

## PROGRESS REPORT (Project Narrative)

**Directions:** Please answer the following questions for your Interim Progress Report (IPR). Attach the Project Narrative to the application through the “Mandatory Documents” section of the “Submit Application Page” on [www.Grants.gov](http://www.Grants.gov). Select “Project Narrative Attachment Form” and attach the document as a PDF file.

The Interim Progress Report requires the grantee to report on progress made during the current reporting period, **January 1, 2014 – June 30, 2014** and to report on proposed programmatic activity for the new budget period (Year 4) **January 1, 2015 – December 31, 2015**. *Unless otherwise noted, responses to the questions in this guidance should accurately reflect program activities conducted during the reporting period of January 1, 2014 – June 30, 2014.*

The following questions are core questions to be used for programmatic and data reporting (these standard questions will be included in EvaluationWeb®). *Please note that most templates will be automatically populated in EvaluationWeb®.*

### **SECTION I: CATEGORY A: Required Core HIV Prevention Program**

All four required core components should be implemented during this reporting period.

- HIV Testing
- Comprehensive Prevention with Positives
- Condom Distribution
- Policy Initiatives

*Please provide responses to the following questions for the required core components for Category A. Responses to questions should include all four required components.*

1. Have you made any **substantial changes** to your HIV prevention program for the four required core components funded under Category A (HIV Testing; Comprehensive Prevention with Positives; Condom Distribution; and Policy Initiatives) during the reporting period? If yes, please describe the changes made and specify the program component.
  - In keeping with the objective to reduce the percent of San Franciscans with unknown HIV infection to less than 5% by 2016, and increasing the number of HIV tests to 30,000 by 2017, the San Francisco Department of Public Health (SFDPH) is supporting expanded mobile testing efforts to reach the highest prevalence populations (men who have sex with men [MSM], injection drug users [IDU] and transgender females who have sex with males [TFSM]).

San Francisco committed to maintaining acute testing for MSM, IDU and TFSM after looking at preliminary data of the Screening Targeted Populations to Interrupt On-

going Chains of Transmission with Enhanced Partner Notification (STOP) study. In addition to San Francisco AIDS Foundation (SFAF), Magnet and SFDPH STD Clinics, SFDPH is piloting expanded acute screening in mobile settings with the University of California San Francisco (UCSF) Alliance Health Project (AHP) to reach MSM. AHP is also piloting hepatitis C (HCV) testing and syphilis testing for IDUs and MSM. The intent is not only to increase HCV and syphilis testing, but to also increase testing for HIV, believing that more MSM, IDUs and TFMSM will want testing due to the fact that one can get screened for multiple health issues at once.

SFDPH took the lead and worked closely with the State of California Office of AIDS in updating the HIV/HCV Counselor Certification Training. Staff continue to revise training materials to include Pre-Exposure Prophylaxis (PrEP). The advances on PrEP are happening quickly, along with the community's perspective of this new prevention tool. We are also planning for full implementation of the roll out of the new Determine Antigen /Antibody test.

Acute cases of HIV infection funded by the STOP study accounted for 10% of new infections in San Francisco in non-medical settings funded by HIV prevention in through October 31, 2013. San Francisco has continued its commitment to acute testing since that time and pooled ribonucleic acid (RNA) testing has continued as part of routine services at two high-volume, high prevalence sites (Magnet and City Clinic). From January 1 through June 30, 2014, acute cases have accounted for just over 6% of total positives. San Francisco will pay close attention to any trends in positivity and will develop a new algorithm for detecting acute infection that is grounded in the best evidence available.

**This Substantial Change applies to HIV Testing.**

- San Mateo County experienced a decrease in number of test events for this reporting period. Targeted testing event goals were reduced by 40% from previous years to focus on more intensive efforts to identify MSM--a largely hidden population in San

Mateo County. The efforts to ramp-up targeted testing with MSM populations have improved significantly due to the continued implementation of internet-based outreach strategies utilizing *Grindr* and *Craigslist*.

**This Substantial Change applies to HIV Testing.**

- To increase the percentage of MSM who report getting an HIV test in the last 6 months to 75%, the SFDPH continues its collaborations with local vendors in The Castro neighborhood. In early June 2014, a large “Healthy Penis” window display was constructed at “Great Tan” promoting increased frequency of condom use as well as HIV/STD testing and screening for all MSM in San Francisco. A small flier was also developed explaining the goals of the display. This project is implemented by 12-1201 funded staff.

**This Substantial Change applies to HIV Testing and Condom Distribution.**

- PrEP is quickly changing the HIV prevention landscape. HIV test counselors are finding that clients ask many questions about PrEP. In addressing this changing landscape, PrEP has been added to the HIV counselor training curriculum as have discussions on this topic at our bimonthly HIV test counselor meetings. In addition, there have been multiple community forums about PrEP.

**This Substantial Change applies to HIV Testing and Policy Initiatives**

- Another substantial change is in preparing for the new HIV Antigen /Antibody rapid test called Determine by Alere. Determine still needs to be CLIA (Clinical Laboratory Improvement Amendments) waived, hopefully this will happen sometime in the Fall of 2014. SFDPH staff has met multiple times with the Alere staff and as a result have created a four hour training that will be used to certify all current HIV test counselors. SFDPH shared draft materials with the Alere staff and have received some minor feedback. SFDPH has also shared the materials with the State Office of AIDS and Los Angeles Health Department with the goal of collaborating efforts and sharing

best practices. Staff feel that this new test will allow us to expand our acute screening efforts.

**This Substantial Change applies to HIV Testing.**

- The Community Health Equity and Promotion Branch (CHEP) has integrated and standardized services by increasing collaboration with SFDPH Behavioral Health, a separate section of the Health Department which receives SAMHSA HIV Early Intervention funds to support a variety of community-based programs. A requirement of this SAMHSA “set-aside” funding is to provide HIV prevention within substance use treatment settings and many of these programs provide HIV testing. CHEP staff successfully worked with the program staff within Behavioral Health as well as at the funded agencies to align the goals and objectives in the contracts with San Francisco’s HIV testing efforts and overall San Francisco HIV Prevention Strategy. Behavioral Health has transferred oversight of these programs to CHEP.

The Coordinator of the SAMHSA “set-aside” funding from the Community Health Equity and Promotion Branch left SFDPH during this reporting period (April 2014). Her responsibilities in this area have been divided up and given to two other staff persons in the Branch. During this transition period, some time has been spent addressing the learning curve of the newly assigned staff to this area as they continue to understand the details of the contracts, deliverables, data management systems and reporting requirements. CHEP is currently in the hiring process to fill this position.

**This Substantial Change applies to HIV Testing and Policy Initiatives.**

- In the first six months of 2014, Marin implemented its new strategies to locate men who have sex with men. Through its online outreach program, Marin made 111 contacts which resulted in 63 referrals, 37 follow-up conversations, and 10 health education and risk reduction discussions. In its social networking program, 13 individuals were used as test recruiters. Three high risk individuals came in for testing as a result of their recruitment efforts.

**This Substantial Change applies to HIV Testing.**

- Marin's program decided to incorporate rapid Hepatitis C testing into its testing services. The focus will include individuals who may be more concerned about their Hepatitis C status than their HIV yet share similar risk factors as those interested in HIV tests. Marin developed a quality assurance plan for this new rapid HCV testing technology which was approved by SFDPH personnel. Marin began HCV testing in the second quarter of 2014. Fourteen tests were administered with 1 positive test result. Only three of those tests were HCV only tests indicating that the majority of these individuals were requesting both HIV and HCV tests.

**This Substantial Change applies to HIV Testing.**

- Marin County experiences challenges locating high prevalence populations for HIV testing. As a result, the County made substantial changes in how it locates two of its high prevalence populations for HIV testing - men who have sex with men and injection drug users. After identifying and doing street outreach in a variety of sites to find this population in 2012 and 2013, Marin has decided to scale back somewhat on outreach in community sites and begin outreach to men who have sex with men through social media sites and peer recruiters. Training for these new outreach strategies began at the end of 2013 and were implemented in 2014.

In 2014, Marin plans to get technical assistance from staff at Harm Reduction Services at Glide Memorial Church in San Francisco on how locate and test injection drug users. Also, the program plans to offer rapid HCV tests which have historically been used as an incentive to get injection drug users to also test for HIV.

**This Substantial Change applies to HIV Testing.**

2. Describe the successes experienced with implementing your HIV prevention program for the four required core components funded under Category A (HIV Testing; Comprehensive Prevention with Positives; Condom Distribution; and Policy Initiatives) during the reporting period. Please specify the program component associated with the successes.

- The SFDPH Program Liaisons continue to review monthly HIV testing data (from Evaluation Web) and provide feedback to HIV testing programs as needed. This process is used to review performance and problem-solve reporting inconsistencies. **This Success applies to HIV Testing and Comprehensive Prevention with Positives.**
- UCSF AHP began piloting syphilis and HCV testing. The three month syphilis pilot runs from May 19, 2014 to August 30, 2014 and the six month HCV pilot runs from May through November 2014. During the next reporting period data from each pilot will be shared. **This Success applies to HIV Testing.**
- In April 2014, for STD Awareness Month, five staff promoted the female condom (FC2) at one straight 18 & over club on two separate weekends. Staff conducted presentations utilizing health educational model displays on how to use the FC2 for vaginal and anal sex, and distributed FC2s, lube, glow sticks and gum throughout each club. The promotion was so well received at the 18 & up club, that staff are invited to go back once a month.

SFDPH collaborated with the SF Knockers team, which is a member of the Gay Softball League. The team displays the FC2 logo on their jerseys, which provides free promotion for female condoms every week during four months out of the year.

SFDPH staff conducted routine HIV and STD education workshops. A portion of these presentations were dedicated to FC2 condom familiarization and demonstrations utilizing health education model displays. FC2s were also distributed during the workshops.

**This Success applies to Condom Distribution**

- SFDPH continues to require all SFDPH-funded HIV prevention programs and the Ryan White Centers of Excellence to make condoms available to their program participants; condom distribution is a contractual obligation and target numbers to distribute are negotiated.

**This Success applies to Condom Distribution and Policy Initiatives**

- Staff led the monthly SFDPH Transgender Coordination and Collaboration internal work group with the goal of addressing the transgender HIV prevention, health and systems issues towards increased access to care, culturally competent services, and increased collaboration among transgender programs and services. The group identified several behavioral health priorities for trans people and is working closely with several branches of the health department.

**This Success applies to Policy Initiatives.**

- Staff has provided technical assistance towards the development and revision update of the SFDPH Policy and Procedure on Principles for Collecting, Coding, and Reporting Identity Data, Sex and Gender Guidelines. The adoption of these guidelines by the San Francisco Health Commission will increase the accuracy of data, ability to analyze across programs and improve identification of health issues, priorities and disparities among San Francisco's transgender populations.

**This Success applies to Policy Initiatives.**

- SFDPH staff led the monthly San Francisco Transgender Advisory Group (TAG), a group that advises the Department on policy to improve the health of transgender people in San Francisco. The group is planning for a community engagement event in the Fall of 2014 with several transgender community organizations to provide a community education event on the use and risk of body fillers and silicone injection.

**This Success applies to Policy Initiatives.**

- San Francisco has fully operationalized its Linkage Integration Navigation and Comprehensive Services (LINCS) program to provide services to people testing HIV-positive at community and medical test sites. Services include partner services, linkage-to-care for newly diagnosed positives, and navigation with HIV positive people who are out of care. LINCS services are provided by DPH staff, some of whom are embedded at funded sites. Community-based testing site staff have expressed satisfaction with the process and outcomes of the services LINCS provides. Community norms and acceptability around naming partners is shifting and SFDPH staff members are welcomed. Successful implementation of LINCS is helping San Francisco increase the percentage of newly diagnosed clients who are linked to care and are interviewed for partner services, increase the number of partners testing for HIV, and increase the number of positive people who are engaged in care.

**This Success applies to HIV testing and Comprehensive Prevention with Positives.**

- All HPS-funded providers have protocols in place for ensuring HIV-positive clients are linked to STI screening and treatment.

**This Success applies to Comprehensive Prevention with Positives and Policy.**

- During this reporting period, San Mateo County continued implementation of its internet-based/geo-locating intervention to reach “invisible” populations of men who have sex with men. The strategy has continued to show high rates of acceptability among MSM and has demonstrated effectiveness in reaching MSM in suburban areas where there are no identifiable, physical gay venues. The intervention has attracted significant interest resulting in invitations to present this novel strategy to others for replication. San Mateo County also presented a poster session at the *SexTech 2014* Conference in San Francisco which shared findings from our second phase of implementation. Most notable in the second phase of the project is that San Mateo



County has significantly improved its number of MSM contacts by more than 15 times vs. traditional street outreach only. Additionally, 35% of all contacts who remained engaged received a combination of risk reduction counseling, referrals, testing, and treatment. A total of 113 specimens were screened for HIV/STIs with a 5.3% seropositivity; including chlamydia in multiple sites, syphilis and HIV. All new infections received treatment via field delivered treatment or STD Clinic; and linkage to HIV primary care.

**This Success applies to HIV Testing, Comprehensive Prevention with Positives and Policy Initiatives.**

- Marin County has been successful in locating and testing individuals who did not know their serostatus and/or providing confirmation of HIV positive serostatus and linkage to medical care. The program located and tested two individuals through testing at Marin AIDS Project. After testing, these individuals were connected with medical care in Marin County and attended their first appointments. Both were offered Partner Services.

**This Success applies to HIV testing and Comprehensive Prevention with Positives.**

- Marin County was also successful in developing its media strategy to promote its testing program. Marin worked with the Kaiser Family Foundation to customize promotional materials for the Greater than AIDS campaign for Marin adding the rapid response testing phone number. This campaign was rolled out in March, 2014. Marin also customized the Get Tested campaign which began in June, 2014. Materials were displayed at bus stops and in mall kiosks around the county. Posters were also distributed to businesses and digital versions appeared in Craigslist postings and on Facebook.

**This Success applies to HIV testing and Comprehensive Prevention with Positives.**

3. Describe the **challenges** experienced with implementing your HIV prevention program for the four required core components funded under Category A (HIV Testing; Comprehensive Prevention with Positives; Condom Distribution; and Policy Initiatives) during the reporting period. Please specify the program component associated with the challenges.

- As previously mentioned, San Francisco will likely use the new Alere HIV Determine 4<sup>th</sup> Gen Combo rapid test once it is CLIA waived, however the current “holding pattern” for the waiver is a challenge; it is difficult to project ordering test kits and preparing sites for the technology shift. SFDPH has worked closely with the manufacturer to develop training materials and quality assurance (QA) measures. SFDPH staff are also working closely with the California State Office of AIDS to assure approval of these new materials. One additional challenge is posed by lack of clarity for a window period for Determine and hence the development of a corresponding counseling message. The test manufacturer says the average time from exposure to detection of antigen is 22 days, but provides no time range or window period as with traditional antibody testing. This does not provide sufficient information to tell clients when they should return if there is concern about the test being taken too early for it to detect infection. Guidance around the window period for the Determine test would be helpful.

**This Challenge applies to HIV Testing.**

- AHP had challenges meeting its targets in 2014. SFDPH has worked closely with AHP and continues to work with the agency to assess service delivery levels and contract expectations. The original service delivery target has proven to be beyond the capacity of the agency. SFDPH negotiated with AHP to decrease the target as well as reimbursement beginning 2014. Staff continue to work closely with AHP, and have acknowledged that continued low numbers may result in a reduced target and reduced funding in 2015.

**This Challenge applies to HIV Testing and Comprehensive Prevention with Positives.**

- Both programs funded to address HIV-related health disparities among Latino MSM (Instituto Familiar de la Raza [IFR] and Asamblea Gay Unida Impactando Latinos a Superarse [AGUILAS]) had challenges reaching their contractual goals during 2013. SFDPH has worked closely with AGUILAS and IFR during the first half of 2014 to assess service delivery levels and contract expectations. SFDPH staff has met with AGUILAS and its subcontractor to address challenges meeting HIV testing numbers. AGUILAS has provided SFDPH a corrective plan demonstrating their proposed efforts to reach its HIV testing contractual requirements. To be supportive in AGUILAS' efforts, SFDPH agreed to let the agency test all high prevalence groups in San Francisco (i.e MSM, IDU, TFMSM) and to include all races and ethnicities, rather than limiting them to Latino MSM.

While IFR's HIV testing numbers are on target, data reports show a significant percentage of tests being done among non-MSM, and their testing program is not finding enough new positive cases to reach the contract stipulated positivity rate. IFR and its subcontractor have agreed to work with SFDPH staff to develop a technical assistance plan aimed to increase testing among Latino MSM, and increase their program's positivity rate.

**This Challenge applies to HIV Testing and Comprehensive Prevention with Positives.**

- The SFDPH Population Health Division is one year into its reorganization. HIV prevention efforts and oversight are now shared across multiple branches. Significant effort has been devoted to redesigning workflows and transferring of responsibilities among new Branches and staff. This has resulted in a temporary reduced capacity for program oversight and data management. We anticipate that by 2015, these challenges will be resolved. SFDPH scheduled weekly meetings with program and data staff in order to collaboratively develop shared understandings and solutions as well as to clarify roles.

Several fiscal and administrative challenges diverted Health Department staff and contractor efforts away from program oversight. Due to funding decreases from CDC and backfill from local funds, SFDPH spent significant time on administration and re-budgeting of contracts during the first half of 2014. This included efforts to manage the sequester reductions. HIV service providers have also felt the impact and have been required to revise contracts to reflect the change in funding sources which resulted in time being diverted from programmatic efforts. Funding stabilized in the middle of 2014 (corresponding to the San Francisco fiscal year).

SFDPH and its community partners are preparing for health care reform/Affordable Care Act (ACA). In California, ACA has already affected people living with HIV who had to be transferred to the Low-Income Health Program (LIHP) from Ryan White-funded services. This change inspired effort to create a plan and recommendations which required significant effort and time being directed away from programmatic efforts. In addition, a focus in community education and readiness for ACA has drawn on personnel resources.

Contracts between SFDPH and community-based agencies are formally monitored after a full year of service; this monitoring process is performed by a different section of the Health Department, the Business Office of Contract Compliance (BOCC). This was the first monitoring period where full year contracts were monitored under this structure and extra time and effort was spent on educating BOCC colleagues and funded contractors, as well as time spent participating in the monitoring. Subsequent to the monitoring, it was necessary to have meetings between the service providers and BOCC to review the processes, and clarify expectations.

**This Challenge applies to HIV Testing, Comprehensive Prevention with Positives and Condom Distribution.**

- As already noted, in Marin County, it has been challenging to locate and test men who have sex with men. There has been staff turnover at the County's community

partner, the Marin AIDS Project. Marin AIDS Project lost an outreach worker but a new one was hired in June. This new outreach worker is an African American MSM that will do outreach in Marin's hardest to reach community in Marin City. Another challenge has been the difficulty of scheduling time to do online outreach. The program will add another mobile phone so that additional staff can perform this activity. Finally, the social networking program has been off to a slow start in terms of how many referrals have come in for HIV testing.

**This Challenge applies to HIV testing.**

4. Describe any **anticipated changes** to your HIV prevention program for the four required core components funded under Category A (HIV Testing; Comprehensive Prevention with Positives; Condom Distribution; and Policy Initiatives) for Year 4 (including proposed changes in venues, contracts, target populations, testing technologies or algorithms, objectives, staffing/personnel, funding resources, etc.). Please specify the program component associated with the anticipated change(s).

- SFDPH will engage in conversations with local businesses to explore their willingness in participating in the Condom Access project as an effort to increase the availability of free condoms to San Francisco residents.

**This Anticipated Change applies to Condom Distribution**

- PrEP is changing the discussions of condom use; community members have experienced and shared with SFDPH that the notion "condom shame" once connoted discomfort purchasing condoms because it implied sex; now it brings up stigma using condoms in the advent of PrEP.

**This Anticipated Change applies to Condom Distribution**

- In 2013 and 2014, the leadership from the HIV Prevention Planning Council (HPPC) and HIV Health Services Planning Council (HHSPC) have been holding monthly meetings with the goal of identifying steps in collaboration. The plan is for the councils to convene a transition team in January 2015 to plan for a merged

council. Release of CDC and HRSA integrated community planning guidance in the spring of 2015 will affect the collaboration between the HPPC and the HHSPC.

**This Anticipated Change applies to Policy Initiatives**

**HIV Testing and Comprehensive Prevention with Positives**

*Please review the national performance standards specified in the FOA for Category A.*

1. Provide the following information for HIV testing in both healthcare and non-healthcare settings for the reporting period. **See Appendix A: Tables A-1 and A-2 for sample templates and Appendix C.**

**HIV Testing in Healthcare and Non-Healthcare Settings**

**A. Newly diagnosed positive HIV test events**

- i. Number of test events
- ii. Number of newly diagnosed positive test events
- iii. Number of newly diagnosed positive test events with client linked to HIV medical care
- iv. Number of newly diagnosed confirmed positive test events
- v. Number of newly diagnosed confirmed positive test events with client interviewed for Partner Services
- vi. Number of newly diagnosed confirmed positive test events with client referred to prevention services

**B. Previously diagnosed positive HIV test events**

- i. Number of test events
- ii. Number of previously diagnosed positive test events
- iii. Number of previously diagnosed positive test events with client re-engaged in HIV medical care
- iv. Number of previously diagnosed confirmed positive test events
- v. Number of previously diagnosed confirmed positive test events with client interviewed for Partner Services
- vi. Number of previously diagnosed confirmed positive test events with client referred to prevention services

2. Provide information on the healthcare and non-healthcare site types (venues) where HIV testing was conducted during the reporting period (e.g., mobile unit, bars, agency, etc.). **See Appendix A: Table A-3 for sample template.**
3. Describe the populations reached in healthcare and non-healthcare settings through HIV testing during this reporting period (e.g., gender, race/ethnicity, MSM, IDU, high-risk heterosexual, MSM/IDU, etc.). **See Appendix A: Table A-4 for sample template.**

4. If applicable, provide information on indirect tests during the reporting period. *Indirect tests are not paid for by the health department but can be included here as a result of the health department having provided training or technical assistance on routine HIV testing to a clinic, hospital, or other health care facility.* See Appendix A: Table A-5 for sample template.
5. If applicable, provide the following information for HIV-positive individuals. See Appendix A: Table A-6 for sample template.
  - a. Targeted HIV-positive populations for evidence-based interventions (e.g., MSM, IDU, transgender)
  - b. Total number of HIV-positive persons enrolled in:
    - i. Behavioral Risk Screening
    - ii. Individual- and Group-level Evidence-based Interventions
    - iii. Community-level Evidence-based Interventions
    - iv. Other Locally Developed Programs (specify)

#### Condom Distribution

1. Provide the total number of condoms distributed overall (to HIV-positive individuals and high-risk HIV-negative individuals) during this reporting period.

Total # of condoms distributed in the San Francisco jurisdiction from January 1 – June 30, 2014 = 776,361

Note: The jurisdiction is unable to extract numbers of condoms distributed to individuals based on HIV risk category or funding source.

#### Policy Initiatives

1. What policy initiatives did you focus on during this reporting period? Please indicate the type/level of intended impact for each policy initiative (e.g., change on a local level, health department level, or statewide/legislative level) as well as the stage of the policy process (e.g., identification, development, implementation, evaluation). If no policy initiative was focused on during this reporting period, please explain.
  - SFDPH has completed analysis of information gathered from meetings with HIV primary care providers (PCPs) in different care settings, to assess barriers to initiating early treatment. The findings will be submitted for a presentation/poster at upcoming conferences, and the SFDPH Clinical Prevention Specialist who works within the Disease Prevention and Control Branch of the Population Health Division will use the

information to craft a strategy for increasing uptake of the early treatment guidelines within SFDPH and outside providers. Local. Stage: Complete

- In March of 2013, two syringe disposal boxes were placed in an area in San Francisco frequented by injection drug users in order to provide 24-hour access to safe syringe disposal. Since the disposal boxes have been placed there have been no discarded syringes found in the area. Two additional locations are identified for piloting disposal boxes in March of 2014. These two boxes were placed July 20, 2014 and will be updated on during the next reporting period. Impact: Local. Stage: Implementation
- SFDPH Jail Health Services HIV prevention staff worked to incorporate overdose and hepatitis C prevention activities, including making available naloxone kits to prisoners upon release from the San Francisco County Jail. A pilot project began in March 2013, in which SFDPH Jail Health Services HIV Services staff working in the San Francisco County Jails provide overdose prevention education to prisoners and dispense overdose prevention kits that contain a naloxone nasal spray. The overdose prevention kits are placed in the prisoner's property once they have completed the training with HIV Services staff, so they are in possession of a naloxone kit when released from jail. HIV Services staff provides overdose prevention education in conjunction with HIV, STD and viral hepatitis education and linkage to HIV, STD and hepatitis B and C testing. Impact: Local Stage: Evaluation

**CATEGORY A: Recommended Components**

Please indicate which recommended components were implemented during this reporting period. *If none, please indicate none and go to the required activities section.*

- Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals
- Social Marketing, Media and Mobilization
- PrEP and nPEP
- None



*Please provide responses to the following questions for the recommended components for Category A, if implemented. Responses to questions should cover all three recommended components.*

1. Have you made any **substantial changes** to your HIV prevention program for the recommended components funded under Category A (Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals; Social Marketing, Media, and Mobilization; and PrEP and nPEP) during the reporting period? If yes, please describe the changes made and specify the program component.
  - To increase the percentage of MSM who report getting an HIV test in the last 6 months to 75%, the SFDPH continues its collaborations with local vendors in The Castro neighborhood. In early June 2014, a large “Healthy Penis” window display was constructed at “Great Tan” promoting increased frequency of condom use as well as HIV/STD testing and screening for all MSM in San Francisco. A small flier was also developed explaining the goals of the display. This project is implemented by 12-1201 funded staff.

**This Substantial Change applies to Social Marketing, Media and Mobilization.**

2. Describe the **successes** experienced with implementing your HIV prevention program for the recommended components funded under Category A (Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals; Social Marketing, Media, and Mobilization; and PrEP and nPEP) during the reporting period? Please specify the program component associated with the successes.

- The Community Health Equity & Promotion (CHEP) branch continued its partnership with Kaiser Family Foundation to bring the “Greater Than AIDS” campaign to San Francisco and tailor it toward our local needs. The “Speak Out” campaign billboard was successfully completed and it will be utilized in the community education awareness phase in the Fall of 2014. For Pride month (June 2014), the “I Got Tested” campaign was utilized in a billboard format to raise awareness of getting tested. This was also placed on public transit in areas of the city where the highest prevalence population reside and/or socialize.

**This Success applies to Social Marketing, Media and Mobilization.**

- Marin County made progress in a Marin-specific communications plan during this reporting period. Collaborations were developed with the Greater than AIDS campaign to augment planned outdoor placement activities for 2014. The testing program promotional activities took place in March and June, 2014. Marin also used paid Facebook ads to increase testing for populations most at risk for HIV.

**This Success applies to Social Marketing, Media and Mobilization.**

3. Describe the **challenges** experienced with implementing your HIV prevention program for the recommended components funded under Category A (Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals; Social Marketing, Media, and Mobilization; and PrEP and nPEP) during the reporting period? Please specify the program component associated with the challenges.

- Contracts between SFDPH and community-based agencies are formally monitored after a full year of service; this monitoring process is performed by a different section of the Health Department, the Business Office of Contract Compliance (BOCC). This was the first monitoring period where full year contracts were monitored under this structure and extra time and effort was spent on educating BOCC colleagues and funded contractors, as well as time spent participating in the monitoring. Subsequent to the monitoring, it was necessary to have meetings between the service providers and BOCC to review the processes, and clarify expectations.

**This Challenge applies to Evidenced-based HIV Prevention Interventions for High-Risk Negative Individuals.**

4. Describe any **anticipated changes** to your HIV prevention program for the recommended components funded under Category A (Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals; Social Marketing, Media, and Mobilization; and PrEP and nPEP) for Year 4 (including proposed changes in venues, contracts, target populations, interventions, objectives, staffing/personnel, funding resources, etc.). Please specify the program component associated with the anticipated changes.

Implementing PrEP in San Francisco will be an important effort in 2014 and beyond.

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AOR name: Sajid Shaikh

Application Name: San Francisco Department of Public Health

Opportunity Number: CDC-RFA-PS12-120104CONT15

Opportunity Name: Comprehensive HIV Prevention Programs for Health Departments

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DUNS Number: 103717336

AOR name: Sajid Shaikh

Application Name: San Francisco Department of Public Health

Opportunity Number: CDC-RFA-PS12-120104CONT15

Opportunity Name: Comprehensive HIV Prevention Programs for Health Departments

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## Confirmation

Thank you for submitting your grant application package via Grants.gov. Your application is currently being processed by the Grants.gov system. Once your submission has been processed, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system, and the second will indicate that the application has either been successfully validated by the system prior to transmission to the grantor agency or has been rejected due to errors.

Please do not hit the back button on your browser.

If your application is successfully validated and subsequently retrieved by the grantor agency from the Grants.gov system, you will receive an additional email. This email may be delivered several days or weeks from the date of submission, depending on when the grantor agency retrieves it.

You may also monitor the processing status of your submission within the Grants.gov system by clicking on the "Track My Application" link listed at the end of this form.

Note: Once the grantor agency has retrieved your application from Grants.gov, you will need to contact them directly for any subsequent status updates. Grants.gov does not participate in making any award decisions.

**IMPORTANT NOTICE:** If you do not receive a receipt confirmation and either a validation confirmation or a rejection email message within 48 hours, please contact us. The Grants.gov Contact Center can be reached by email at [support@grants.gov](mailto:support@grants.gov), or by telephone at 1-800-518-4726. Always include your Grants.gov tracking number in all correspondence. The tracking numbers issued by Grants.gov look like GRANTXXXXXXXXXX.

If you have questions please contact the Grants.gov Contact Center: [support@grants.gov](mailto:support@grants.gov)  
1-800-518-4726 24 hours a day, 7 days a week. Closed on federal holidays.

The following application tracking information was generated by the system:

<b>Grants.gov Tracking Number:</b>	GRANT11738627
<b>Applicant DUNS:</b>	10-371-7336
<b>Submitter's Name:</b>	Sajid Shaikh
<b>CFDA Number:</b>	93.940
<b>CFDA Description:</b>	HIV Prevention Activities_Health Department Based
<b>Funding Opportunity Number:</b>	CDC-RFA-PS12-120104CONT15
<b>Funding Opportunity Description:</b>	Comprehensive HIV Prevention Programs for Health Dep
<b>Agency Name:</b>	Centers for Disease Control and Prevention
<b>Application Name of this Submission:</b>	San Francisco Department of Public Health
<b>Date/Time of Receipt:</b>	2014.09.12 7:30 PM, EDT

TRACK MY APPLICATION – To check the status of this application, please click the link below:

[http://www.grants.gov/web/grants/applicants/track-my-application.html?tracking\\_num=GRANT](http://www.grants.gov/web/grants/applicants/track-my-application.html?tracking_num=GRANT)

It is suggested you Save and/or Print this response for your records.

**APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational**

**\* 1. NAME OF FEDERAL AGENCY:**

Centers for Disease Control and Prevention

**2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

93.940

**CFDA TITLE:**

HIV Prevention Activities Health Department Based

**\* 3. DATE RECEIVED:**

Completed Upon Submission to Grants.gov

**SYSTEM USE ONLY**

**\* 4. FUNDING OPPORTUNITY NUMBER:**

CDC-RFA-PS12-120104CONT15

**\* TITLE:**

Comprehensive HIV Prevention Programs for Health Departments

**5. APPLICANT INFORMATION**

**\* a. Legal Name:**

San Francisco Department of Public Health, Grant#5U62PS00368

**b. Address:**

**\* Street1:**

25 Van Ness Ave, Suite 500

**Street2:**

**\* City:**

San Francisco

**County:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip/Postal Code:**

94102-6056

**c. Web Address:**

http:// www.sfdph.org

**\* d. Type of Applicant: Select Applicant Type Code(s):**

B: County Government

Type of Applicant:

Type of Applicant:

**\* Other (specify):**

**\* e. Employer/Taxpayer Identification Number (EIN/TIN):**

94-6000417

**\* f. Organizational DUNS:**

103717336

**\* g. Congressional District of Applicant:**

CA-008

**6. PROJECT INFORMATION**

**\* a. Project Title:**

San Francisco Division: Continuum of HIV Prevention, Care and Treatment.

**\* b. Project Description:**

Category A: San Francisco, Marin and San Mateo Counties proposes to implement a comprehensive Continuum of HIV Prevention, Care and Treatment Services for people living with and at risk for HIV, including HIV testing, prevention and positives and other evidence based interventions. Category B: This project will be implemented in the City and County of San Francisco. The overarching goal of this project is to increase routine HIV screenings in HIV healthcare settings.

c. Proposed Project: \* Start Date: 01/01/2015

\* End Date: 12/31/2015

**APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational** Version 01

**7. PROJECT DIRECTOR**

Social Security Number (SSN) - Optional:  
 000-00-  
 Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.

Prefix:	* First Name: Tomas	Middle Name:
* Last Name: Aragon	Suffix:	
* Title: Dir of Population Health Division	* Email: tomas.aragon@sfdph.org	
* Telephone Number: 415-787-2583	Fax Number:	
* Street1: 101 Grove St, Rm308	Street2:	
* City: San Francisco	County:	
* State: CA: California	Province:	
* Country: USA: UNITED STATES	* Zip/Postal Code: 94102	

**8. PRIMARY CONTACT/GRANTS ADMINISTRATOR**

Same as Project Director (skip to item 9):

Social Security Number (SSN) - Optional:  
 000-00-  
 Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.

Prefix:	* First Name: Christine	Middle Name:
* Last Name: Siador	Suffix:	
* Title: Deputy Director, Population	* Email: christine.siador@sfdph.org	
* Telephone Number: 415-554-2832	Fax Number:	
* Street1: 101 Grove St, Rm408	Street2:	
* City: San Francisco	County:	
* State: CA: California	Province:	
* Country: USA: UNITED STATES	* Zip/Postal Code: 94102	



**APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational** Version 01

9. \* By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)

\*\* I Agree

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

AUTHORIZED REPRESENTATIVE		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Tomas"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Aragon"/>	Suffix: <input type="text"/>	
* Title: <input type="text" value="Director of Population Health Division"/>	* Email: <input type="text" value="tomas.aragon@sfdph.org"/>	
* Telephone Number: <input type="text" value="415-787-2583"/>	Fax Number: <input type="text"/>	
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>	

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Prescribed by OMB Circular A-102

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006  
Expiration Date: 06/30/2014

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Comprehensive HIV Programs for Health Departments (Category A)	93.940	\$	\$	\$ 5,921,100.00	\$	\$ 5,921,100.00
2. Expanded HIV Testing Program (Category B)	93.940			513,909.00		513,909.00
3.						
4.						
5. Totals		\$	\$	\$ 6,435,009.00	\$	\$ 6,435,009.00

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Comprehensive HIV Programs for Health Departments (Category A)	(2) Expanded HIV Testing Program (Category B)	(3)	(4)	
<b>a. Personnel</b>	\$ 1,429,103.00	\$ 29,184.00	\$	\$	\$ 1,458,287.00
<b>b. Fringe Benefits</b>	643,096.00	13,133.00			656,229.00
<b>c. Travel</b>	7,784.00	1,110.00			8,894.00
<b>d. Equipment</b>	0.00	0.00			
<b>e. Supplies</b>	55,075.00	244.00			55,319.00
<b>f. Contractual</b>	3,388,629.00	463,226.00			3,851,855.00
<b>g. Construction</b>	0.00				
<b>h. Other</b>	54,000.00				54,000.00
<b>i. Total Direct Charges (sum of 6a-6h)</b>	5,577,687.00	505,897.00			\$ 6,084,584.00
<b>j. Indirect Charges</b>	343,413.00	7,012.00			\$ 350,425.00
<b>k. TOTALS (sum of 6i and 6j)</b>	\$ 5,921,100.00	\$ 513,909.00	\$	\$	\$ 6,435,009.00
<b>7. Program Income</b>	\$	\$	\$	\$	\$

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**SECTION C - NON-FEDERAL RESOURCES**

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.		\$	\$	\$	\$
9.	Expanded HIV Testing Program (Category B)				
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$	\$	\$	\$

**SECTION D - FORECASTED CASH NEEDS**

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

**SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT**

	(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
		(b) First	(c) Second	(d) Third	(e) Fourth
16.		\$	\$	\$	\$
17.	Expanded HIV Testing Program (Category B)				
18.					
19.					
20. TOTAL (sum of lines 16 - 19)		\$	\$	\$	\$

**SECTION F - OTHER BUDGET INFORMATION**

21. Direct Charges:	6,084,584	22. Indirect Charges:	350,425 (24.03% of Salaries)
23. Remarks:			