work in closer collaboration with clinic medical and

case management staff to anticipate and address critical barriers as they arise. This includes working in collaboration with the Transgender Case Manager and medical staff to apply their knowledge of the project population to develop a **new set of tools to assess client engagement in care, including new tools that anticipate the particular times when a transgender woman of color is at special risk for not entering or for falling out of HIV care and tools to assess the risk or occurrence of domestic and other forms of violence.** These tools - whose development will also be closely coordinated with the work of the SPNS Evaluation and Technical Assistance Center - will apply our program's special knowledge of transgender communities to incorporate client assessments into all levels of medical and psychosocial care, and to provide **pro-active and preventive interventions which address threats to care retention and medical adherence before they lead to transgender women dropping out of care.**

The two new Transgender Outreach Workers / Navigators will also work in close partnership with the San Francisco Department of Health's newly established, CDC-funded LINCS Program (Linkage Integration Navigation Comprehensive Services), a joint effort of the HIV Prevention and STD Prevention and Control sections. LINCS is an innovative initiative designed to increase the number of HIV-infected individuals in San Francisco who are on anti-retroviral therapy in order to promote individual health and reduce transmission of HIV. Through LINCS, every diagnosed individual in San Francisco is now matched with an individual **Peer Navigator** based on a combination of factors such as ethnicity, location, age, and gender. LINCS Peer Navigators meet with clients to assess needs and to ensure that the client is linked to all services and support they need to ensure successful care engagement. LINCS Navigators continue to work with clients for **up to three months** to ensure that they are fully engaged in care and to address new issues that can arise in relation to service engagement. The two new Transgender Outreach Workers / Navigators hired through TransAccess will participate in LINCS training and will reach the same level of expertise and knowledge as the LINCS Peer Navigators hired through the Department of Health. The two outreach workers will also provide many of the same functions as LINCS Peer Navigators, including providing ongoing one-on-one support to ensure that transgender women of color fully are linked to and engaged in care and that barriers to long-term engagement are effectively addressed. Over time, it is also hoped that our own project outreach workers will develop a **complementary relationship** with the LINCS team, helping fill a vital role in offering transgender-specific HIV care linkage support throughout San Francisco.

Component # 4: Providing Opportunities for Employment, Leadership Development, and Community Involvement and Empowerment Among Transgender Women of Color: The TransAccess project is committed to ensuring a **central** role for transgender women of color in the development, implementation, management, operation, and evaluation of the proposed SPNS initiative. For this reason, TransAccess will incorporate a range of transgender employment and empowerment opportunities that will extend to all aspects of the program. At the level of project staffing, these include:

- Incorporating transgender staff wherever possible in out-based medical clinic services, including through the project **Charge Nurse** and on-site **volunteers**;
- Appointing a highly qualified transgender woman - **Erin Armstrong** - as **Project Director** for the SPNS Program (see Project Staffing and Leadership section below);

- Hiring a transgender woman of color to fill the new role of full-time **Transgender Case Manager** at A&PI Wellness Center; and
- Hiring two transgender women of color serve as the project's **Transgender Outreach Workers / Navigators,** including one African American woman and one bilingual / bicultural Latina woman.

In addition to these roles, TransAccess will also form a new **five-member Transgender Leadership Team** to provide ongoing support, oversight, guidance, and leadership to the SPNS program. The Leadership Team will be staffed by a culturally and linguistically diverse spectrum of transgender women of color who are active in TRANS:THRIVE and other transgender support programs in San Francisco and who have exhibited strong leadership skills along with a demonstrated commitment to supporting members of their communities. Leadership Team members - each of whom will receive a $300 monthly stipend for their participation - will participate in a range of leadership and community advocacy training programs, and will operate as a **close working unit** whose input will be indispensable to the operation and success of our program. The Leadership Team will meet on at least a **monthly** basis in meeting convened by the Project Director to review and provide input on project parameters and components; to plan outreach, advocacy, and HIV awareness activities that complement the work of SPNS project staff; and to head up more informal sub-groups of transgender women to work on other initiatives to encourage testing and recruit HIV-affected women to participate in the TransAccess program. Leadership Team members will also participate in **quarterly** meetings of the **TransAccess Project Management Team** (see Project Staffing and Leadership section below).

One of the key roles of the Transgender Leadership Team involves working in partnership with the Transgender Outreach Workers / Navigators to oversee the formation and deployment of a newly instituted **Transgender Speakers Bureau** in San Francisco. The concept of the HIV-related speakers bureau has a long history in relation to the AIDS epidemic, and played an important early role in helping to bring a human face to a highly stigmatized and feared disease. But the role of the HIV-specific speakers bureau faded as fears and misconceptions regarding HIV diminished over time. **Yet while stigma regarding HIV has decreased, stigma regarding transgender people have <u>not</u> decreased, and a vast gulf of misunderstanding, mistrust, fear, and stigma still separates transgender from non-transgender persons.** At the same time, in part because of its astronomical prevalence within the transgender community, HIV itself continues to be highly stigmatized **within transgender communities in particular**, often remaining an issue that is not publicly referred to, particularly when exposure of an HIV-positive diagnosis could jeopardize sex work or perceived social standing. For these reasons, the transgender women who served as key informants for this application specifically urged the **revival of the speakers bureau concept in relationship to transgender populations.** Implementation of a new Transgender Speakers Bureau which includes small stipends for speakers bureau presenters would have a wide range of inter-linked benefits, including:

- Providing an opportunity for transgender women to increase understanding and empathy toward transgender people and issues through scheduled speaking presentations at social service agencies, public health agencies, private physician and medical groups, hospitals, drug treatment agencies, mental health service agencies, and other venues;
- Providing a group of skilled speakers and advocates to participate as representatives of the transgender community at community planning events;
- Providing advocates capable of increasing awareness within the transgender community of the importance of HIV testing and treatment and of medical and preventive care access; and

- Providing leadership opportunities to transgender women that enhance personal empowerment, teach employable skills, and expand involvement in their communities.

In addition to the proposed speakers bureau, the Transgender Leadership Team will also work with TRANS:THRIVE members to develop other critical outreach and communication efforts to increase awareness and involvement in HIV testing and treatment, most prominently through the generation of **social media components** developed by and for transgender women of color. While the transgender community to be served by the SPNS project is highly impoverished, there is growing participation in social media outlets through the use of smartphones and public computers, and these vehicles have begun to serve as important tools to help transgender women overcome isolation and a sense of aloneness, particularly for transgender women who have recently arrived in the city from other locations. It is anticipated that one or more members of the Transgender Leadership Team could form and head up a volunteer **social media group** who take on the task of development a project Facebook page or creating a project-specific website or web pages that links to the TRANS:THRIVE site. These approaches could significantly increase participation by transgender women of color over time in the TransAccess initiative.

Theoretical Basis and Addressing of Program Requirements: TransAccess will utilize a **chronic disease management approach** to care, including the use of **multidisciplinary patient teams** to provide holistic patient care along with the use of **patient registries** to track medical, behavioral, health, and social indicators both to ensure the quality of our work and to identify systemic gaps or patient issues. San Francisco as a whole is moving toward the creation of a **citywide electronic health exchange** to facilitate health care-related communication between medical, behavioral health, and social service members of client care teams. Within this electronic registry system, each client will have a **coordinated and continually updated care plan** embedded in their lifetime clinical record. This plan will allow members of the integrated team to track acuity of care needs, engagement in care, specific health indicators, and other factors that help ensure compliance with healthcare standards and target outcomes. In regard to transgender care in particular, the registry will allow our system to monitor transgender hormone therapy, side effects, and drug interactions, while allowing for better tracking of self-identified gender status.

On a general care level, the proposed TransAccess intervention is designed to simultaneously address a broad range of key barriers and issues that keep transgender women of color from regularly and comprehensive accessing HIV-specific care and treatment. This includes approaches to overcome barriers related to fear and suspicion of institutions in general and medical providers in particular; approaches to link transgender women to supportive social and behavioral services that can enhance long-term engagement in care; opportunities for empowerment of transgender women through program employment and participation; and integration of the proposed initiative with emerging healthcare reform and HIV prevention paradigms. The project employs a **patient-centered medical home model** to deliver care in an identified, community-based setting through an identified primary care physician and incorporating a multidisciplinary team to ensure access to supportive and benefits resources. The chart below (see **Figure 3**) briefly summarizes some of the ways in which our proposed intervention addresses specific barriers to HIV care and retention.

Figure 3. Selected Barriers to HIV Care Engagement and Retention Addressed through the TransAccess Initiative

Identified Barriers and Issues	How Addressed through TransAccess
▪ Mistrust of and resistance to institutions and to entering medical care	▪ Out-basing transgender-specific HIV specialty services directly within a trusted, neighborhood-based transgender social services program ▪ Ensuring staff who are respectful and non-judgmental in regard to transgender populations, including staff who directly reflect the populations they serve ▪ Ensuring continual input directly from transgender women of color in regard to program design, implementation, and monitoring
▪ Difficulty in coping with a range of co-occurring disorders and life issues, including poverty, homeless, mental health issues, substance abuse, and domestic violence.	▪ Ensuring access and linkage to a comprehensive network of public and private supportive systems and programs in San Francisco, including complementary financial resources and benefits programs ▪ Providing case management and peer support services to continually assess client needs and develop concrete action plans to address them ▪ Providing clinic-based Medical Social Work / Behaviorist support to provide intensive behavioral interventions to overcome immediate barriers to care access and retention
▪ Minimalization or marginalization of HIV care and risk issues in the context of daily life and personal priorities	▪ Using the availability of high-quality, physician supervised hormone therapy services as a strategy for bringing HIV-positive and high-risk transgender women of color into medical care ▪ Providing neighborhood-based medical care with flexible hours to simplify the process of making and attending appointments ▪ Helping transgender women of color access critical programs and services that reduce barriers to care
▪ Resistance to engagement in care and support as a result of experience of dual discrimination related to ethnicity and gender identification	▪ Ensuring staff who are respectful of transgender persons and wherever possible reflect the cultural, linguistic, and gender orientation of the clients they serve ▪ Providing presentations through a new Transgender Speakers Bureau that seeks to put a public face on transgenderism in order to help overcome discrimination and marginalization
▪ Difficulties in obtaining employment or gaining employable skills	▪ Providing a small-scale employment progression track within TransAccess in which the project's two transgender Outreach Workers / Navigators are promoted to Panel Managers in year three ▪ Creating new opportunities for leadership and skills development and stipended participation in key project activities, including serving on the project's Transgender Leadership Team and serving as Speakers Bureau presents ▪ Ensuring continual referral and linkage to relevant vocation and employment programs throughout San Francisco

Identified Barriers and Issues	How Addressed through TransAccess
▪ Resistance to obtaining or seeking regular HIV testing	▪ Participating as a leader in the newly implemented TransformSF initiative to test at least 500 transgender women for HIV during each year of the SPNS initiative ▪ Providing free and easily accessible HIV testing on-site at the A&PI Wellness Center's new clinic facility, with prioritization to TRANS:THRIVE clients

Client Populations and Enrollment: As described above, the proposed TransAccess initiative is expected to provide direct and indirect HIV-specific outreach and services that reach an unduplicated total of at least 3,000 HIV-positive and high-risk transgender women of color living in San Francisco over the course of the five-year grant period. This includes direct community outreach that reaches at least **2,000** unduplicated individuals; out-based medical services that serve at least **250** HIV-infected and high-risk individuals; Transgender Case Management services that reach at least **140** unduplicated, high-need individuals; HIV outreach that brings at least **60** newly diagnosed individuals into care; outreach that brings at least **75** unduplicated individuals into care who had never been involved in HIV medical services; and outreach that brings another **50** unduplicated individuals into HIV care who had previously dropped out of or left care. In regard to on-site medical services, it is expected that **at least 65%** of the project's clinical population will consist of HIV-positive transgender women of color, while the other **35%** will consist of high-risk HIV-negative women who meet risk criteria identified early in the program in conjunction with HRSA. Specific criteria will also be developed during the three-month project start-up period for identifying which patients will be specifically "enrolled" in the program, with the formal demonstration population expected to include, at minimum, all clients employed by the program; receiving medical care at TRANS:THRIVE; and/or engaged in project-funding case management services (see Local Evaluation Plan section below).

Project Staffing and Leadership: Ultimate oversight for the proposed SPNS program will lie with the project's **in-kind Administrator, William S. Blum.** In his role as Administrator, Mr. Blum will develop and oversee project subcontracts, convene meetings of the Project Management Team, serve as administrative program contact to HRSA, ensure coordination and integration of the initiative within the San Francisco Department of Public Health as a whole, and maximize the use of complementary resources to add value and impact to the proposed initiative. Because Mr. Blum serves as both Chief Operating Officer for Community Oriented Primary Care - overseeing the county's 12 community clinics - and as Interim Director of HIV Health Services - administering and overseeing Ryan White Part A and B contracts - he will be in an ideal position to ensure integration of the proposed SPNS initiative within the Department of Health, and to ensure that Ryan White resources complement the program.

Co-leadership for TransAccess will come from **Dr. Royce Lin,** who will serve on an in-kind basis as **Principal Investigator** for the program. As Principal Investigator, Dr. Lin will be responsible for ensuring the overall quality and adherence to PHS standards of the new spectrum of medical care services to be out-stationed at TRANS:THRIVE. Dr. Lin will also oversee the quality and fidelity of project evaluation activities in collaboration with the proposed Evaluation Coordinator, **Sapna Mysor**. Dr. Lin is also uniquely well positioned to take on this role, as he currently serves as Primary Care Physician for transgender patients at the Tom Waddell Health

Center's Transgender Tuesdays clinic and will also serve as PCP for transgender women of color receiving services within the satellite medical home at A&PI Wellness Center. As a physician with a combined specialty in both HIV and transgender health and a self-identified person living with HIV, Dr. Lin brings a unique and invaluable perspective to our project and will serve as a key asset to ensure our program's success.

Responsibility for day-to-day management and coordination of our program will lie with the TransAccess **Project Director**, who, as a result of the fiscal parameters, will serve on a **50% time basis** on the program. We are delighted that the role of Project Director will be filled by a transgender woman, **Erin Armstrong**, who since September 2011 has worked on the A&PI Wellness Center staff as a co-coordinator of the TransformSF mobile transgender testing initiative. Prior to joining A&PI Wellness, Ms. Armstrong worked for four years in sexual assault prevention with women and GLBTQQ communities in New York City. Ms. Armstrong works closely with both MTF and FTM to provide resources for group sessions, drop-in hours oversight, and case management within TRANS:THRIVE, and has gained a strong reputation as a forceful and highly professional leader, organizer, and administrator. Ms. Armstrong is also the founder and owner of a popular blog site called www.transgenderliving.com. In her role as Project Director, Ms. Armstrong will provide day-to-day oversight, supervision, and coordination of the TransAccess program and will serve as day-to-day project contact with HRSA SPNS staff. Ms Armstrong will also coordinate implementation of the transgender HIV medical clinic at A&PI Wellness Center with the programs and initiatives of TRANS:THRIVE. As Project Director, Ms. Armstrong will also be responsible for supervising and supporting project staff; organizing project timelines and calendars; convening meetings of the Transgender Leadership Team; and ensuring timely data collection. She will also take a lead role in preparing project reports. For the remaining 50% of her time, Ms. Armstrong will continue to serve as Co-Coordinator of the TransformSF mobile transgender testing initiative, providing an ideal synthesis of these programmatic approaches.

The three key project leaders will serve as members of a broader **Project Management Team** which will meet on at least a **quarterly basis** throughout the SPNS grant period, including a **day-long planning retreat** during the second month of the program. The Management Team will be responsible for charting the overall direction and course of TransAccess, and for shaping the overall project evaluation and quality assurance components. The Team will also ensure that the interventions within TransAccess are fully coordinated and integrated with relevant complementary programs in San Francisco to serve transgender women and low-income persons infected and affected by HIV. In addition the three individuals above, the Management Team will also include all project staff supported by SPNS funding; all members of the Transgender Leadership Group; and additional leadership at partner agencies, including the participation of **Carlos Bermudez,** who serves as Director of Health Services for A&PI Wellness Center. The Team will also include participation by **Dr. Deborah Borne**, who serves as Clinical Director of Homeless and Community Based Programs, Integration, and HIV Care for San Francisco Department of Public Health. In this role, Dr. Borne maintains a comprehensive, bird's eye view of the entire San Francisco HIV, homeless, and community care community, and is indispensable in ensuring the TransAccess is linked and integrated with all emerging healthcare reform paradigms and complementary resource opportunities in our region. Dr. Borne also serves as a Steering Committee member for the National Quality Center's **"In+Care" Campaign**, focusing on retention in care for HIV/AIDS clients, and allowing her to integrate concepts and standards of care from the campaign into the proposed initiative.

HIV Testing: As noted above, TransAccess is fortunate to rely on a partnership with TransformSF, a new initiative that will provide mobile HIV testing that is designed to reach at least **500** transgender individuals per year throughout San Francisco. Our private community partner agency, Asian & Pacific Islander Wellness Center, is the lead agency in the citywide collaborative overseeing this initiative, and project staff for TransformSF are based within the TRANS:THRIVE program. TransformSF provides an auspicious and ideally timed complement to the proposed SPNS program, allowing us to utilize, build upon, and collaborative with TransformSF resources and outreach while devoting critical SPNS resources to the direct provision of direct client care and support services and to peer-based outreach to transgender women of color who are aware of their HIV status but are not currently in care.

Referral Network / Linkage and Integration Strategies: San Francisco is fortunate to have in place a comprehensive service and referral network capable of providing a broad range of medical, behavioral, and psychosocial support services to low-income and HIV-affected populations. While these programs do not meet all possible client needs, the region does provide a service system that has alternative options for ensuring access to the kinds of complementary services that are most capable of supporting low-income transgender women of color in HIV care. **TransAccess will ensure ongoing, comprehensive referrals to key providers within this system for our highly impacted clients, and will utilize the region's strong linkage-based approach to care to ensure that transgender women of color are effectively engaged and retained in the services they need.** This includes ensuring that TransAccess clients have access to medical and support services to ensure a continuum of community-based care, as well as access to key services including dental care, mental health and substance abuse treatment, legal and vocational rehabilitation assistance, housing and housing support programs, domestic violence and shelter services, and food programs.

Our program will employ no fewer than **four** individuals who are specifically dedicated to the task of linking clients to the region's existing continuum of care, each of whom will provide a different level of intensity and focus in regard to patient needs. On the most general level, our program will employ **two 80% time Transgender Outreach Workers / Navigators** - transgender women of color who provide community outreach and serve as ongoing contacts for many clients who enter the TransAccess program. In collaboration with the citywide LINCS team, the Outreach Workers will ensure linkage to care and services for both newly diagnosed HIV-positive women and for HIV-positive women who have been aware of their status but for a number of reasons have been out of HIV care. Outreach Workers will facilitate client access to services as needed through interventions such as making appointments for clients, traveling with clients to appointments and service locations, making reminder calls regarding upcoming appointments for services such as housing support or substance abuse treatment, and providing ongoing encouragement to clients making the transition to care. As highly visible transgender community members, the Outreach Workers will also be known to and have relationships with many TRANS:THRIVE participants who utilize project services, and will be able to make ongoing referrals to complementary community programs and ancillary services.

At a more intensive level, TransAccess will also employ a **100% time Transgender Case Manager** who will oversee a more intensively impacted population of roughly **50** transgender women of color at any one time, approximately **80%** of whom will be women living with HIV. The Case Manager - who will also be a transgender woman - will conduct a comprehensive

client needs assessment which includes assessing the full range of client psychosocial needs and barriers to care, and developing an individualized care plan in collaboration with each client. The Case Manager will have a **comprehensive knowledge** of the existing San Francisco referral network - a network that encompasses HIV services, homeless services, transgender services, and services for impoverished populations - and will maintain relationships that allow her to provide client advocacy services that increase the chances of prioritized entry to key services such as residential and outpatient substance abuse treatment, psychiatric consultation, dental care, housing services and emergency shelter programs, food programs, and spiritual and support programs, including other transgender support programs operating in the City of San Francisco. The Case Manager will admit new clients to her caseload as existing client conditions stabilize, and will also be available to provide one-time and short-term referrals to other TransAccess clients on an as-available basis.

As in many cities, the greatest existing gap in supporting low-income transgender women of color in HIV care involves the lack of long-term mental health counseling and therapy services. While our clients will have access to psychiatric consultation and psychotropic medication management services through the Tom Waddell Health Center and other public programs, along with access to transgender and HIV-specific support groups through a range of local agencies, there is as yet simply no widespread public commitment to supporting one-on-one mental health counseling over the long term as a strategic approach to stabilizing lives and maintaining clients in care. Although our program can also not support extensive mental health services through the existing SPNS grant, we will strive to address at least a portion of this gap by maintaining a highly qualified **20% time Medical Social Worker / Behaviorist** as part of the clinical team staffing the weekly out-based HIV clinic at A&PI Wellness Center. The Medical Social Worker Behaviorist will have experience in working with both transgender women of color and persons of color living with HIV, and will be available to provide intensive, ongoing social work assessment and referrals while providing **short-term counseling services** using the Stages of Change model directly within the medical home setting. In terms of assessing patient needs, the Social Worker / Behaviorist will have the capacity to probe more deeply into the underlying causes for lack of engagement or potential lack of engagement in care, and will be able to design holistic action plans to address those needs. On a counseling level, the Medical Social Worker / Behaviorist will conduct short-term courses of counseling that seek to address **immediate psychological barriers and issues** that may be impacting retention in care, medications adherence, or attitudes toward medical care and social services. Working from her Behaviorist perspective, this staff person will design a brief course of counseling that could last anywhere from one to ten sessions, and that focuses on **close-range outcomes** that have a direct bearing on client care utilization. While this approach can never meet the full range of mental health needs of our complex client population, they are expected to make a significant contribution toward maintaining in care many of the clients served by our program.

Among the specific San Francisco programs and resources that will play a particular role in the TransAccess referral network are the following:

- **TransformSF**, a CDC and city-funded regional mobile transgender HIV testing collaborative led by Asian & Pacific Islander Wellness Center that also includes Instituto de la Raza, Native American Health Center, and El/La;
- The San Francisco Department of Public Health's **Linkage Integration Navigation and Comprehensive Services (LINCS) program**, providing a new, intensive model of one-on-

one patient follow-up and support to ensure engagement in HIV care for newly identified HIV-positive individuals for up to three months following initial HIV diagnosis;

- HIV-specific **housing services** through the city's **Housing and Urban Health Clinic** and **HIV Housing Program,** both of which facilitate access to emergency and long-term housing and both of which are overseen by our proposed Project Administrator;
- HIV-specific **dental services** including cleanings, examinations, and x-rays provided to low-income persons through the **Tom Waddell Health Center,** complemented by referrals for dental specialty care through the **UCSF School of Dentistry;** and
- **Post-incarceration services** that strive to ensure continuity of HIV treatment following release from corrections facilities, including collaborative relationships with the Ryan White-funded **Forensic AIDS Project** for individuals being released from County Jail and **Centerforce** for persons leaving San Quentin State Prison just north of San Francisco.

TransAccess services will also be closely coordinated with the **Enhanced Comprehensive HIV Planning and Implementation for EMAs Most Affected by HIV/AIDS (ECHPP)** initiative for high-impact HIV regions, which will further enhance coordination and integration of local HIV prevention and care linkage programs.

Local Evaluation Plan: TransAccess will implement a comprehensive **local evaluation plan** to assess the quality, impact, and effectiveness of the proposed program. The project evaluation will include assessment of **key qualitative, client-level indicators** related to factors such as patient health outcomes, quality of life enhancements, community involvement, and enhanced engagement and retention in care, as developed and identified in collaboration with HRSA staff. The project will also assess **comprehensive quantitative client service data** including information on demographics of patients served, total service units provided in specific care categories, total outreach encounters, and other factors relevant to the program. **Many or all of the indicators in both of these categories are expected to be tracked as part of the national cross-site evaluation, using indicators and procedures developed by the Evaluation and Technical Assistance Center (ETAC).** All evaluation findings will be reported and analyzed on an ongoing basis to identify areas for project improvement and to suggest specific program enhancements and refinements that can be implemented during the SPNS grant period. All transgender women of color participating in the SPNS initiative will sign IRB-approved patient consent forms and the project will place the highest possible emphasis on ensuring the protection of client data, including de-linking project data with information that could identify specific clients.

In addition to the broadly general program evaluation functions initiated in conjunction with the ETAC, our project will also select **two or more specific indicators particular to our local transgender population** that we will find appropriate to assess and evaluate. These local indicators will be developed by our Project Management Team working in collaboration with SPNS and ETAC staff, and will be selected based on a set of criteria that include relevance and applicability to our local transgender population and feasibility as evaluation topics. Among the potential indicators and impacts that may be serve as the focus of our specialized local evaluation process are the following:

- **Impact on Transgender Employment:** TransAccess could collect a set of baseline information on the number of transgender women of color employed at entry to our program as well as the number engaged in commercial sex work. During the project, our team could track the number of transgender women of color successfully referred and linked to

employment and vocational training programs each year through the work of Peer Navigators and the Case Manager - including opportunities available through TransAccess itself - and at the end of our project examine outcomes related to number of women entering employment and the number who have left commercial sex work as a result of project interventions.

- **Reduction in Use of Street Hormones and Silicone Injections:** TransAccess could assess the extent to which the project causes a reduction in the total number of patients who use street hormones and silicone injections by measuring these levels at the time of entry into the program and then comparing the baseline data to the number of transgender women of color who are no longer accessing street hormones or silicone injections following engagement in care and involvement in TransAccess.
- **Impact of Interventions Related to Trauma and Violence:** TransAccess could explore the impact of project-specific peer support, short-term counseling, and medical care engagement on the degree to which transgender women of color found new strategies to cope with the effects of past and current trauma and violence, including coping mechanisms that reinforced retention in care and/or facilitating an exit from unsafe or violent situations.

Logic Model: Please see **Attachment 7.**

Sustaining the Intervention: The rapidly shifting healthcare environment creates a strong range of opportunities to ensure long-term continuation of some or all of the elements of the TransAccess intervention following the conclusion of the SPNS funding period. Continuation of successful services is a key goal of the San Francisco Department of Public Health, and the project will make every effort to integrate successful aspects of the program into ongoing care and support systems in San Francisco. Among the potential opportunities that hold strong promise for project continuation are the following:

- A growing awareness of the importance of transgender health needs within the overall continuum of care in San Francisco, accompanied by an expanding emphasis on the need to test and treat HIV-positive transgender women in order to minimize a key vector of HIV transmission in the city;
- Implementation of the Affordable Care Act (ACA) in January 2014, with its expansion of Medicaid benefits to a significantly expanded population of low-income individuals, including transgender women of color;
- Implementation of a new health clinic directly within Asian & Pacific Islander Wellness Center, a clinic that is expected to grow in scope and reimbursement levels over the five-year project period and could potentially incorporate transgender health care services on a permanent basis; and
- Implementation of chronic care, patient registry, and coordinated team care models in San Francisco, approaches which are expected to produce greater efficiencies in care, in turn expanding the system's potential to effectively serve its most highly vulnerable populations.

- **WORK PLAN** - Please see five-year Work Plan in **Attachment 8.**

- **RESOLUTION OF CHALLENGES**

Although San Francisco has been hard-hit by HIV since the earliest days of the epidemic, the city has also benefited by having in place a strong safety net of programs to support low-income persons living with HIV and AIDS. This safety net has been made possible in part by the

broader, longstanding commitment of the City and County of San Francisco to provide public support for direct healthcare, housing, and social services for low-income and underserved populations, a commitment that has made possible a parallel network of support services for homeless, low-income, and marginalized populations. While there remain specific, serious gaps particularly in regard to the linking and retaining HIV-positive and high-risk transgender women of color in transgender-specific medical care, the complex referral network that exists in our city will provide us with access to key complementary resources that will both help ensure the success of our intervention while allowing us to devote a greater share of SPNS funding to the launching and testing of an innovative community-based medical home model to increase transgender engagement and retention in care

At the same time, by being administratively situated within the San Francisco Department of Public Health's Community Oriented Primary Care Program - whose director also oversees San Francisco HIV Health Services - our program will benefit from unparalleled access to a range of complementary resources to support clients in our program. This position will also ensure that our program is fully integrated with emerging healthcare reform paradigms and approaches. Our program will particularly benefit from a close working partnership with a highly professional and nationally respected community based agency - Asian & Pacific Islander Wellness Services - an agency that incorporates TRANS:THRIVE, the nation's largest transgender service and support program with an active client population of over 550 male to female transgender individuals crossing all ethnic and cultural groups. By directly linking the unmatched level of transgender community participation and trust that exist within TRANS:THRIVE to the nationally renowned transgender medical expertise of clinical staff at the Tom Waddell Health Center's Transgender Tuesdays clinic, our program will create an ideal match that has a strong potential to positively impact transgender women of color's engagement and retention in care.

While the above assets provide a strong foundation for project success, potential challenges exist in regard to any new initiative. Perhaps the biggest challenge for our program will involve the task of reaching and identifying out-of-care HIV-positive transgender women who are resistant to care. While our partnership with TransformSF will vastly expand the transgender HIV testing capacity that exists in our city, our project's two Transgender Outreach Workers / Navigators will need to develop creative new approaches to finding out of care positive women and bringing them into care. For this reason, we have deliberately set **conservative targets** for recruitment and engagement of HIV-aware out-of-care transgender women of color, particularly since a large number of self-identified HIV-positive and high-risk transgender women of color are expected to seek care as a result of their engagement in TRANS:THRIVE. Our program will continually assess and evaluate the success and progress of staff in meeting recruitment goals for HIV-aware out-of-care populations and work in collaboration with the Transgender Leadership Team and the Management Team to continually refine, modify, and improve our outreach strategies to achieve the greatest level of success.

- **EVALUATION CAPACITY**

As one of the nation's largest public health systems, the San Francisco Department of Public Health is highly qualified to oversee the proposed SPNS initiative and to ensure a professional, comprehensive, and effective evaluation process. The specific divisional unit responsible for the proposed SPNS grant - the Department's Community Oriented Primary Care

Program (COPC) - encompasses a network of 12 large-scale public FQHC clinics specifically focused on the health needs and communities in which they are based, and maintains and oversees numerous grants and contracts that incorporate extensive evaluation components. Additionally, medical standards within the COPC program require strong data reporting capabilities along with extensive systems for protecting and ensuring the confidentiality of patient data.

The evaluation system for TransAccess will be supervised by the project's in-kind **Principal Investigator, Dr. Royce Lin**. Dr. Lin serves as primary care physician to patients at the Tom Waddell Health Center's Transgender Tuesdays Clinic and will also serve as primary care physician to transgender women of color at the new satellite transgender medical home based at TRANS:THRIVE. As a self-identified person living with HIV and a highly experienced transgender and HIV specialist physician, Dr. Lin brings a unique and invaluable perspective to the program, particularly in terms of his capacity to link adherence to medical care standards within the outpatient clinic to the project's evaluation process and parameters. Dr. Lin is a graduate of Yale Medical School and has served as a member of the AIDS Consult Team at San Francisco General Hospital since 2005. Dr. Lin has also served as Co-Director of ASPIRE (AIDS Services, Prevention, Intervention, Research, and Education) at the Positive Health Program at San Francisco General Hospital and currently serves as Associate Clinical Professor of Medicine and Staff Physician in the Positive Health Program / Ward 86 at San Francisco General Hospital / UCSF. In addition to serving as staff physician for the Tom Waddell Health Center Transgender Clinic, Dr. Lin is a staff physician for the Tenderloin Health Clinic, providing HIV care through the County-funded Tenderloin Area Center of Excellence program. Completing the loop to our current program, Dr. Lin is also a member of the Board of Directors of the Asian & Pacific Islander Wellness Center.

Day-to-day management and supervision of our program's evaluation component will lie with our proposed Evaluation Consultant to be based at Asian & Pacific Islander Wellness Center, Sapna Mysoor. During program years one and two - while the internal program evaluation process is being implemented and launched and evaluation indicators are determined in collaboration with the Evaluation and Technical Assistance Center (ETAC) Ms. Mysoor will work on a **45% time basis.** Beginning in project year three - in part to make room for the promotion of the project's two peer outreach workers to panel mangers - Ms. Mysoor will work on a **25% time basis**. In her role as Evaluation Coordinator, Ms. Mysoor will work in collaboration with project management and with HRSA staff to develop and implement a comprehensive internal evaluation plan for TransAccess, including developing effective data collection, storage, tracking, extraction, and analysis systems to ensure protected and accessible project data. Ms. Mysoor will also collaborate closely with the Evaluation and Technical Assistance Center (ETAC) to develop and produce data for the national cross-site evaluation and will continually monitor data quality and data collection procedures.

Ms. Mysoor brings a wealth of experience to her proposed role as Evaluation Coordinator. Ms. Mysoor has worked for nine years in the public health sector focusing on sexual health and HIV/AIDS. For the past four and a half years, she has provided local and national level capacity building assistance to CBOs and health departments and conducted community-based research at Asian & Pacific Islander Wellness Center. Currently she manages the **Banyan Tree Project**, a national CBA program to increase leadership and decrease HIV-related stigma among A&PI communities. She has expertise in program evaluation, curriculum development, social marketing, and A&PI cultural competency. Sapna has held prior positions at the Los Angeles

County Department of Public Health, where she provided training and technical support to CBOs around HIV Counseling and Testing, curriculum development, and behavioral theory. She is also a certified HIV Test Counselor and has extensive experience working with diverse populations. Sapna has a Master of Public Health degree from the Rollins School of Public Health at Emory University and a Bachelor degree in Integrative Biology from University of California, Berkeley.

To ensure client safety and study integrity, the TransAccess project will contract with **Ethical & Independent Review Services (E&I)** to perform Institutional Review Board (IRB) functions for the program. E&I is the relatively recent product of a merger between Independent Review Consulting (IRC) and Ethical Review Committee (ERC), the former of which served as the IRB of record for past San Francisco grants such as the HRSA SPNS Tenderloin Oral Health Collaborative. With over **45 years** of combined experience, E&I provides prompt, high quality reviews of research on behalf of subject safety. Our project will work with E&I to obtain approvals and renewals for all client-level data collection instruments, informed consents, and evaluation materials. We will also submit these approvals and renewals on an **annual basis** to both the ETAC and the SPNS program. Our project is strongly committed to cooperating and working in close partnership with both SPNS staff and the ETAC to protect the privacy and confidentiality of study participant medical records and other client-level data. All participants in the TransAccess project will undergo training and receive certification in human subjects protection via the widely respected online training course **Protecting Human Research Participants** developed by the NIH Office of Extramural Research (phrp.nihtraining.com/users/login.php).

As highly respected human service agencies with unblemished track records in relation to the protection of client data and records - including in regard to grant programs with extensive evaluation components - both the Tom Waddell Health Center and Asian & Pacific Islander Wellness Center are expert in ensuring the protection of client data. Both agencies maintain password-protected computer systems and locked client files that are accessible only to authorized staff with computer passwords being changed at least quarterly. Additionally, throughout most of the project evaluation process, identifying data such as names or social security numbers will be **de-linked** from patient-level data collected in relation to the project evaluation, with patients instead identified using a unique identifier to be developed by the Evaluation Coordinator. Tom Waddell and A&PI Wellness will collect separate but parallel sets of client data with only the Evaluation Coordinator and Principal Investigator having access to both sets of information.

The TransAccess project team is strongly committed to cooperating and working in close partnership with the ETAC throughout the proposed SPNS initiative. We understand that this collaboration will include but is not limited to data collection and reporting of outcome, process, and cost data for the multi-site evaluation and additional focused evaluation studies and publication and dissemination efforts of the initiative's findings and lessons learned at the national, state, and local levels. Our proposed Evaluation Coordinator, Sapna Mysoor, has experience in data collection and evaluation design, while Dr. Royce Lin has had experience in writing and publishing study findings in peer reviewed journals. The TransAccess Project Management Team will play a key role in disseminating project findings to local communities, national conferences, and to policy makers, using the resources of the San Francisco Department of Public Health and TransAccess leadership staff.

▪ ORGANIZATIONAL INFORMATION

Participating Agency Qualifications and Cultural Competency: The proposed grantee agency for the TransAccess SPNS initiative will be the **San Francisco Department of Public Health**, whose mission is to protect and improve the health and quality of life for all San Franciscans. As one of the nation's largest public health agencies, the Department successfully oversees hundreds of contracts to ensure the delivery of high-quality, culturally and linguistically competent care to a wide range of impoverished, underserved, and high need populations. The Department's HIV Health Services unit, for example - a unit that is overseen by our proposed Project Administrator, Bill Blum - manages over **70** HIV medical and social service contracts through an annual total of $20.4 million in Ryan White Part A funding, $3.2 million in Part B funding, $634,000 in Minority AIDS Initiative funding, and $704,000 in San Francisco General Fund support.

Direct medical and clinical services through the TransAccess initiative will be provided through the Department's **Tom Waddell Health Center,** an FQHC-qualified, neighborhood-based facility that provides care to the most highly disadvantaged populations in the Tenderloin neighborhood of San Francisco. Founded in the late 1980s, the Center grew out of the community health movement, and was designed to address needs specific to the hard-hit neighborhood in which it was intentionally based. The mission of the Center is to provide comprehensive health care for homeless people and for other severely underserved individuals in the community. Both the Health Center and the Department of Public Health utilize a **harm reduction** philosophy of care whose aim is to optimize patient health and functioning while assisting them to reduce harm in their daily lives. Health care at the Center is delivered through a **comprehensive, multidisciplinary team.** The Center ensures that at least **three** dedicated clinicians are on site during all office hours, including a Physician, a Physician Assistant, and a Nurse Practitioner. The Center is also staffed by a dedicated transgender Clinic Charge Nurse, **two** Medical Social Workers, a full team of Registered Nurses, and a full team of additional support staff, including MEAs, phlebotomists, registration staff, etc. Languages spoken by clinic staff include English, Spanish, Korean, and Italian, with other language interpreters available by phone through the Health Department's citywide interpretations service.

The Center has a specialty in providing **health care for the homeless**, operating the city's only **Housing and Urban Health Clinic**. The Housing and Urban Health clinic provides care to nearly **9,000** residents of supportive housing in San Francisco per year, nearly all of them individuals coping with mental health diagnoses and substance abuse issues. Services provided through the Clinic include primary linked medical and psychiatric care; substance abuse counseling and detox referral; HIV and STD screening and treatment; health education; GYN services; medication adherence; and phlebotomy. The Housing Clinic also incorporates **Action Point**, an HIV medication adherence initiative that also assesses and addresses housing retention and related areas.

As noted above, Tom Waddell Clinic also founded in 1994 the nation's first transgender-specific medical clinic program. Called **Transgender Tuesdays**, the program was initiated in response to local neighborhood demand at the clinic, accompanied by the concurrent urging of several allied community organizations and local transgender activists. Since its founding the clinic has provided services to well over **1,500** patients, and has over **400** active transgender clients at any one time. The clinic provides services on a weekday evening to make them most accessible to local transgender populations, and offers a fully capacitated multidisciplinary

clinical team to meet each client's needs. In addition to basic medical care with an HIV specialty, the clinic provides access to **free, physician supervised hormone therapy**, an approach that not only serves as an incentive to care but that reduces the rate of utilization of injection based body shaping treatments. All prospective patients meet with the clinic's **Nurse Team Leader** who assesses health needs, identifies high risk patients, and orients and educates patients regarding clinic services. San Francisco residents are seen regardless of ability to pay and are placed on low fee or free care if they meet poverty guidelines, as most do. In addition to comprehensive medical care and care coordination, Transgender Tuesdays offers access to off-hour urgent care services; acupuncture; massage therapy; an on-site transgender library; and an ongoing peer support group with supervision by a social worker.

Asian & Pacific Islander Wellness Center, our project's non-profit community partner, was also founded in the late 1980s, specifically as a grassroots response to the crisis of HIV/AIDS in the Asian / Pacific Islander community. The agency has since evolved to become a multi-cultural health services, prevention education, research, and public policy and advocacy organization with decades of experience serving communities of color and transgender persons. Services in San Francisco include a free medical clinic, HIV care, HIV/STD and hepatitis B/C testing, health education, and health promotion events. APIWC also builds HIV prevention capacity in organizations and communities of color through capacity building trainings and technical assistance.

The agency features a robust Health Services program and a vital Community Development and External Affairs program. The agency's Health Services program includes:

- Health Education programming, including HIV and hepatitis prevention and testing for queer or questioning youth, gay and bisexual men, and transgender persons.
- TRANS:THRIVE, a program for transgender individuals that offers drop-in services, educational workshops, social groups, case management, HIV education and testing, STD screening, substance abuse and mental health counseling, and employment skills development for transgender persons of color.
- The HIV Care program, which provides case management, mental health and substance abuse counseling, on-site primary medical and psychiatric care, and other services for persons living with HIV, and serves as the sole HIV care provider in the Tenderloin district of San Francisco.
- A newly opened Wellness Clinic providing free primary medical care to low-income, uninsured A&PIs and the LGBTQ community. The Wellness Clinic is a major addition to the on-site primary medical care services that have been provided to HIV-positive individuals at the site, representing an expansion into preventive care to HIV-negative individuals.

Meanwhile, the agency's Community Development and External Affairs program includes:

- Technical assistance to build HIV prevention capacity in organizations and communities throughout the United States and its Pacific Territories; conduct community-based research; and train non-medical service providers throughout California in HIV treatment, funded for the past decade through The California Department of Health Services, Office of AIDS Statewide Training and Education Program (CSTEP).
- A Social Marketing program that fights HIV-related stigma in A&PI communities through health promotion and advertising campaigns, including leading the nationally-endorsed A&PI HIV/AIDS Awareness Day held annually on May 19.
- A Public Policy and Advocacy program that works to increase access to care for A&PIs, especially high-risk A&PIs and those living with HIV, with a focus on health care reform,

immigration, funding for HIV prevention and care, and the Obama Administration's new National HIV/AIDS Strategy.

Management Information Systems Description: The technology resources at A&PI Wellness Center consist of: 40+ Dell or Lenovo desktop workstations in our main office;12 IBM ThinkPad laptops for designated staff; and 3 IBM ThinkPad laptops for general staff use. Computers at the agency's main Tenderloin office are connected by a Cisco server/client Fast Ethernet network, and internet access is provided via AT&T DSL and Comcast Cable Internet. All internet access points are secure and firewall-protected. For secure data storage and access, the agency utilizes 1 Windows Small Business Server 2003, 2 terminal servers, 1 virtualized server (XenSource), and 1 network attached storage. A&PI Wellness Center currently utilizes 5 copier/printers (Xerox and Canon brands), and 7 printers (Dell and Samsung brands). All staff are equipped with ergonomic work stations and IT support.

Meanwhile, at Tom Waddell Health Center all electronic medical information - including labs, imaging, and patient demographic information - sites behind secure servers and multiple layers of firewall and password protection. The security level is extremely high. Tom Waddell uses exam-room PC computers, and all individual exam rooms have computers that allow providers to look up labs, order prescriptions, secure e-fax to local pharmacies, etc. Individual providers may also have separate work stations in their offices. At the present time, HIV-specific patient data is stored in the **ARIES** database. However, Tom Waddell is in process of converting to a full electronic medical record as part of a Department of Public Health roll-out of a new citywide **patient registry system**, expected to be completed in 2013. At the present time, encounters and medical documentation continue to be stored in paper charts while all labs, imaging (ie x-rays), medications, vital signs, demographics etc are electronic and part of the DPH's LCR system

Cultural Competency Capabilities: Both Tom Waddell Health Center and Asian & Pacific Islander Wellness Services are recognized experts and national leaders in the provision of culturally competent health services to transgender women of color living with and at risk for HIV. As noted in the application narrative, Tom Waddell Health Center founded the nation's first transgender-specific medical clinic in 1994, while the TRANS:THRIVE program at A&PI Wellness is the nation's largest social service and support program for transgender individuals. Together, these two agencies are uniquely positioned to provide thorough and comprehensive training to staff hired under through the proposal program, including using the widely recognized cultural competency training programs provided through A&PI Wellness Center's **California Statewide Training & Education Program (CSTEP)** - a program that sets the standard in HIV treatment and public benefits education for providers. At the same time, because both Tom Waddell and A&PI Wellness staff already have a long history of providing clinical and social support services to transgender populations and have established strong bonds of trust with transgender communities, our project has an immense "head start" in regard to our ability to deliver sensitive, respectful, welcoming, and responsive care to our target population.

Perhaps most significant in regard to the SPNS project is the fact that our program will directly hire transgender women to occupy the majority of project staff positions. This approach is critical for an initiative that aims to overcome transgender resistance to care entry. Transgender women to be employed through TransAccess include the Project Director, Case Manager, and both Transgender Outreach Workers / Navigators, along with the program's

Transgender Leadership Team. At least one of the Transgender Outreach Workers will be a Latina transgender woman who is bilingual in English and Spanish. These individuals will in turn provide ongoing orientation, guidance, and assistance to other project staff in reaching, serving, and being sensitive to transgender populations, including in the context of staff and Management Team meetings and retreats.

ENDNOTES

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1. DATE ISSUED: 08/28/2012	2. PROGRAM CFDA: 93.928	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 1 H97HA24957-01-00	4b. GRANT NO.: H97HA24957	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 09/01/2012 THROUGH: 08/31/2017		
7. BUDGET PERIOD: FROM: 09/01/2012 THROUGH: 08/31/2013		

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Public Health Service Act, Title XXVI, Section 2618a
Section 2691 of the Public Health Service (PHS) Act, (42 U.S.C. 390ff-101)
Section 2691 of the Public Health Service Act, 42 U.S.C. § 300ff-101
Public Health Service Act, Section 2691 (42 USC 300ff-101), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)
Public Health Service Act, Section 2691 (42 USC 300ff-101), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)
Public Health Service Act, Title XXVI, Section 2691 (42 U.S.C. 300ff-101), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)

8. TITLE OF PROJECT (OR PROGRAM): Special Projects of National Significance

9. GRANTEE NAME AND ADDRESS:
CITY & COUNTY OF SAN FRANCISCO
25 Van Ness Avenue
San Francisco, CA 94102-6056
DUNS NUMBER:
103717336

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Bill Blum
CITY & COUNTY OF SAN FRANCISCO
25 Van Ness Avenue
San Francisco, CA 94102-6012

11.APPROVED BUDGET:(Excludes Direct Assistance)
[X] Grant Funds Only
[ ] Total project costs including grant funds and all other financial participation

a. Salaries and Wages :	$73,850.00
b. Fringe Benefits :	$22,155.00
c. Total Personnel Costs :	$96,005.00
d. Consultant Costs :	$0.00
e. Equipment :	$0.00
f. Supplies :	$0.00
g. Travel :	$4,000.00
h. Construction/Alteration and Renovation :	$0.00
i. Other :	$15,000.00
j. Consortium/Contractual Costs :	$184,995.00
k. Trainee Related Expenses :	$0.00
l. Trainee Stipends :	$0.00
m. Trainee Tuition and Fees :	$0.00
n. Trainee Travel :	$0.00
o. TOTAL DIRECT COSTS :	$300,000.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	$0.00
q. TOTAL APPROVED BUDGET :	$300,000.00
i. Less Non-Federal Share:	$0.00
ii. Federal Share:	$300,000.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	**$300,000.00**
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	$0.00
ii. Offset	$0.00
c. Unawarded Balance of Current Year's Funds	$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$300,000.00**

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
02	$300,000.00
03	$300,000.00
04	$300,000.00
05	$300,000.00

14. APPROVED DIRECT ASSISTANCE BUDGET:(in lieu of cash)

a. Amount of Direct Assistance	$0.00
b. Less Unawarded Balance of Current Year's Funds	$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$0.00**

15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A]
Estimated Program Income: $0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached [X]Yes [ ]No)

Electronically signed by Brad Barney , Grants Management Officer on : 08/28/2012

17. OBJ. CLASS: 41.45	18. CRS-EIN: 1946000417B2	19. FUTURE RECOMMENDED FUNDING: $0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
12 - 3777200	93.928	H97HA24957A0	$300,000.00	$0.00		N/A

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants.hrsa.gov/webexternal/login.asp to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Condition(s)

1. **Due Date: Within 30 Days of Project End Date**

   In consultation with Project Officer, submit a revised logic model that clearly demonstrates short-term, intermediate, and long-term outcomes.

2. **Due Date: Within 30 Days of Award Issue Date**

   In consultation with Project Officer, prepare statement of clarification on the logistics of having the Team travel together to deliver care in the outreach setting; even though only a .20 full-time (FTE) of a nurse is requested.

   Clarify the role of the Project Director and rationale for identifying a member of the subcontractor's staff to have responsibility for the day-to-day oversight, supervision, and coordination of the HOME Project as well as serve as day-to-day project contact with HRSA SPNS staff. As presented, it is not clear how effective this will be given that the Principle Investigator is listed as in-kind and the grantee of record is responsible for reporting to HRSA and ensuring HRSA requirements are met.

   Clarify the rationale for identifying one FTE serve as the Project Director, Evaluation Coordinator and Medical Social Worker. Specifically, how will these distinct functions occur in an efficient and effective manner to ensure the goals and objectives of the program are met.

3. **Due Date: Within 30 Days of Budget Start Date**

   Submit a revised Work Plan that clearly identifies the staff responsible for each action item. Include action items or activities related to the required multi-site evaluation activities, including submission of instruments for Institutional Review Board for approval and the reporting of data to the Evaluation and Technical Assistance Center.

Grant Specific Term(s)

1. 1. Acceptance of this award indicates a grantee's agreement to participate in all aspects of the multi-site evaluation and communicate with the Evaluation and Technical Assistance Center (ETAC). Grantees must comply with requests for data and information in accordance with specified timelines of the ETAC. Required multi-site evaluation activities includes but are not limited to:

   a. Attending two HRSA grantee meetings per year. Travel to attend HRSA grantee meetings is limited to no more than three staff participants.
   b. Reporting of core measures to be specified by the ETAC.
   c. Cooperating with the ETAC to conduct focused evaluation studies of interest to the initiative, such as exploring case studies, cost analysis (including cost-effectiveness, if feasible), impact and/or policy issues pertaining to the goals and objectives of the specific Initiative.

   2. Demonstration sites must obtain and submit documentation of local Institutional Review Board (IRB) approval on all evaluation and data collection instruments for both local and multisite activities. Upon expiration, submit documentation from the appropriate IRB, which indicate the project has undergone an annual review and complies with all IRB requirements.

   3. Travel to attend national conferences for the purposes of disseminating Special Projects of National Significance (SPNS) findings is limited to only two such conferences per year and the grantee must be a presenter addressing SPNS supported activities. Any such conferences being supported with SPNS funding will be limited to no more than two staff participants.

   4. Grantees are required to have a Program Director/Principal Investigator (PD/PI) in place within 3 months of the budget period start date. The grantee is required to notify the OPDIV in writing if the PD/PI:

a. is not in place within the required 3 months
b. withdraws from the project entirely
c. is absent from the project during any continuous period of 3 months or more
d. reduces time devoted to the project
The requirement to obtain OPDIV prior approval for such change in status pertains to the PD/PI and those key personnel named in the award notice regardless of whether the grantees organization designates others for its own purposes. If the arrangements proposed by the grantee, including the qualifications of any proposed replacement are not acceptable to the OPDIV, the grant may be suspended or terminated. If the grantee wants to terminate the project because it cannot make suitable alternate arrangements, it must notify the OPDIV in writing of its wish to terminate, and the OPDIV will forward closeout instructions.

5. Grantee must allocate funds to attend the Ryan White Program's All Grantee Meeting held every 2 years. The next meeting will be held in November 2012 in Washington, DC.

6. Funds under this award may not be used for the following purposes:
a. To directly provide health care or testing services that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, other Ryan White Program funding including ADAP);
b. With the exception of testing services allowable under program requirements established in the funding opportunity announcement, to directly provide health care services that duplicate existing services;
c. Purchase, construction of new facilities or capital improvements to existing facilities;
d. Purchase or improvement to land;
e. Purchase vehicles;
f. Fundraising expenses;
g. Lobbying activities and expenses;
h. Reimbursement of pre-award costs;
i. International travel; and/or
j. Cash payments to intended service recipients, as opposed to various non-cash incentives to encourage participation in evaluation activities.

2. Requirements for CCR: Unless your entity is exempt from this requirement under 2 CFR 25.110, it is incumbent upon you, as the recipient, to maintain the accuracy/currency of your information in the CCR until the end of the project. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information or another award term. Requirements for DUNS numbers: If you are authorized to make subawards under this award, you : - Must notify potential subrecipients that no entity may receive a subaward from you unless the entity has provided its DUNS number to you. - May not make a subaward to an entity unless the entity has provided its DUNS number to you.
3. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of $25,000 or more in Federal funds and executive total compensation as outlined in Appendix A to 2 CFR Part 170 (http://www.hrsa.gov/grants/ffata.html). Subawards to individuals are exempt from these requirements.

Standard Term(s)

1. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at ftp://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
2. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
3. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return

for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item.....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than $25,000 or imprisoned for not more than five years, or both.

4. Items that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 92.30 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.
   In addition to the prior approval requirements identified in Part 74.25, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds $100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or $250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is $200,000, if the total approved budget is $300,000, cumulative changes within that budget period exceeding $75,000 would require prior approval). For recipients subject to 45 CFR Part 92, this requirement is in lieu of that in 45 CFR 92.30(c)(1)(ii) which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding $25,000 (if not included in the approved application) or other prior approval action identified in Parts 74.25 and 92.30 unless HRSA has specifically exempted the grantee from the requirement(s).]
5. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at www.DPM.PSC.GOV.
6. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
7. Submit audits, if required, in accordance with OMB Circular A-133, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800)253-0696 toll free http://harvester.census.gov/sac/facconta.htm
8. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at http://www.hhs.gov/ocr/lep/revisedlep.html.
9. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000,as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.htm. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
10. The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. HRSA funds may not be used to pay the salary of an individual at a rate in excess of $179,700 (the Executive Level II salary of the Federal Executive Pay scale). This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts for substantive work under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with institutional policy. **Your award amount will not necessarily be recalculated to adjust for necessary reductions in salaries included in your proposal. However, none of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the salary limitation.** [It is important to note that an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.]
11. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see http://www.hhs.gov/ocr/civilrights/understanding/index.html. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see

http://www.hhs.gov/ocr/civilrights/resources/laws/revisediep.html to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

12. It is incumbent you, as the recipient, to maintain the accuracy/currency of your information in the Central Contractor Registration (CCR) at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. According to the CCR Website, it can take 24 hours or more for updates to take effect. Recipients may view the CCR Registration Status by visiting https://www.bpn.gov/CCRSearch/Search.aspx and searching by their organization's DUNS. The CCR website provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

    Important Notice: The General Services Administration will be moving CCR to the System for Award Management (SAM) at the end of July 2012. HRSA strongly recommends that all recipients (and subrecipients) visit CCR prior to this change to verify the status of their accounts. To learn more about the switch from CCR to SAM, you can get more information at https://www.bpn.gov/ccr/NewsDetail.aspx?id=2012&type=N. To learn more about SAM, visit SAM.gov.

Reporting Requirement(s)

1. **Due Date: Within 90 Days of Project End Date**
   A final report is due within 90 days after the project period ends. Further information on specific content will be provided post-award.

2. **Due Date: 03/15/2013**
   Grantees are required to submit semi-annual progress reports at the time and in the format specified by the HRSA SPNS program.

3. **Due Date: 01/30/2014**
   The grantee must submit a Federal Financial Report (FFR) no later than January 30, 2014. The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs).

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Bill Blum	Program Director	bill.blum@sfdph.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Pamela Belton at:
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Division of Grants Management Operations:

For assistance on grant administration issues, please contact Potie Pettway at:
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Print Form

Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

☑ 1. For reference to Committee:
An ordinance, resolution, motion, or charter amendment.

☐ 2. Request for next printed agenda without reference to Committee.

☐ 3. Request for hearing on a subject matter at Committee:

☐ 4. Request for letter beginning "Supervisor inquires"

☐ 5. City Attorney request.

☐ 6. Call File No. from Committee.

☐ 7. Budget Analyst request (attach written motion).

☐ 8. Substitute Legislation File No.

☐ 9. Request for Closed Session (attach written motion).

☐ 10. Board to Sit as A Committee of the Whole.

☐ 11. Question(s) submitted for Mayoral Appearance before the BOS on

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

☐ Small Business Commission ☐ Youth Commission ☐ Ethics Commission

☐ Planning Commission ☐ Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a different form.

Sponsor(s):

Supervisor Wiener

Subject:

Accept and Expend Grant – Enhancing Engagement and Retention in Quality HIV Care - $300,000

The text is listed below or attached:

Resolution authorizing the San Francisco Department of Public Health to accept and expend retroactively a grant in the amount of $300,000 from the Health Resources and Services Administration to participate in a program entitled "Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color – Demonstration Sites" for the period of September 1, 2012, through August 31, 2013, waiving indirect costs.

Signature of Sponsoring Supervisor:

For Clerk's Use Only:

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