



1 [Apply for Grant - Comprehensive HIV Prevention Programs – CY2015 - \$8,174,213]

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3 **Resolution authorizing the Department of Public Health to submit a one-year**  
4 **application for calendar year 2015 to continue to receive funding for the**  
5 **Comprehensive HIV Prevention Programs Grant from the Centers for Disease Control**  
6 **and Prevention, requesting \$8,174,213 in HIV prevention funding for San Francisco**  
7 **from January 1, 2015, through December 31, 2015.**

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9 WHEREAS, Section 10.170.(b) of the San Francisco Administrative Code requires  
10 Board review of proposed annual or otherwise recurring grant applications of \$5,000,000 or  
11 more prior to their submission; and

12 WHEREAS, San Francisco Department of Public Health (SFDPH) is currently a  
13 recipient of the “Comprehensive HIV Prevention Programs” grant in the amount of  
14 approximately \$8,187,710 from the Centers for Disease Control and Prevention (CDC) for  
15 calendar year 2014; and

16 WHEREAS, For this round of funding, SFDPH was instructed by the CDC to submit a  
17 one-year application request, with a budget for 2014 that is identical to last year’s budget, with  
18 the budget for 2015 to be determined and sent next year when the CDC sends additional  
19 instruction to counties; and

20 WHEREAS, SFDPH uses these funds to cover a multitude of HIV prevention programs  
21 for San Francisco residents, which includes planning, evaluation, community engagement,  
22 coordination of programs, and contract management and the remaining funds subcontracted  
23 to qualified contractors selected through Request For Proposals to provide direct services to  
24 clients; and

1 WHEREAS, The funds to qualified contractors are established in the categories of HIV  
2 Testing, Health Education and Risk Reduction to Address Drivers, Prevention with Positives,  
3 and Special Projects to Address HIV-Related Disparities; and


4 WHEREAS, Ordinance No. 265-05 requires that City Departments submit applications  
5 for approval at least 60 days prior to the grant deadline for review and approval; and

6 WHEREAS, The CDC released the application announcement on June 27, 2014 with a  
7 due date of September 15, 2014 allowing 80 days for the entire process; and

8 WHEREAS, In the interest of timeliness, SFDPH is making this request for approval by  
9 submitting last year's application for the Comprehensive HIV Prevention Programs grant  
10 funding from the CDC, also including supporting documents as required, all of which are on  
11 file with the Clerk of the Board of Supervisors in File No. 140927, which is hereby  
12 declared to be part of the Resolution as if set forth fully herein; and, now, therefore, be it

13 RESOLVED, That the Board of Supervisors hereby approves SFDPH application  
14 submission to the CDC for the "Comprehensive HIV Prevention Programs" grant for funding in  
15 2015, to be submitted no later than September 15, 2014.

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18 RECOMMENDED:

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22 Barbara A. Garcia, MPA

23  Director of Health  
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25



Edwin M. Lee  
Mayor

TO: Nicole Wheaton, Director of Legislative Affairs  
FROM: Richelle-Lynn Mojica  
Grants Manager  
DATE: August 18, 2014  
SUBJECT: Grant Accept and Expend

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Attached, please find the original and 4 copies of the following Accept and Expend:

**Comprehensive HIV Prevention Programs - \$8,174,213**

Please Note: This Accept and Expend packet is the approval of the Comprehensive HIV Prevention Programs grant application. This is a one-year application for calendar year 2015 to continue to receive funding for the Comprehensive HIV Prevention Programs grant from the Centers for Disease Control and Prevention, requesting \$8,174,213 in HIV prevention funding for San Francisco; from January 1, 2015, through December 31, 2015.

Please contact me at 415-255-3555 or via email at [richelle-lynn.mojica@sfdph.org](mailto:richelle-lynn.mojica@sfdph.org) should you have any questions or concerns.

Thank You.

**City and County of San Francisco**  
**Edwin Lee**  
**Mayor**

**Department of Public Health**  
**Barbara Garcia**  
**Director of Health**



Aug 6, 2014

Angela Calvillo, Clerk of the Board of Supervisors  
Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689

**RE: Resolution authorizing the San Francisco Department of Public Health (SFDPH) to apply for the Comprehensive HIV Prevention Programs for Health Departments grant from the Centers for Disease Control and Prevention (CDC).**

Dear Ms. Calvillo:

Attached please find an original and four copies of a proposed resolution for the approval of the Board of Supervisors, which authorizes the San Francisco Department of Public Health (SFDPH) to submit an application to the Centers for Disease Control and Prevention (CDC) required to receive continued funding for the Comprehensive HIV Prevention Programs grant. This application represents approximately \$8,174,213 in HIV prevention funding for San Francisco for calendar year 2015.

This resolution is required by Ordinance No. 265-05, which amends Section 10-170 of the Administrative Code to require Board of Supervisors review of recurring grant applications of \$5,000,000 or more prior to their submission. SFDPH received from CDC the application guidance on June 27, 2014. The application deadline is September 15, 2014.

I hope that the Board will support this resolution. If you have any questions regarding the City and County Plan or this resolution, please contact Tracey Packer, Director of Community Health Promotion.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara Garcia".

 Barbara Garcia  
Director of Health

Enclosures

cc: Tomas Aragon, Director of the Population Health Division  
Christine Siador, Deputy Director of the Population Health Division  
Tracey Packer, Director of Community Health Promotion

**Department of Health & Human Services  
Centers for Disease Control and Prevention (CDC)  
Comprehensive HIV Prevention Programs for Health Departments Grant**

REQUIRED INFORMATION, PER SF ADMINISTRATIVE CODE SEC. 10.170(B)

Funding Source's Grant Criteria

The San Francisco Department of Public Health is currently a recipient of the HIV Prevention Project grant in the amount of \$8,187,710 from the Centers for Disease Control and Prevention (CDC), Department of Health & Human Services. The grant is awarded to the City and County of San Francisco.

Applications may be submitted by state, local and territorial health departments or their Bona Fide Agents. This includes the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau. Also eligible are the local (county or city) health departments serving the 10 specific Metropolitan Statistical Areas (MSAs) or specified Metropolitan Divisions (MDs) that have the highest unadjusted number of persons living with a diagnosis of HIV infection as of year-end 2008.

Department's Most Recent Draft of Grant Application Materials

Year 2015 application announcement for the CDC Comprehensive HIV Prevention Programs for Health Departments grant has been issued to the Department on June 27, 2014 and due on September 15, 2014. Thus please see Attachment A for the latest HIV Prevention Project application materials dated September 16, 2013 for calendar year 2014.

Anticipated Funding Categories That The Department Will Establish In The Subsequent Request For Proposals (RFPs) Process

The funds are awarded to the Department on an annual basis to cover a multitude of HIV prevention programs for San Francisco residents. The funds are utilized to support direct services (both those provided by the Department, as well as those subcontracted to qualified contractors selected through RFP), planning, evaluation, community engagement, coordination of programs, and contract management.

The funds to qualified contractors are established in the categories of HIV Testing, Health Education and Risk Reduction to Address Drivers, Prevention with Positives, and Special Projects to Address HIV-Related Disparities for the following behavioral risk population groups:

### Behavioral Risk Population (BRP) Definitions Table

Behavioral Risk Populations (BRPs)	
BRP #	BRP Definition
BRP 1	Males Who Have Sex With Males, Males Who Have Sex With Males and Females, and Transmales who have sex with males.
BRP 2	Injection Drug Users
BRP 3	Transfemales who have sex with males

#### Comments From Any Relevant Citizen Advisory Body

The HIV Prevention Planning Council (HPPC) writes the HIV Prevention Plan, upon which the application for funding is based and all RFPs are based. A list of the HPPC members is included in Attachment B.

HPS Planning Council Roster 08.01.14										
Title	First	Last	Term	E-Mail	Agency	Address	City	State	Zip	
Mr	Richard	Bargetto	10/14	<a href="mailto:rbargetto@php.ucsf.edu">rbargetto@php.ucsf.edu</a>	UCSF HIV/AIDS Division	995 Potrero Ave Ward 82	San Francisco	CA	94110	
Mr	Jackson	Bowman (At-Large 1/1/13-12/31/14)	10/14	<a href="mailto:lbowman@shanti.org">lbowman@shanti.org</a>	Shanti	1157 S. Van Ness Ave	San Francisco	CA	94110	
Ms	Claudia	Cabrera-Lara	10/14	<a href="mailto:claudia.cabrera@ifrsf.org">claudia.cabrera@ifrsf.org</a>	Instituto Familiar de la Raza	1663 Mission St, Suite 603	San Francisco	CA	94103	
Mr	Ben	Cabangun	04/16	<a href="mailto:ben@apiwellness.org">ben@apiwellness.org</a>	A&PI Wellness Center	730 Polk St, 4th Fl	San Francisco	CA	94109	
Ms	Chadwick	Campbell	10/14	<a href="mailto:ccamp79@sfsu.edu">ccamp79@sfsu.edu</a> <a href="mailto:ed@edandjeremy.net">ed@edandjeremy.net</a>	SFSU Center for Research on Gender & Sexuality	835 Market St, Suite 517	San Francisco	CA	94103	
Mr	Ed	Chitty	10/14	<a href="mailto:edward.chitty@kp.org">edward.chitty@kp.org</a>	Kaiser Permanente	340 Ritch St #3	San Francisco	CA	94107	
Mr	Michael	Discepola	10/14	<a href="mailto:mdiscepola@sfa.org">mdiscepola@sfa.org</a>	SFAF - Stonewall Project	1035 Market St, 6th Fl	San Francisco	CA	94103-4114	
Mr	David	Gonzalez (Community Co-Chair 1/1/14- 13/31/15)	10/14	<a href="mailto:davidg@scenter.org">davidg@scenter.org</a>	SFLGBT Community Center	1800 Market St	San Francisco	CA	94102	
Mr	Jose Luis	Guzman (Community Co- Chair 1/1/13-12/31/14)	10/14	<a href="mailto:jlogcpa@gmail.com">jlogcpa@gmail.com</a>		535 Arguello Blvd # 208	San Francisco	CA	94118	
Mr	Paul	Harkin	10/14	<a href="mailto:pharkin@glide.org">pharkin@glide.org</a>	Glide	330 Ellis St 6th Fl	San Francisco	CA	94102	
Mr	Andrew	Lopez (At-Large 1/1/14- 12/31/15)	10/14	<a href="mailto:andrewl@nativehealth.org">andrewl@nativehealth.org</a>	Native American Health Center	1151 Harbor Bay Parkway #203	Alameda	CA	94502	
Mr	Aja	Monet	10/14	<a href="mailto:jerelbanks@yahoo.com">jerelbanks@yahoo.com</a>	(mailing: c/o Jerel Banks)	124 Turk St #501	San Francisco	CA	94102	
Ms	Jessie	Murphy	10/14	<a href="mailto:jessie.murphy@ucsf.edu">jessie.murphy@ucsf.edu</a>	UCSF Alliance Health Project	1930 Market St	San Francisco	CA	94102	
Ms	Gwen	Smith	10/14	<a href="mailto:gwen.smith@sfdph.org">gwen.smith@sfdph.org</a>	SFDPH-CoPC-Southeast Health Center	2401 Keith St	San Francisco	CA	94124	
Ms	Laura	Thomas	04/16	<a href="mailto:lthomas@drugpolicy.org">lthomas@drugpolicy.org</a>	Drug Policy Alliance	131 10th St	San Francisco	CA	94103	
Ms	Channing	Wayne	06/14	<a href="mailto:cwayne@larkinstreetyouth.org">cwayne@larkinstreetyouth.org</a>	Larkin Street Youth Services	129 Hyde St	San Francisco	CA	94103	
		<b>Appointed Members</b>								
Ms	Tracey	Packer (DPH Co-Chair)		<a href="mailto:tracey.packer@sfdph.org">tracey.packer@sfdph.org</a>	SFDPH—HIV Prevention Section	25 Van Ness Ave #500	San Francisco	CA	94102	
Ms	Nan	O'Connor		<a href="mailto:nan.oconnor@sfdph.org">nan.oconnor@sfdph.org</a>	South Van Ness Services	755 South Van Ness Ave	San Francisco	CA	94110	
Mr	Bill	Blum		<a href="mailto:Bill.Blum@sfdph.org">Bill.Blum@sfdph.org</a>	SFDPH - Community-Oriented Primary Care	1380 Howard St 4th Fl	San Francisco	CA	94103	
Mr	Chip	Supanich		<a href="mailto:chipsupanich@gmail.com">chipsupanich@gmail.com</a>		408 Laguna St #22	San Francisco	CA	94102	
Mr	Bruce	Ito		<a href="mailto:Bruce.Ito@sfgov.org">Bruce.Ito@sfgov.org</a>	Mayor's Office of Housing-Community Development Division	One South Van Ness Ave 5th	San Francisco	CA	94103	
Ms	Kate	Monico Klein		<a href="mailto:kate.monico.klein@sfdph.org">kate.monico.klein@sfdph.org</a>	Forensic AIDS Project (FAP)	798 Brannan St	San Francisco	CA	94103	
Mr	Frank	Strona		<a href="mailto:frank.strona@sfdph.org">frank.strona@sfdph.org</a>	SFDPH—STD Prevention & Control Services	1360 Mission St Suite 401	San Francisco	CA	94103	
		<b>Non Voting Members</b>								
Ms	Chris	Santini		<a href="mailto:Csantini@marincounty.org">Csantini@marincounty.org</a>	Marin County Dept of Health & Human Services	899 Northgate Dr, Suite 415	San Rafael	CA	94903	
Mr	Darryl	Lampkin		<a href="mailto:Dlampkin@smcgov.org">Dlampkin@smcgov.org</a>	San Mateo County Health Department	255 37th Avenue	San Mateo	CA	94403	



San Francisco Division  
IPR – Jan to Dec 2014

**San Francisco Department of Public Health  
HIV Prevention Section  
PS12-1201 Comprehensive HIV Prevention Project for Health Depts.  
INTERIM 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, 2013 - June 30, 2013 and to report on proposed programmatic activity for the new budget period (Year 3) January 1, 2014 - December 31, 2014. *Unless otherwise noted, responses to the questions in this guidance should accurately reflect program activities conducted during the reporting period of January 1, 2013 - June 30, 2013.*

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.

- A. In keeping with our 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) invested in expanded mobile testing efforts to reach the highest risk populations (men who have sex with men [MSM], injection drug users [IDU] and transgender females who have sex with males [TFSM]).

Although the bulk of its testing is not funded by 12-1201, the San Francisco AIDS Foundation did receive an additional \$75,000 of 12-1201 funds to increase mobile testing.

UCSF Alliance Health Project (funded partially by 12-1201 in 2013) successfully advocated for independent un-restricted funding to purchase a mobile testing van and is seeing this strategy result in an increasing share of the agency's test volume.

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

- B. To help meet the outcome of increasing the percentage of MSM and IDU who report getting an HIV test in the last 6 months to 75%, the SFDPH implemented a new provider/business collaboration entitled "Get a Test, Get a Discount" in May 2013. Funded HIV testing sites provide testers a packet which includes a "Healthy Penis" squeeze toy, condoms, and a coupon for a discount at any one of 30 vendors located in the Castro district. Vendor and community-based testing agency responses have been enthusiastic, resulting in coverage in a local gay focused newspaper.

This project is implemented by 12-1201-funded staff.

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

- C. Changes to agencies based on fluctuating funding continue to be an issue in San Francisco. At the end of 2012, two programs funded by close-out 10-1001 funds - - Native American AIDS Project (NAAP) and Bay Area Young Positives (BAY

Positives) -- were no longer supported. Funded by alternative resources, BAY Positives, an agency serving HIV positive youth continues to be engaged with HIV prevention services and community input. NAAP, an agency providing services to HIV-negative and HIV-positive Native Americans with an additional subcontract to serve TFSM, experienced multiple funding losses which it could not withstand, and closed its doors in December 2012. Both agencies provided Health Education and Risk Reduction (HE/RR) and Prevention with Positives (PWP) services.

Because of NAAP's advocacy, funds were allocated by the Board of Supervisors to reach Native American MSM. Another agency, Native American Health Center received funding from San Francisco General Funds. This program is funded to provide PWP services, HIV testing, and condom distribution to Native American MSM.

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

- D. The HIV Prevention Section worked to integrate and standardize services by increasing collaboration with Community Behavioral Health Services (CBHS), 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. The HIV Prevention Section successfully worked with the program staff within CBHS 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. CBHS has transferred oversight of these programs to the HIV Prevention Section.

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

- E. The San Francisco AIDS Foundation-STOP AIDS Project's Our Love program serving African American gay, bi, and trans (GBT) men was re-tooled and renamed, based on program data demonstrating that the community needs had shifted and changing demographics in San Francisco. The program was originally

intended to reach GBT-identified Black men of middle/upper socioeconomic status, a shrinking population that demonstrated low demand for the services. The program has now shifted focus to provide comprehensive services, including HIV testing, prevention with positives, and HE/RR for young Black MSM. After a rigorous discovery phase (generously funded by the Levi Strauss Foundation) the DREAAM Project was designed to specifically meet the needs of young Black MSM. Those needs included housing, substance use and mental health treatment, linkage to and retention in care, adherence support, education and employment support, and community building. DREAAM provides intensive case management that works with each client around their specific set of needs, making referrals as needed, and working with other providers to generate wrap-around services while also building community through a weekly drop-in group and monthly social events.

This **Substantial Change** applies to HIV Testing, and Comprehensive Prevention with Positives.

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.

- A. Faced with increasing cuts from Federal funding sources, the community has advocated for sustained HIV prevention funding with uniform support from the San Francisco Board of Supervisors and the Mayor. The SFDPH received local General Fund dollars to “backfill” reductions and maintain current service and funding levels.

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

- B. San Francisco has fully operationalized its Linkage Integration Navigation and Comprehensive Services (LINCS) program to provide services to people testing HIV-positive at funded test sites. Services include partner services, linkage-to-care for newly diagnosed positives, and navigation with HIV positive people who

are out of care. LINC'S services are provided by DPH staff, some of whom are embedded at funded sites. Community-based testing sites have expressed satisfaction with the process and outcomes of the services LINC'S provides. Community norms and acceptability around naming partners is shifting and SFDPH staff members are welcomed.

Successful implementation of LINC'S will help 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.

- C. San Francisco continues its success in meeting its HIV testing goals, increasing test numbers in the first 6 months of 2013 in comparison to 2012, and is on track to meet or exceed the overall testing goal of 26,000 in 2013 while maintaining an HIV positivity rate well over 1% (see table A-1 for detail).

This Success applies to HIV Testing.

- D. RNA testing funded by The STOP Study identifies 10-20% of new HIV infections in San Francisco. These clients receive the same linkages and partner services as other individuals who are HIV-positive.

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

- E. The Health Department Program Liaisons continue to review HIV testing data (from Evaluation Web) with the HIV Testing Data Manager on a monthly basis, and provide feedback to HIV testing programs as needed to review performance and identify and problem-solve slow data and reporting inconsistencies. This monthly review now includes examination of linkage-to-care and partner services data which ensures that follow-up with agencies and with the LINC'S team.

This Success applies to HIV Testing and Comprehensive Prevention with Positives.

- F. During the reporting period, the SFDPH worked with the Police Department and community groups which serve sex workers to discuss changes to policies

surrounding the use of condoms as evidence in solicitation cases. This resulted in the proposal of a new policy that prohibits condoms being used as evidence and will ultimately increase access to free condoms among sex workers.

Implementation and evaluation of this policy is ongoing.

This Success applies to Condom Distribution and Policy Initiatives.

- G. SFDPH has increased access to free condoms by establishing sustainable Female condom (FC2) access in SF. Funding from the MAC AIDS Foundation will support the costs of FC2s for the next two years to provide access to agencies and local businesses that are interested in providing them to their clientele. SFDPH established an online training program to inform consumers how to use them correctly. SFDPH has also incorporated the FC2 into the longstanding community Condom Distribution program. HIV service providers are also advised to include FC2s as a line item within their budget.

This Success applies to Condom Distribution.

- H. During this reporting period, San Mateo County (SMC) ramped up implementation of its strategy utilizing an internet/mobile application-based intervention to refer MSM for HIV testing and education. SMC developed and conducted two training sessions to build staff capacity: 1) Introduction to *Grindr* (a social network geolocating application)—which provided background on the application, discussed the rationale for use of this application to conduct outreach to MSM, reviewed functionality of smart phone technology as it relates to this application, introduced methods for documenting encounters, and provided skills building on the basics of performing outreach utilizing the application; and 2) *Grindr 2.0*—which provided an opportunity to review staff experiences utilizing the application to conduct and document outreach encounters, reviewed new features of the application, explored ways to build comfort with the environment and set boundaries with participants, and developed strategies to enhance the quality of outreach engagement.

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

- I. Marin County has been successful in testing high risk populations in Marin, i.e., MSM, IDU, MSM/IDU, as well as first time Latino or African American testers. Marin collaborated with a youth center and wellness center, and tested at locations in the Latino and the African American communities as well as in the jail. The program continues to collaborate with community agencies to distribute condoms along with testing information.

In health-care settings Marin County offered back up services or adjunct services to clients for whom clinic-based HIV testing is not feasible or appropriate. Marin has a system in place for clinics to contact counselors who will meet clients for testing and provide test results. Since these clinics have become more familiar with these services, they have been contacting Marin for linkages to primary care when clients test HIV positive in clinical settings.

The Marin Public Health Department collaborated with Detention Nursing services to do a month-long pilot during which individuals being booked were offered an HIV test. 120 of the 490 individuals being booked opted for an HIV test.

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

- J. 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 Initiatives.

- K. San Francisco has a number of successes on its policy front including access to condoms and syringes; see Policy Initiatives for details.

This Success applies to Condom Distribution, and Policy Initiatives.

- L. SFDPH has coordinated or maintained a strong presence in multiple community groups and collective efforts to address the needs of high-risk negative MSM, IDU and TFSM.

Staff members participate in bi-monthly TFSM program meetings at Asian Pacific Islander Wellness Center. (A comprehensive program not funded by 12-1201). SFDPH convened and facilitated 10 Transgender Advisory Group (TAG)

meetings during the reporting period with several key goals and objectives outlined in a TAG Logic Model. SFDPH also participated in nine syringe providers' network meetings during this reporting period. (not funded by 12-1201)

This Success applies to Policy Initiatives.

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.
  - A. Two HIV testing sites, UCSF-Alliance Health Project (AHP) (partially funded by 12-1201) one of the large community-based HIV testing sites, and Mission Neighborhood Health Center (MNHC), a site funded to test Latino MSM (not funded by 12-1201) continue to struggle to meet target numbers of clients for HIV testing. SFDPH has met with both agencies multiple times and are very involved with planning and strategizing activities for correction. In the case of AHP, both SFDPH and the AHP acknowledged capacity issues and reduced funding for 2013; this option is still available if improvement is not noted and funds will be redirected (see anticipated changes). MNHC has had staffing challenges, with a key position unfilled. MNHC has been actively recruiting and has access to the target population so testing performance is expected to improve.

This Challenge applies to HIV Testing,
  - B. Two Programs, AHP and AGUILAS (both receiving 12-1201 funds) have had challenges completing their Program Plans. The Health Department is working closely with AHP to increase service delivery levels. The original service delivery target has proven to be beyond the capacity of the agency, the Program Plan is in development to reflect the services appropriately.

AGUILAS is a smaller agency that is very lean on administrative staff so completion of the Program Plan was a challenge given the agency was negotiating services as well as modifying contracts due to funding shifts. SFDPH is



scheduled to provide technical assistance to AGUILAS as a measure to assure the development of their 2013 and 2014 Program Plans.

**This Challenge applies to HIV Testing, Comprehensive Prevention with Positives,**

- C. San Mateo County's strategy to offer intensive risk reduction individual/drop-in therapy sessions for highest-risk negatives and HIV-positives through a subcontract with Harm Reduction Therapy Center (HRTC) encountered some challenges during this reporting period. The role of mobile prevention staff was to identify clients with repeated risks for HIV and link them with the HRTC therapist for telephone, in-person, or group sessions. Unfortunately, this strategy was impeded by clients' lack of availability and resistance to schedule a separate appointment with the therapist or attend a pre-scheduled group session.

Furthermore, clients for whom this strategy is most appropriate are often better candidates for "point of care" engagement in the field. Plans are for mobile prevention staff to utilize a "case management" model to identify a core group of highest-risk negatives with whom mobile prevention staff already have established rapport, then devise a schedule for the HRTC therapist to participate in "ride-alongs" on the mobile van to conduct the intensive risk reduction session at the clients' next HIV testing encounter out in the field.

**This Challenge applies to Comprehensive Prevention with Positives,**

- D. Marin had difficulty funding condom distribution in most healthcare settings, and in the jail setting, condoms were not distributed due to policy.

**This Challenge applies to Condom Distribution,**

- E. 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 has spent significant time on administration and re-budgeting of contracts. 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. This has resulted in time being diverted from programmatic efforts.

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.

Availability of staff time has delayed San Francisco's implementation of a citywide dispenser program accompanied by a campaign to promote condoms. An implementation plan has been developed and the Health Department anticipates this program to be fully implemented by the end of the year.

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

- F. Staffing at SMC was a challenge during this reporting period; one of SMC's more experienced HIV prevention outreach workers was relocated to another unit, and in accordance with civil service procedure a new outreach worker was placed with the HIV prevention unit. However this person had no previous HIV prevention experience.

In addition the HIV disease investigator resigned. SMC has developed an alternative staffing plan.

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

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 3 (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).

- A. SFDPH anticipates that testing targets and funding levels for agencies conducting HIV testing will be adjusted to account for demonstrated capacity and performance. Some agencies will receive increased funding and targets, and others will receive decreases.

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

- B. San Francisco anticipates a change to the locally required HIV testing algorithm based on the emergence of new HIV early detection technologies and the results of the STOP Study. The goal is to identify new HIV cases as close as possible to the time of infection, and to do so in a cost-effective manner. The new algorithm will likely be implemented in 2014.

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

- C. The SFDPH Population Health Division's reorganization takes effect on July 1, 2103. The functions of the former HIV Prevention Section will be distributed across several new Branches. The new Community Health Equity and Promotion Branch will oversee PS12-1201 grant administration and community-based prevention activities. The Disease Prevention and Control branch will take the lead on clinical HIV prevention activities, and the Applied Research, Community Health Epidemiology and Surveillance (ARCHES) branch will be responsible for HIV prevention data.

**This Anticipated Change** applies to HIV Testing, Comprehensive Prevention with Positives, Condom Distribution, and Policy Initiatives.

- D. San Mateo County will not rehire an open HIV disease investigator position but instead hire a community outreach worker in order to increase the impact of outreach strategies to reach individuals at highest risk of infection for HIV. This change will be reflected in the budget for Year 3.

**This Anticipated Change** applies to HIV Testing, Comprehensive Prevention with Positives, Condom Distribution, and Policy Initiatives.

- E. By January 1, 2014, SFPDPH, SMC, and Marin County will submit all data (HIV testing, partner services, and non-testing non-partner services data) into EvaluationWeb. Currently, only HIV testing data is submitted.

**This Anticipated Change** applies to Comprehensive Prevention with Positives.

- F. Marin County will no longer be doing testing at Centerpoint drug treatment center as the testing there will now be funded by Substance Abuse Prevention and Treatment funds and conducted by another service provider.

Marin County will begin offering HCV rapid testing and will train all counselors on HCV education and rapid testing procedures. It is hoped that offering HCV tests as an additional service will attract IDU and MSM-IDU for HIV testing and prevention services.

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

- G. In 2014, SFPDPH, SMC, and Marin County will integrate their Comprehensive Plans to create a unified set of goals and objectives for the jurisdiction and establish an ongoing quality improvement process, using data to evaluate successes and identify programmatic changes that are needed.

**This Anticipated Change** applies to HIV Testing, Comprehensive Prevention with Positives, and 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.**

#### **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.**

**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.

1,561,456

**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 held two meetings with the San Francisco Shelter Monitoring Committee to develop a plan to prevent program participants from having their program supplies confiscated from their property if arrested or when using shelter services. Impact: Local. Stage: Planning.
- SFDPH is in the process of setting up a meeting with the Sheriff's Department to develop a plan so that syringe program participants do not have their program supplies confiscated from their property upon arrest. Impact: Local. Stage: Planning.
- In March of 2013, two syringe disposal boxes were placed in an area 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. Impact: Local. Stage: Evaluation.
- SFDPH worked with other city agencies to establish a new policy as of March 2013 that prohibits condoms from being used as evidence of solicitation and prevents condoms from being confiscated. SFDPH is working with community experts to develop a communication strategy for informing the public about this new policy. The community experts will also provide input into the best mechanism for evaluating the effectiveness of the communication strategy and the effectiveness of the new policy. Impact: Local. Stage: Evaluation.
- The SF HIV Prevention Planning Council and HIV Health Services Planning Council formed a Collaborative Planning Work Group to develop a plan for integrated HIV prevention and care planning. SFDPH retained a consultant to facilitate the work group, which met six times during the reporting period. The Work Group developed a preliminary recommendation for integrated planning. One additional meeting is scheduled for September 18th. Impact: Local/Health Department. Stage: Planning.
- SFDPH HIV prevention and Jail Health Services staff worked together to incorporate overdose and hepatitis C prevention activities, including naloxone

prescription for inmates upon release, into HIV prevention services for substance users at 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 inmates and dispense overdose prevention kits that include naloxone. The overdose prevention kits are placed in the inmate's property once they have completed the training with HIV Services staff, so they are in possession of them 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: Implementation.

- SFDPH has begun work to promote the latest state-of-the-science HIV testing guidelines and integrated disease screening guidelines. A plan was developed in April 2013 and will be implemented after July 1. As part of the plan, an SFDPH Viral Hepatitis Coordinator was appointed. Impact: Health Department. Stage: Implementation.
- SFDPH has begun work to plan for activities to promote the SFDPH HIV treatment guidelines. Preliminary data show very high rates of viral suppression among active SFDPH HIV-positive patients, suggesting that there has already been substantial uptake of the guidelines. SFDPH requested to use ECHPP funds to support key stakeholder engagement to explore any remaining barriers to uptake of the guidelines. Impact: Local. Stage: Planning.
- SFDPH is in the process of revising the local "Prevention with Positives Best Practices Guide." A first draft was completed and approved by the SFDPH Joint Vision for HIV Prevention and Care work group. Writing of the full document is in progress. Impact: Local. Stage: Planning.

#### **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
- ✓ Pre-exposure prophylaxis (PrEP)
- ✓ Non-Occupational post-exposure prophylaxis (nPEP) Services

*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 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.

A. Changes to agencies based on fluctuating funding continue to be an issue in San Francisco. At the end of 2012, two programs funded by close-out 10-1001 funds - Native American AIDS Project (NAAP) and Bay Area Young Positives (BAY Positives) -- were no longer supported. Funded by alternative resources, BAY Positives, an agency serving HIV positive youth continues to be engaged with HIV prevention services and community input. NAAP, an agency providing services to HIV-negative and HIV-positive Native Americans with an additional subcontract to serve TFSM, experienced multiple funding losses which it could not withstand, and closed its doors in December 2012. Both agencies provided Health Education and Risk Reduction (HE/RR) and Prevention with Positives (PWP) services.

Because of NAAP's advocacy, funds were allocated by the Board of Supervisors to reach Native American MSM. Another agency, Native American Health Center received funding from San Francisco General Funds. This program is funded to provide PWP services, HIV testing, and condom distribution to Native American MSM.

**This Substantial Change applies to Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals.**



- B. The HIV Prevention Section worked to integrate and standardize services by increasing collaboration with Community Behavioral Health Services (CBHS), 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. The HIV Prevention Section successfully worked with the program staff within CBHS 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. CBHS has transferred oversight of these programs to the HIV Prevention Section.

This **Substantial Change** applies to Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals.

- C. The San Francisco AIDS Foundation-STOP AIDS Project’s Our Love program serving African American gay, bi, and trans (GBT) men was re-tooled and renamed, based on program data demonstrating that the community needs had shifted and changing demographics in San Francisco. The program was originally intended to reach GBT-identified Black men of middle/upper socioeconomic status, a shrinking population that demonstrated low demand for the services. The program has now shifted focus to provide comprehensive services, including HIV testing, prevention with positives, and HE/RR for young Black MSM. After a rigorous discovery phase (generously funded by the Levi Strauss Foundation) the DREAAM Project was designed to specifically meet the needs of young Black MSM. Those needs included housing, substance use and mental health treatment, linkage to and retention in care, adherence support, education and employment support, and community building. DREAAM provides intensive case management that works with each client around their specific set of needs, making referrals as needed, and working with other providers to generate wrap-around services while also building community through a weekly drop-in group and monthly social events.

This **Substantial Change** applies to Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals.

- D. To help meet the outcome of increasing the percentage of MSM and IDU who report getting an HIV test in the last 6 months to 75%, the SFPDPH implemented a new provider/business collaboration entitled “Get a Test, Get a Discount” in May 2013. Funded HIV testing sites provide testers a packet which includes a “Healthy Penis” squeeze toy, condoms, and a coupon for a discount at any one of 30 vendors located in the Castro district. Vendor and community-based testing agency responses have been enthusiastic, resulting in coverage in a local gay focused newspaper.

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.

- A. HPS contracted with the Kaiser Family Foundation to bring their “Greater Than AIDS” campaign to San Francisco and tailor it to local needs. This campaign was designed to increase HIV testing and reduce stigma in the behavioral risk populations affected by HIV in the city. It includes outdoor, radio and internet content, including videos

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

- B. The HIV Prevention Section continued to support the PEP program at SFPDPH City Clinic. PEP services are funded under 12-1201, but the HIV medications are not. See description of our PEP program in Additional Questions Section - Category A.

This **Success** applies to Non-occupational post-exposure prophylaxis (nPEP) Services.

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.

- A. 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.

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

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 3 (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).

- A. HPS subcontracted with Better World Advertising to develop a brochure and poster to increase routine HIV testing specifically in SFDPH primary care clinics with an anticipated launch date of fall 2013. This campaign will target patients in waiting rooms and is aimed at increasing general population HIV testing, as opposed to targeting high risk groups, in accordance with the SFDPH HIV testing guidelines.

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

- B. With carryover funds, SF will continue the Kaiser Family Foundation Greater Than AIDS campaign. The campaign will use local community members in campaigns that serve to increase the frequency of testing among gay men.

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

**Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals**





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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.

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The following application tracking information was generated by the system:

<b>Grants.gov Tracking Number:</b>	GRANT11487040
<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-PS12-120103CONT14
<b>Funding Opportunity Description:</b>	Comprehensive HIV Prevention Programs for Health De
<b>Agency Name:</b>	Centers for Disease Control and Prevention
<b>Application Name of this Submission:</b>	San Francisco Dept of Public Health
<b>Date/Time of Receipt:</b>	2013.09.16 8:16 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)

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Type: GRANT

Grants.gov Tracking Number: GRANT11487040

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DUNS Number: 1037173360000

AOR name: Sajid Shaikh

Application Name: San Francisco Dept of Public Health

Opportunity Number: CDC-RFA-PS12-120103CONT14

Opportunity Name: Comprehensive HIV Prevention Programs for Health Departments

<https://apply07.grants.gov/apply/login.faces?cleanSession=1&userType=applicant>

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**GRANT11487040 Grants.gov Submission Validation Receipt for Application**

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DUNS Number: 103717336

AOR name: Sajid Shaikh

Application Name: San Francisco Dept of Public Health

Opportunity Number: CDC-RFA-PS12-120103CONT14

Opportunity Name: Comprehensive HIV Prevention Programs for Health Departments

[https:// apply07.grants.gov/apply/login.faces?cleanSession=1&userType=applicant](https://apply07.grants.gov/apply/login.faces?cleanSession=1&userType=applicant)

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09/17/2013 06:37 AM

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Type: GRANT

Grants.gov Tracking Number: GRANT11487040

DUNS Number: 1037173360000

AOR name: Sajid Shaikh

Application Name: San Francisco Dept of Public Health

Opportunity Number: CDC-RFA-PS12-120103CONT14

Opportunity Name: Comprehensive HIV Prevention Programs for  
Health Departments

<https://apply07.grants.gov/apply/login.faces?cleanSession=1&userType=applicant>

We will notify you via email when your Grantor agency has assigned an Agency Tracking Number to your application.

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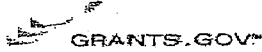
support@grants.gov

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## Grant Application Package

Opportunity Title:	Comprehensive HIV Prevention Programs for Health Depart
Offering Agency:	Centers for Disease Control and Prevention
CFDA Number:	93.940
CFDA Description:	HIV Prevention Activities Health Department Based
Opportunity Number:	CDC-RFA-PS12-120103CONT14
Competition ID:	NCRHSTP-C
Opportunity Open Date:	07/10/2013
Opportunity Close Date:	09/16/2013
Agency Contact:	CDC Procurement and Grants Office (PGO) Technical Information Management Section (TIMS) E-mail: pgotim@cdc.gov Phone: 770-488-2700

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: San Francisco Dept of Public Health

### Select Forms to Complete

#### Mandatory

Application for Federal Domestic Assistance-Short Organizational	Complete
Project Narrative Attachment Form	Complete
Budget Narrative Attachment Form	Complete
Budget Information for Non-Construction Programs (SF-424A)	Complete

#### Optional

Other Attachments Form Complete

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APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational		Version 01
* 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: 09/16/2013	SYSTEM USE ONLY	
* 4. FUNDING OPPORTUNITY NUMBER: CDC-RFA-PS12-120103CONT14		
* TITLE: Comprehensive HIV Prevention Programs for Health Departments		
<b>5. APPLICANT INFORMATION</b>		
* a. Legal Name: San Francisco Department of Public Health-Grant#5U62PS003638		
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	* e. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000417	
Type of Applicant:	* f. Organizational DUNS: 103717336	
Type of Applicant:	* g. Congressional District of Applicant: CA-008	
* Other (specify):		
<b>6. PROJECT INFORMATION</b>		
* 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 propose 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 with 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 healthcare settings. Category C: This project will be implemented in the City and County of San Francisco and will strengthen San Francisco's current Continuum of Prevention, Care, and Treatment through development of an integrated communicable disease data system.		
c. Proposed Project	* Start Date: 01/01/2014	* End Date: 12/31/2014

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: <input type="text"/>	* First Name: Tracey <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: Packer <input type="text"/>	Suffix: <input type="text"/>	
* Title: Director of Community Health Promotion Health <input type="text"/>	* Email: tracey.packer@sfdph.org <input type="text"/>	
* Telephone Number: 415-437-6223 <input type="text"/>	Fax Number: <input type="text"/>	
* Street1: 25 Van Ness Ave, 5th Fl <input type="text"/>	Street2: <input type="text"/>	
* City: San Francisco <input type="text"/>	County: <input type="text"/>	
* State: CA: California <input type="text"/>	Province: <input type="text"/>	
* Country: USA: UNITED STATES <input type="text"/>	* Zip/Postal Code: 94102 <input type="text"/>	

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR

<input type="checkbox"/> Same as Project Director (skip to item 9):	Social Security Number (SSN) - Optional: 000-00- <input type="text"/> Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.	
Prefix: <input type="text"/>	* First Name: Sajid <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: Shaikh <input type="text"/>	Suffix: <input type="text"/>	
* Title: Sr Admin Analyst <input type="text"/>	* Email: sajid.shaikh@sfdph.org <input type="text"/>	
* Telephone Number: 415-255-3512 <input type="text"/>	Fax Number: <input type="text"/>	
* Street1: 1380 Howard, Suite 423A <input type="text"/>	Street2: <input type="text"/>	
* City: San Francisco <input type="text"/>	County: <input type="text"/>	
* State: CA: California <input type="text"/>	Province: <input type="text"/>	
* Country: USA: UNITED STATES <input type="text"/>	* Zip/Postal Code: 94103 <input type="text"/>	

**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 style="width: 100%;" type="text"/> * First Name: <input style="width: 90%;" type="text" value="Marcellina"/>	Middle Name: <input style="width: 90%;" type="text" value="A."/>
* Last Name: <input style="width: 90%;" type="text" value="Ogbu"/>	Suffix: <input style="width: 100%;" type="text"/>
* Title: <input style="width: 90%;" type="text" value="Director of Community Programs"/>	* Email: <input style="width: 90%;" type="text" value="Marcellina.Ogbu@sfdph.org"/>
* Telephone Number: <input style="width: 90%;" type="text" value="415-255-3524"/>	Fax Number: <input style="width: 90%;" type="text"/>
* Signature of Authorized Representative: <input style="width: 90%;" type="text" value="Sajid Shaikh"/>	* Date Signed: <input style="width: 90%;" type="text" value="09/16/2013"/>

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 Prescribed by OMB Circular A-102

**Project Narrative File(s)**

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\* **Mandatory Project Narrative File Filename:**

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To add more Project Narrative File attachments, please use the attachment buttons below.

Attached at least one Optional Project Narrative File?:

**Budget Narrative File(s)**

---

\* Mandatory Budget Narrative Filename:

---

To add more Budget Narrative attachments, please use the attachment buttons below.

Attached at least one Optional Budget Narrative?:

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	\$	\$	\$ 6,144,900.00	\$	\$ 6,144,900.00
2. Expanded HIV Testing for Disproportionately Affected Population (Category B)	93.940			513,909.00		513,909.00
3. Demonstration projects to implement and Evaluate Innovative, High Impact HIV Prevention Intervention and Strategies (C)	93.940			1,739,204.00		1,739,204.00
4.						
5. Totals		\$	\$	\$ 8,398,013.00	\$	\$ 8,398,013.00

889



**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 for Disproportionately Affected Population (Category B)	(3) Demonstration projects to implement and Evaluate Innovative, High Impact HIV Prevention Intervention and Strategies (C)	(4)	
a. Personnel	\$ 1,340,487.00	\$ 84,713.00	\$ 193,447.00	\$	\$ 1,618,647.00
b. Fringe Benefits	563,005.00	39,843.00	81,248.00		684,096.00
c. Travel	10,284.00	1,200.00	0.00		11,484.00
d. Equipment	0.00	0.00	258,494.00		258,494.00
e. Supplies	18,405.00	812.00	6,147.00		25,364.00
f. Contractual	3,797,712.00	365,993.00	996,119.00		5,159,824.00
g. Construction	0.00	0.00	0.00		
h. Other	77,205.00	0.00	155,000.00		232,205.00
i. Total Direct Charges (sum of 6a-6h)	5,807,098.00	492,561.00	1,690,455.00		\$ 7,990,114.00
j. Indirect Charges	337,802.00	21,348.00	48,749.00		\$ 407,899.00
k. TOTALS (sum of 6i and 6j)	\$ 6,144,900.00	\$ 513,909.00	\$ 1,739,204.00	\$	\$ 8,398,013.00
7. Program Income	\$	\$	\$	\$	\$

689

069

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$	
9. Expanded HIV Testing for Disproportionately Affected Population (Category B)					
10. Demonstration projects to implement and Evaluate Innovative, High Impact HIV Prevention Intervention and Strategies (C)					
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 for Disproportionately Affected Population (Category B)					
18. Demonstration projects to implement and Evaluate Innovative, High Impact HIV Prevention Intervention and Strategies (C)					
19.					
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:	7,990,114	22. Indirect Charges:	407,899 (25.2% of salaries)		
23. Remarks:					

## Other Attachment File(s)

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\* Mandatory Other Attachment Filename:

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To add more "Other Attachment" attachments, please use the attachment buttons below.

Attached at least one Optional Other Attachment?:

San Francisco Division  
IPR – Jan to Dec 2014

San Francisco Department of Public Health  
HIV Prevention Section  
PS12-1201 Comprehensive HIV Prevention Project for Health Depts.  
INTERIM 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. 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, 2013 - June 30, 2013 and to report on proposed programmatic activity for the new budget period (Year 3) January 1, 2014 - December 31, 2014. *Unless otherwise noted, responses to the questions in this guidance should accurately reflect program activities conducted during the reporting period of January 1, 2013 - June 30, 2013.*

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.

A. In keeping with our 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) invested in expanded mobile testing efforts to reach the highest risk populations (men who have sex with men [MSM], injection drug users [IDU] and transgender females who have sex with males [TFSM]).

Although the bulk of its testing is not funded by 12-1201, the San Francisco AIDS Foundation did receive an additional \$75,000 of 12-1201 funds to increase mobile testing.

UCSF Alliance Health Project (funded partially by 12-1201 in 2013) successfully advocated for independent un-restricted funding to purchase a mobile testing van and is seeing this strategy result in an increasing share of the agency's test volume.

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

B. To help meet the outcome of increasing the percentage of MSM and IDU who report getting an HIV test in the last 6 months to 75%, the SFDPH implemented a new provider/business collaboration entitled "Get a Test, Get a Discount" in May 2013. Funded HIV testing sites provide testers a packet which includes a "Healthy Penis" squeeze toy, condoms, and a coupon for a discount at any one of 30 vendors located in the Castro district. Vendor and community-based testing agency responses have been enthusiastic, resulting in coverage in a local gay focused newspaper.

This project is implemented by 12-1201-funded staff.

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

C. Changes to agencies based on fluctuating funding continue to be an issue in San Francisco. At the end of 2012, two programs funded by close-out 10-1001 funds - Native American AIDS Project (NAAP) and Bay Area Young Positives (BAY

Positives) -- were no longer supported. Funded by alternative resources, BAY Positives, an agency serving HIV positive youth continues to be engaged with HIV prevention services and community input. NAAP, an agency providing services to HIV-negative and HIV-positive Native Americans with an additional subcontract to serve TFSM, experienced multiple funding losses which it could not withstand, and closed its doors in December 2012. Both agencies provided Health Education and Risk Reduction (HE/RR) and Prevention with Positives (PWP) services.

Because of NAAP's advocacy, funds were allocated by the Board of Supervisors to reach Native American MSM. Another agency, Native American Health Center received funding from San Francisco General Funds. This program is funded to provide PWP services, HIV testing, and condom distribution to Native American MSM.

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

- D. The HIV Prevention Section worked to integrate and standardize services by increasing collaboration with Community Behavioral Health Services (CBHS), 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. The HIV Prevention Section successfully worked with the program staff within CBHS 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. CBHS has transferred oversight of these programs to the HIV Prevention Section.

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

- E. The San Francisco AIDS Foundation-STOP AIDS Project's Our Love program serving African American gay, bi, and trans (GBT) men was re-tooled and renamed, based on program data demonstrating that the community needs had shifted and changing demographics in San Francisco. The program was originally

intended to reach GBT-identified Black men of middle/upper socioeconomic status, a shrinking population that demonstrated low demand for the services. The program has now shifted focus to provide comprehensive services, including HIV testing, prevention with positives, and HE/RR for young Black MSM. After a rigorous discovery phase (generously funded by the Levi Strauss Foundation) the DREAAM Project was designed to specifically meet the needs of young Black MSM. Those needs included housing, substance use and mental health treatment, linkage to and retention in care, adherence support, education and employment support, and community building. DREAAM provides intensive case management that works with each client around their specific set of needs, making referrals as needed, and working with other providers to generate wrap-around services while also building community through a weekly drop-in group and monthly social events.

**This Substantial Change** applies to HIV Testing, and Comprehensive Prevention with Positives.

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.

- A. Faced with increasing cuts from Federal funding sources, the community has advocated for sustained HIV prevention funding with uniform support from the San Francisco Board of Supervisors and the Mayor. The SFDPH received local General Fund dollars to “backfill” reductions and maintain current service and funding levels.

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

- B. San Francisco has fully operationalized its Linkage Integration Navigation and Comprehensive Services (LINCS) program to provide services to people testing HIV-positive at funded test sites. Services include partner services, linkage-to-care for newly diagnosed positives, and navigation with HIV positive people who

are out of care. LINC'S services are provided by DPH staff, some of whom are embedded at funded sites. Community-based testing sites have expressed satisfaction with the process and outcomes of the services LINC'S provides. Community norms and acceptability around naming partners is shifting and SFDPH staff members are welcomed.

Successful implementation of LINC'S will help 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.

- C. San Francisco continues its success in meeting its HIV testing goals, increasing test numbers in the first 6 months of 2013 in comparison to 2012, and is on track to meet or exceed the overall testing goal of 26,000 in 2013 while maintaining an HIV positivity rate well over 1% (see table A-1 for detail).

This Success applies to HIV Testing.

- D. RNA testing funded by The STOP Study identifies 10-20% of new HIV infections in San Francisco. These clients receive the same linkages and partner services as other individuals who are HIV-positive.

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

- E. The Health Department Program Liaisons continue to review HIV testing data (from Evaluation Web) with the HIV Testing Data Manager on a monthly basis, and provide feedback to HIV testing programs as needed to review performance and identify and problem-solve slow data and reporting inconsistencies. This monthly review now includes examination of linkage-to-care and partner services data which ensures that follow-up with agencies and with the LINC'S team.

This Success applies to HIV Testing and Comprehensive Prevention with Positives.

- F. During the reporting period, the SFDPH worked with the Police Department and community groups which serve sex workers to discuss changes to policies



surrounding the use of condoms as evidence in solicitation cases. This resulted in the proposal of a new policy that prohibits condoms being used as evidence and will ultimately increase access to free condoms among sex workers.

Implementation and evaluation of this policy is ongoing.

This Success applies to Condom Distribution and Policy Initiatives.

- G. SFDPH has increased access to free condoms by establishing sustainable Female condom (FC2) access in SF. Funding from the MAC AIDS Foundation will support the costs of FC2s for the next two years to provide access to agencies and local businesses that are interested in providing them to their clientele. SFDPH established an online training program to inform consumers how to use them correctly. SFDPH has also incorporated the FC2 into the longstanding community Condom Distribution program. HIV service providers are also advised to include FC2s as a line item within their budget.

This Success applies to Condom Distribution.

- H. During this reporting period, San Mateo County (SMC) ramped up implementation of its strategy utilizing an internet/mobile application-based intervention to refer MSM for HIV testing and education. SMC developed and conducted two training sessions to build staff capacity: 1) Introduction to *Grindr* (a social network geolocating application)—which provided background on the application, discussed the rationale for use of this application to conduct outreach to MSM, reviewed functionality of smart phone technology as it relates to this application, introduced methods for documenting encounters, and provided skills building on the basics of performing outreach utilizing the application; and 2) *Grindr* 2.0—which provided an opportunity to review staff experiences utilizing the application to conduct and document outreach encounters, reviewed new features of the application, explored ways to build comfort with the environment and set boundaries with participants, and developed strategies to enhance the quality of outreach engagement.

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

- I. Marin County has been successful in testing high risk populations in Marin, i.e., MSM, IDU, MSM/IDU, as well as first time Latino or African American testers. Marin collaborated with a youth center and wellness center, and tested at locations in the Latino and the African American communities as well as in the jail. The program continues to collaborate with community agencies to distribute condoms along with testing information.

In health-care settings Marin County offered back up services or adjunct services to clients for whom clinic-based HIV testing is not feasible or appropriate. Marin has a system in place for clinics to contact counselors who will meet clients for testing and provide test results. Since these clinics have become more familiar with these services, they have been contacting Marin for linkages to primary care when clients test HIV positive in clinical settings.

The Marin Public Health Department collaborated with Detention Nursing services to do a month-long pilot during which individuals being booked were offered an HIV test. 120 of the 490 individuals being booked opted for an HIV test.

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

- J. 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 Initiatives.

- K. San Francisco has a number of successes on its policy front including access to condoms and syringes; see Policy Initiatives for details.

This Success applies to Condom Distribution, and Policy Initiatives.

- L. SFDPH has coordinated or maintained a strong presence in multiple community groups and collective efforts to address the needs of high-risk negative MSM, IDU and TFSM.

Staff members participate in bi-monthly TFSM program meetings at Asian Pacific Islander Wellness Center. (A comprehensive program not funded by 12-1201). SFDPH convened and facilitated 10 Transgender Advisory Group (TAG)

meetings during the reporting period with several key goals and objectives outlined in a TAG Logic Model. SFPDPH also participated in nine syringe providers' network meetings during this reporting period. (not funded by 12-1201)

This Success applies to Policy Initiatives.

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.

- A. Two HIV testing sites, UCSF-Alliance Health Project (AHP) (partially funded by 12-1201) one of the large community-based HIV testing sites, and Mission Neighborhood Health Center (MNHC), a site funded to test Latino MSM (not funded by 12-1201) continue to struggle to meet target numbers of clients for HIV testing. SFPDPH has met with both agencies multiple times and are very involved with planning and strategizing activities for correction. In the case of AHP, both SFPDPH and the AHP acknowledged capacity issues and reduced funding for 2013; this option is still available if improvement is not noted and funds will be redirected (see anticipated changes). MNHC has had staffing challenges, with a key position unfilled. MNHC has been actively recruiting and has access to the target population so testing performance is expected to improve.

This Challenge applies to HIV Testing.

- B. Two Programs, AHP and AGUILAS (both receiving 12-1201 funds) have had challenges completing their Program Plans. The Health Department is working closely with AHP to increase service delivery levels. The original service delivery target has proven to be beyond the capacity of the agency, the Program Plan is in development to reflect the services appropriately.

AGUILAS is a smaller agency that is very lean on administrative staff so completion of the Program Plan was a challenge given the agency was negotiating services as well as modifying contracts due to funding shifts. SFPDPH is

scheduled to provide technical assistance to AGUILAS as a measure to assure the development of their 2013 and 2014 Program Plans.

**This Challenge** applies to HIV Testing, Comprehensive Prevention with Positives,

- C. San Mateo County's strategy to offer intensive risk reduction individual/drop-in therapy sessions for highest-risk negatives and HIV-positives through a subcontract with Harm Reduction Therapy Center (HRTC) encountered some challenges during this reporting period. The role of mobile prevention staff was to identify clients with repeated risks for HIV and link them with the HRTC therapist for telephone, in-person, or group sessions. Unfortunately, this strategy was impeded by clients' lack of availability and resistance to schedule a separate appointment with the therapist or attend a pre-scheduled group session. Furthermore, clients for whom this strategy is most appropriate are often better candidates for "point of care" engagement in the field. Plans are for mobile prevention staff to utilize a "case management" model to identify a core group of highest-risk negatives with whom mobile prevention staff already have established rapport, then devise a schedule for the HRTC therapist to participate in "ride-alongs" on the mobile van to conduct the intensive risk reduction session at the clients' next HIV testing encounter out in the field.

**This Challenge** applies to Comprehensive Prevention with Positives,

- D. Marin had difficulty funding condom distribution in most healthcare settings, and in the jail setting, condoms were not distributed due to policy.

**This Challenge** applies to Condom Distribution,

- E. 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 has spent significant time on administration and re-budgeting of contracts. 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. This has resulted in time being diverted from programmatic efforts.

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.

Availability of staff time has delayed San Francisco's implementation of a citywide dispenser program accompanied by a campaign to promote condoms. An implementation plan has been developed and the Health Department anticipates this program to be fully implemented by the end of the year.

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

- F. Staffing at SMC was a challenge during this reporting period; one of SMC's more experienced HIV prevention outreach workers was relocated to another unit, and in accordance with civil service procedure a new outreach worker was placed with the HIV prevention unit. However this person had no previous HIV prevention experience.

In addition the HIV disease investigator resigned. SMC has developed an alternative staffing plan.

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

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 3 (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).

- A. SFDPH anticipates that testing targets and funding levels for agencies conducting HIV testing will be adjusted to account for demonstrated capacity and performance. Some agencies will receive increased funding and targets, and others will receive decreases.

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

- B. San Francisco anticipates a change to the locally required HIV testing algorithm based on the emergence of new HIV early detection technologies and the results of the STOP Study. The goal is to identify new HIV cases as close as possible to the time of infection, and to do so in a cost-effective manner. The new algorithm will likely be implemented in 2014.

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

- C. The SFDPH Population Health Division's reorganization takes effect on July 1, 2103. The functions of the former HIV Prevention Section will be distributed across several new Branches. The new Community Health Equity and Promotion Branch will oversee PS12-1201 grant administration and community-based prevention activities. The Disease Prevention and Control branch will take the lead on clinical HIV prevention activities, and the Applied Research, Community Health Epidemiology and Surveillance (ARCHES) branch will be responsible for HIV prevention data.

**This Anticipated Change** applies to HIV Testing, Comprehensive Prevention with Positives, Condom Distribution, and Policy Initiatives.

- D. San Mateo County will not rehire an open HIV disease investigator position but instead hire a community outreach worker in order to increase the impact of outreach strategies to reach individuals at highest risk of infection for HIV. This change will be reflected in the budget for Year 3.

**This Anticipated Change** applies to HIV Testing, Comprehensive Prevention with Positives, Condom Distribution, and Policy Initiatives.

E. By January 1, 2014, SFDPH, SMC, and Marin County will submit all data (HIV testing, partner services, and non-testing non-partner services data) into EvaluationWeb. Currently, only HIV testing data is submitted.

This Anticipated Change applies to Comprehensive Prevention with Positives.

F. Marin County will no longer be doing testing at Centerpoint drug treatment center as the testing there will now be funded by Substance Abuse Prevention and Treatment funds and conducted by another service provider.

Marin County will begin offering HCV rapid testing and will train all counselors on HCV education and rapid testing procedures. It is hoped that offering HCV tests as an additional service will attract IDU and MSM-IDU for HIV testing and prevention services.

This Anticipated Change applies to HIV Testing.

G. In 2014, SFDPH, SMC, and Marin County will integrate their Comprehensive Plans to create a unified set of goals and objectives for the jurisdiction and establish an ongoing quality improvement process, using data to evaluate successes and identify programmatic changes that are needed.

This Anticipated Change applies to HIV Testing, Comprehensive Prevention with Positives, and 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.

#### **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.**

**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.

1,561,456

**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 held two meetings with the San Francisco Shelter Monitoring Committee to develop a plan to prevent program participants from having their program supplies confiscated from their property if arrested or when using shelter services. Impact: Local. Stage: Planning.
- SFDPH is in the process of setting up a meeting with the Sheriff's Department to develop a plan so that syringe program participants do not have their program supplies confiscated from their property upon arrest. Impact: Local. Stage: Planning.
- In March of 2013, two syringe disposal boxes were placed in an area 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. Impact: Local. Stage: Evaluation.
- SFDPH worked with other city agencies to establish a new policy as of March 2013 that prohibits condoms from being used as evidence of solicitation and prevents condoms from being confiscated. SFDPH is working with community experts to develop a communication strategy for informing the public about this new policy. The community experts will also provide input into the best mechanism for evaluating the effectiveness of the communication strategy and the effectiveness of the new policy. Impact: Local. Stage: Evaluation.
- The SF HIV Prevention Planning Council and HIV Health Services Planning Council formed a Collaborative Planning Work Group to develop a plan for integrated HIV prevention and care planning. SFDPH retained a consultant to facilitate the work group, which met six times during the reporting period. The Work Group developed a preliminary recommendation for integrated planning. One additional meeting is scheduled for September 18th. Impact: Local/Health Department. Stage: Planning.
- SFDPH HIV prevention and Jail Health Services staff worked together to incorporate overdose and hepatitis C prevention activities, including naloxone

prescription for inmates upon release, into HIV prevention services for substance users at the San Francisco County Jail. A pilot project began in March 2013, in which SFPDPH Jail Health Services, HIV Services staff working in the San Francisco County Jails provide overdose prevention education to inmates and dispense overdose prevention kits that include naloxone. The overdose prevention kits are placed in the inmate's property once they have completed the training with HIV Services staff, so they are in possession of them 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: Implementation.

- SFPDPH has begun work to promote the latest state-of-the-science HIV testing guidelines and integrated disease screening guidelines. A plan was developed in April 2013 and will be implemented after July 1. As part of the plan, an SFPDPH Viral Hepatitis Coordinator was appointed. Impact: Health Department. Stage: Implementation.
- SFPDPH has begun work to plan for activities to promote the SFPDPH HIV treatment guidelines. Preliminary data show very high rates of viral suppression among active SFPDPH HIV-positive patients, suggesting that there has already been substantial uptake of the guidelines. SFPDPH requested to use ECHPP funds to support key stakeholder engagement to explore any remaining barriers to uptake of the guidelines. Impact: Local. Stage: Planning.
- SFPDPH is in the process of revising the local "Prevention with Positives Best Practices Guide." A first draft was completed and approved by the SFPDPH Joint Vision for HIV Prevention and Care work group. Writing of the full document is in progress. Impact: Local. Stage: Planning.

#### **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

✓ Pre-exposure prophylaxis (PrEP)

✓ Non-occupational post-exposure prophylaxis (nPEP) Services

*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 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.

A. Changes to agencies based on fluctuating funding continue to be an issue in San Francisco. At the end of 2012, two programs funded by close-out 10-1001 funds - Native American AIDS Project (NAAP) and Bay Area Young Positives (BAY Positives) -- were no longer supported. Funded by alternative resources, BAY Positives, an agency serving HIV positive youth continues to be engaged with HIV prevention services and community input. NAAP, an agency providing services to HIV-negative and HIV-positive Native Americans with an additional subcontract to serve TFSM, experienced multiple funding losses which it could not withstand, and closed its doors in December 2012. Both agencies provided Health Education and Risk Reduction (HE/RR) and Prevention with Positives (PWP) services.

Because of NAAP's advocacy, funds were allocated by the Board of Supervisors to reach Native American MSM. Another agency, Native American Health Center received funding from San Francisco General Funds. This program is funded to provide PWP services, HIV testing, and condom distribution to Native American MSM.

**This Substantial Change applies to Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals.**

- B. The HIV Prevention Section worked to integrate and standardize services by increasing collaboration with Community Behavioral Health Services (CBHS), 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. The HIV Prevention Section successfully worked with the program staff within CBHS 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. CBHS has transferred oversight of these programs to the HIV Prevention Section.

This **Substantial Change** applies to Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals.

- C. The San Francisco AIDS Foundation-STOP AIDS Project’s Our Love program serving African American gay, bi, and trans (GBT) men was re-tooled and renamed, based on program data demonstrating that the community needs had shifted and changing demographics in San Francisco. The program was originally intended to reach GBT-identified Black men of middle/upper socioeconomic status, a shrinking population that demonstrated low demand for the services. The program has now shifted focus to provide comprehensive services, including HIV testing, prevention with positives, and HE/RR for young Black MSM. After a rigorous discovery phase (generously funded by the Levi Strauss Foundation) the DREAAM Project was designed to specifically meet the needs of young Black MSM. Those needs included housing, substance use and mental health treatment, linkage to and retention in care, adherence support, education and employment support, and community building. DREAAM provides intensive case management that works with each client around their specific set of needs, making referrals as needed, and working with other providers to generate wrap-around services while also building community through a weekly drop-in group and monthly social events.

This **Substantial Change** applies to Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals.

- D. To help meet the outcome of increasing the percentage of MSM and IDU who report getting an HIV test in the last 6 months to 75%, the SFPDPH implemented a new provider/business collaboration entitled “Get a Test, Get a Discount” in May 2013. Funded HIV testing sites provide testers a packet which includes a “Healthy Penis” squeeze toy, condoms, and a coupon for a discount at any one of 30 vendors located in the Castro district. Vendor and community-based testing agency responses have been enthusiastic, resulting in coverage in a local gay focused newspaper.

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.

- A. HPS contracted with the Kaiser Family Foundation to bring their “Greater Than AIDS” campaign to San Francisco and tailor it to local needs. This campaign was designed to increase HIV testing and reduce stigma in the behavioral risk populations affected by HIV in the city. It includes outdoor, radio and internet content, including videos

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

- B. The HIV Prevention Section continued to support the PEP program at SFPDPH City Clinic. PEP services are funded under 12-1201, but the HIV medications are not. See description of our PEP program in Additional Questions Section - Category A.

This **Success** applies to Non-occupational post-exposure prophylaxis (nPEP) Services.

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.

- A. 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.

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

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 3 (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).

- A. HPS subcontracted with Better World Advertising to develop a brochure and poster to increase routine HIV testing specifically in SFDPH primary care clinics with an anticipated launch date of fall 2013. This campaign will target patients in waiting rooms and is aimed at increasing general population HIV testing, as opposed to targeting high risk groups, in accordance with the SFDPH HIV testing guidelines.

This Anticipated Change applies to Social Marketing, Media and Mobilization.

- B. With carryover funds, SF will continue the Kaiser Family Foundation Greater Than AIDS campaign. The campaign will use local community members in campaigns that serve to increase the frequency of testing among gay men.

This Anticipated Change applies to Social Marketing, Media and Mobilization.

**Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals**

Not applicable

1. Provide the following information for high-risk HIV-negative individuals. See Appendix A: Table A-6 for sample template.
  - a. Targeted high-risk populations for evidence-based interventions (e.g., MSM, IDU, high-risk heterosexuals, transgender)
  - b. Total number of high-risk HIV-negative 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)

**Social Marketing, Media and Mobilization**

Not applicable

1. Indicate if you are promoting and/or supporting a CDC social marketing campaign. If yes, please indicate the specific CDC social marketing campaign.

No.

**Pre-exposure Prophylaxis (PrEP)**

Not applicable

1. Are you currently supporting PrEP? If yes, which populations and what is being supported?

Yes. SFDPH has been awarded a grant from NIAID to conduct a PrEP demonstration project at San Francisco City Clinic, SF's municipal STD clinic (NCT #01632995). Dr. Albert Liu is the Protocol Chair and Dr. Liu and Stephanie Cohen are the site co-Principle Investigators. The grant is a supplement to SFDPH's Vaccine Clinical Trials Unit grant (PI: Susan Buchbinder). The demonstration project is being conducted in collaboration with the University of Miami and Whitman Walker Health in Washington, DC. The enrollment goal is 600 MSM and transgender females; 300 will be enrolled at San Francisco City Clinic, 200 at the downtown STD clinic in Miami, Florida and 100 at Whitman Walker Health. Participants who enroll are offered daily Truvada for up to 48

weeks as part of a comprehensive package of HIV prevention services which includes STD screening and treatment, and integrated adherence and risk reduction counseling. After enrollment, participants return for follow-up visits at 4, 12, 24, 36, and 48 weeks. Follow-up visits include monitoring symptoms, side effects and kidney function, HIV and STD testing, assessing medication adherence (through self-report, pill count and drug level testing), assessing for changes in risk behavior, and counseling.

The project seeks to answer the following questions:

- o Who wants PrEP?
- o How will PrEP be used?
- o Does taking PrEP affect the way people have sex?
- o Can PrEP be provided through public health clinics?

As of June 30, 2013, 495 individuals had been approached or prescreened, of which:

- o 226 Refused to move onto screening
- o 24 Ineligible after prescreening
- o 245 Screened/screening scheduled
- o 211 Enrolled

Common reasons for declining to participate in the project included concerns about medication side effects, time commitment for participation, and desire to learn more about PrEP before continuing with the screening process.

#### Non-occupational Post-exposure Prophylaxis (nPEP) Services

Not applicable

1. Are you currently supporting nPEP for high risk populations? If yes, which populations and what is being supported?

Yes. PEP testing is supported but meds are not provided under 12-1201. HPS supports the PEP program at SFDPH City Clinic. The program entails a clinical visit with a doctor or nurse practitioner, an HIV rapid test to determine eligibility, and risk reduction counseling and health education as its related to PEP. All PEP patients receive a “PEP packet” containing fact sheets on managing side effects and tips for taking medications, as well as frequently asked questions and follow-up instructions. City Clinic provides 2



days of Combivir as a starter kit for medications, and a prescription for the remaining 26, which can be filled at no cost at the SF General Hospital pharmacy. A health worker is available to provide telephone-based or in-person support while patients are on PEP. City Clinic also offers follow-up testing and further risk reduction support upon completion of the PEP course. City Clinic services as the main referral site for PEP in SF. High-risk or repeat PEP clients are linked to City Clinic's Behavioral Health Specialist, supported under the SAMHSA Minority AIDS Initiative-Targeted Capacity Expansion (MAI-TCE) grant. PEP is also provided in the SFGH Emergency Department, Urgent Care Clinic, and the Rape Treatment Center, as well as by private providers (e.g., Kaiser).

#### **CATEGORY A: Required Activities**

All three required activities should be conducted during this reporting period.

✓Jurisdictional HIV Prevention Planning

✓Capacity Building and Technical Assistance (CBA/TA)

✓Program Planning, Monitoring and Evaluation, and Quality Assurance

#### **Jurisdictional HIV Prevention Planning**

1. Have you made any changes to your HIV planning group (HPG) to realign with the FOA, NHAS and the current HIV planning group guidance (e.g., changes in composition or structure, bylaws, frequency of meeting, etc.). If yes, please describe the changes made.

No changes were made during this reporting period; see previous progress reports for substantial shifts made to realign community planning efforts.

2. Describe the engagement process for your HIV planning group during this reporting period (e.g., communication, engaging stakeholder, data sharing, etc.). Please ensure the letter of concurrence, letter of concurrence with reservation, or letter of non-concurrence is submitted.

**Note:** Please submit any updates to your jurisdictional HIV Prevention Plan to CDC at the same time as this IPR, by September XX, 2013. Please submit your updates to the jurisdictional plan to ps12-1201@cdc.gov by the due date. Please ensure that the letter of

concurrence, letter of concurrence with reservation, or letter of non-concurrence is submitted.

The HIV Prevention Planning Council (HPPC) reconvened with a new structure and new members in late 2012. Efforts were made to convene a council that includes service providers and community members. Leadership of the planning group and staff actively recruit community members to participate on work groups.

The new model of the HPPC has short term work groups. To engage community stakeholders in the work groups, members are recruited from the HIV Health Services Planning (HHSPC) Council, networks, and other community groups. Details regarding the engagement process are provided below.

#### **Recruitment**

No recruitment efforts have been implemented to fill available seats because the possible integration of care and prevention planning in 2014. This integration will require the development of a specific recruitment structure addressing the needs of the new planning group.

#### **Retention**

The new structure of the planning group meets on a quarterly basis. There have been no issues with retention during this reporting period.

#### **Meetings**

All meetings of the HPPC, Executive Committee, and its Working Groups are held face-to-face and are open to any interested person. The HPPC conducts its meetings, forums, or other functions in facilities that are free of charge, are inclusive of the diverse local communities, and compliant with the Americans with Disabilities Act (ADA).

#### **Public Comment**

HPPC has established a public comment policy that permits community members to speak on both matters of general concern and on items listed in the current meeting's agenda.

#### **Community Engagement Meeting**

The goal of the community engagement meeting is to provide an opportunity for open dialogue between HPPC members, representatives from San Mateo, Marin, and Alameda

County and community members in a results oriented engagement process that will produce tangible outcomes to inform the work of the HPPC.

#### **Workgroups**

The experience, views, and votes of community members are a valuable contribution to the work of the HPPC. Therefore, the HPPC actively encourages and invites community members to join and fully participate in the activities of the HPPC's working groups.

#### **Process Evaluations**

The meeting evaluation survey continues to be used as a tool for members to provide confidential feedback on the meeting process and measure meetings effectiveness, challenges and success.

#### **Mid Year Evaluations**

Each year, the HPPC conducts a mid-year feedback survey in an effort to give all Council members an opportunity to provide insights about the Council structure and identify strategies for maintaining parity, inclusion, and representation. This process is implemented to assess where members are at with their experiences, identify training opportunities and gather feedback on the new structure.

The HPPC holds no fewer than four (4) and no more than six (6) full Council meetings in each calendar year. The HPPC operates under the Ralph M. Brown Act and the Sunshine Ordinance. The intent of these ordinances is that the actions of public commissions, boards, and councils conduct their business openly and that deliberations be open to the public. Currently, staffing, logistical, and financial challenges make it difficult to use advanced technology to guarantee the virtual attendance and participation of community members and key stakeholders to the HPPC's meetings.

Being a member of the HPPC requires a significant commitment of time and energy in order to ensure an effective community planning process that advances the mission and goals of the HPPC. The CDC PIR requirement establishes that all Council members receive the same information and the same orientation and training on the community planning process and have a chance to develop similar skills in community planning. A half day orientation providing detailed information on the prevention planning roles and responsibilities of the SFDPH and HPPC is provided to all new members before they attend their first Council meeting. Training opportunities are provided to the HPPC in

brief sessions, internally, when issues pertinent the work of the Council arise. An expert in the topic who understands the mission of the HPPC provides these trainings.

Through collaborations built with research and surveillance branches of the SFDPH, universities and medical institutions, the HPPC has access to primary and secondary sources for epidemiological, medical, and social data. These data sources are used in several ways to guide the work of the Council, including determining the annual scope of work of the HPPC and providing updates on salient prevention and care issues.

The biggest challenge faced this year is adapting to the quarterly meeting schedule. Members have expressed concern that they do not feel connected, and with limited meetings, the agendas are very dense with business items.

The Executive Committee of the HPPC is responsible for steering the focus of the HPPC, reviewing proposed amendments to their bylaws overseeing the work of the HPPC and its working groups and any other responsibilities specified in the Policies and Procedures Manual.

During this reporting period, four (4) Work Groups were implemented by the HPPC to address specific topic areas relevant to the work of the Council and included the following: 1) Behavioral Health Work Group, 2) Collaborative Planning Work Group, 3) Community Engagement Planning Work Group and 4) Measurements of Success Work Group.

The Jurisdictional HIV Prevention Plan is the result of the collaborative effort between the HPPC, the HHSPC, the SFDPH, and community partners that came together to create a continuum of HIV prevention, care, and treatment services, grounded in local HIV epidemiology, research, and community values. We formed a work group, which included both Prevention and Care members to provide input on the development of the plan.

During this reporting period, the Jurisdictional HIV Prevention Plan was not updated because it was submitted to the CDC in early 2013. The content of the plan was presented to HPPC members, community at large and other key stakeholders using various means including:

- o HPPC Executive Committee on August 22
- o Transgender Advisory Group on September 10, 2013

- o HIV Testing Coordinators Meeting on September 13
- o HPPC Community Engagement Event on September 18
- o HIV Health Services Planning Council on September 23
- o HIV Prevention Planning Council on October 28

Currently, updates on the progress of the jurisdictional plan will be given to the HPPC annually in preparation for the vote on the letter of concurrence, concurrence with reservations, or non-concurrence. A more detailed process for engaging key stakeholders, HIV service providers, and community members in the updating of the plan in 2014 will be developed.

3. Describe the successes experienced with implementing your HIV prevention planning activities during the reporting period.
  - A. The key success of this reporting period was the implementation of the HPPC and HHSPC Collaborative Work Group, which worked to develop a plan for integrated prevention and care planning. This plan will achieve a seamless continuum of HIV prevention, care, and treatment in San Francisco. With the help of an outside consultant, the Work Group developed a preliminary recommendation for integrated planning efforts, to be voted on by both Councils in the second half of 2013.
4. Describe the challenges experienced with implementing your HIV prevention planning activities during the reporting period.
  - A. During this reporting period, the biggest challenge was reconciling the different cultures and goals of the HPPC and the HHSPC in order to develop a shared vision and plan for collaborative planning.
5. Describe any anticipated changes to your HIV prevention planning activities for Year 3.
  - A. It is anticipated that 2014 will be a year in which a transition is made to integrated prevention and care planning conducted through one council.

*Note: Please submit any updates to your jurisdictional HIV Prevention Plan to CDC at the same time as this IPR, by September 16, 2013. Please submit your updates to the jurisdictional plan to ps12-1201@cdc.gov by the due date. Please ensure that the letter of concurrence, letter of concurrence with reservation, or letter of non-concurrence is submitted.*

There have been no updates to the Jurisdictional HIV Prevention Plan. The HPPC meets on a quarterly basis so at the next meeting (October 28, 2013), the Council will be asked to vote to support a letter of concurrence, and it will be forwarded it to CDC upon approval.

**Capacity Building and Technical Assistance (CBA/TA)**

1. Did you access CBA/TA services during the reporting period? If yes, please provide the type of CBA/TA received and the name(s) of the CBA/TA provider(s). Please explain (be specific) if the CBA/TA provided did not meet your needs/expectations.

Yes. Details on the services are provided below.

**Name:** Service Type: CBA for Community Based Organizations (AGUILAS)

**Request Type:** Technical Assistance (Technical Consultation and Services)

**Provider:** Asian and Pacific Islander American Health Forum CRIS Request #: 201304-6288

**Name:** Service Type: CBA for Health Departments

**Request Type:** Technical Assistance (Technical Consultation and Services) Building capacity of the Health Department and staff

**Provider:** California STD/HIV Prevention Training Center (CA PTC) CRIS Request #: 201306-6548

**Name:** Service Type: CBA for Health Departments (SFDPH Jail Health Services\_

**Request Type:** Training Conducted by CDC Providers

**Provider:** ETR Associates CRIS Request #: 201306-6548

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Please explain (be specific) if the CBA/TA provided did not meet your needs/expectations.

N/A.

2. Describe any anticipated changes to CBA activities for Year 3. Please include CBA/TA needs for Year 3.

No changes are anticipated.

#### Program Planning, Monitoring and Evaluation, and Quality Assurance

1. Have you made any substantial changes to your program planning, monitoring and evaluation, and quality assurance activities during the reporting period? If yes, please describe the changes made.

No substantial changes have been made.

2. How are you using the most current epidemiologic and surveillance data for program planning, implementation, and evaluation purposes during the reporting period? Include the types of data used. How are you disseminating this data and providing feedback to your healthcare and non-healthcare providers and other community partners?

In February-March 2013, an HPPC Measurements of Success Work Group was convened to provide feedback to SFDPH on how best to measure the impact of HIV prevention efforts. The Work Group affirmed the utility of Department of Health and Human Services (DHHS) indicators and identified additional locally relevant indicators. The indicators will be tracked on both a citywide level (surveillance data) and the SFDPH level (clinical data from the electronic medical record). These indicators were incorporated into San Francisco's Comprehensive Plan.

The Comprehensive Plan now represents the framework that will be used to evaluate progress, disseminate data, provide feedback to partners, and make adjustments to program implementation. This "feedback loop" process is already in place for many of our programmatic efforts and it will be formalized and expanded in the second half of 2013 and early 2014. For example, HIV testing data is reviewed monthly.

3. Describe any anticipated changes to your program planning, monitoring and evaluation, and quality assurance activities for Year 3?

- A. In year 3, the Comprehensive Plan will be used as the basis for monitoring our progress towards HIV prevention goals and objectives. Stakeholders from across the health department will convene two to four times a year to review progress towards targets and goals and discuss how to adjust programs to meet the current needs..

*Note: Have you submitted your memorandum of understanding (MOU) and rules of behavior (ROB) for data security and confidentiality for 2013? If no, please submit the appropriate MOUs and ROB's to the ps12-1201@cdc.gov mailbox. These documents (attachment VI - VIII) are located on the FOA website at <http://www.cdc.gov/hiv/topics/funding/PS12-1201/attachments.htm>. MOUs and ROB's must be submitted on an annual basis.*

#### **SECTION II: CATEGORY B: Expanded HIV Testing Program**

Please indicate which Category B components were implemented during this reporting period. If none, please indicate none and go to the next section.

HIV Testing - Healthcare Settings (required)

HIV Testing - Non-Healthcare Settings (optional)

Service Integration (optional)

*Please provide responses to the following questions for your funded Category B HIV testing program. Responses to questions should cover all funded components.*

1. Have you made any **substantial changes** to your expanded HIV testing program in healthcare settings and non-healthcare settings, including service integration? If yes, please describe the changes made.

No substantial changes have been made.

2. Describe the **Successes** experienced with implementing your HIV testing program in healthcare settings and non-healthcare settings, including service integration, during the reporting period.



- A. SFDPH is on track to meet or exceed its Year 2 goal of 24,200 tests in medical settings. Between January and June 2013, 14,588 tests were conducted. This success points to the effectiveness of a structural change approach to integrating routine opt-out HIV testing into primary care practice.  
**This Success** applies to HIV Testing - Healthcare Settings.
  - B. The majority of the clinics participating in the Expanded Testing Program have shown improvement in lifetime HIV testing rates for active patients (2-20% over baseline) since the continuous quality improvement measure was implemented.  
**This Success** applies to HIV Testing - Healthcare Settings.
3. Describe the **challenges** experienced with implementing your HIV testing program in healthcare settings and non-healthcare settings, including service integration, during the reporting period.
- A. The lifetime HIV testing recommendation does not address the need for more frequent targeted, risk-based HIV testing. There are multiple challenges to implementation, such as the fact that HIV risk behavior is not routinely collected in the electronic medical record.  
**This Challenge** applies to HIV Testing - Healthcare Settings.
  - B. As the Affordable Care Act rolls out, developing strategies for reimbursement of routine and targeted HIV testing is one of multiple priorities and may not be prioritized.  
**This Challenge** applies to HIV Testing - Healthcare Settings.
  - C. Maintaining accurate and real-time linkage to care data remains a challenge due to the multiple data systems involved and the limitations of each. San Francisco continues to work to develop systems for consistent tracking of medical visits and HIV lab results.  
**This Challenge** applies to HIV Testing - Healthcare Settings.
4. Describe any **anticipated changes** to your HIV testing in healthcare settings and non-healthcare settings, including service integration, for Year 3 (including proposed changes in venues, contracts, target populations, testing technologies or algorithms, testing objectives, staffing/personnel, funding resources, etc.).

- A. Starting July 1, 2103, the Expanded Testing Program will be managed under the Applied Research, Community Health, Epidemiology and Surveillance (ARCHES) Branch and Disease Control and Prevention (DPC) Branch. This Anticipated Change applies to HIV Testing - Healthcare Settings.

**HIV Testing in Healthcare Settings (required) and Non-Healthcare Settings (optional)**

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

1. Provide the following information for HIV testing and linkage to care in healthcare and non-healthcare settings for the reporting period. See Appendix B: Tables B-1 and B-2 for sample templates.

**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 B: Table B-3 for sample template.
3. Describe the population reached through HIV testing in healthcare and non-healthcare settings during this reporting period (e.g., MSM, IDU, MSM/IDU, race/ethnicity, gender, age, transgender, etc.). See Appendix B: Table B-4 for sample template.
4. If applicable, provide information on indirect tests during the reporting period. This includes tests that are not paid for by the health department, but for which the health department claims responsibility by virtue of having promoted routine HIV testing to the facility and provided training or technical assistance to the facility. See Appendix B: Table B-5 for sample template.
5. Please indicate if any of the funded healthcare settings/providers within the jurisdiction were able to utilize 3rd party reimbursement and/or bill for HIV testing. See Appendix B: Table B-6 for sample template.

Service Integration (Optional)

Not applicable

1. If funded to conduct integrated screening activities for other infections in conjunction with HIV testing in healthcare and non-healthcare settings (e.g., service integration), please provide the total number of tests conducted for STDs (e.g., Syphilis, Gonorrhea, Chlamydia), Hepatitis, and Tuberculosis for the reporting period. See Appendix B: Table B-7 for sample template.

SECTION III: CATEGORY C: Demonstration Projects

Not applicable


























Demonstration Projects

1. Have you made any **substantial changes** to your demonstration project during the reporting period? If yes, please describe the changes made.







No changes were made to demonstration project during this reporting period

2. Describe any **evaluation** activities conducted during the reporting period, to include plans for cost analysis work.

This demonstration project has a clear goal of developing a comprehensive integrated data and quality improvement system that incorporates surveillance, public health action, programmatic and treatment activities. Table 1 provides you with an overview of the progress made as of this reporting period on the process completing the objectives of the AHIP Plan. The evaluation of this demonstration project is based on the team meeting the deliverable for the development of the system. The table includes the list of task and status of each of the activities. This project does not include plans for cost analysis work.

<b>Table 1: Overview of progress made on AHIP Project</b>			
<b>Dash Board</b>			
			<b>Progress</b>
<b>Completed</b>	<b>In Progress</b>	<b>Not Started</b>	
1. Develop an Integrated Security and Confidentiality Policies and Procedures for Communicable Diseases (including viral hepatitis), TB, STDs, and HIV			
2. Develop an assessment of DPH Staff for a “Integrated Communicable Disease IT Solution”			
3. Work with CDC to develop a report on “An Informatics Analysis for Enhanced Integration and Collaboration”			
4. Work with CDC to develop a report on a “Market Research on Data Systems”			
5. Hire project staff			
6. Conduct Situational Analysis (PART 1 SWOT)			
7. Evaluate Integration Models (PART 2 SWOT)			
8. Project Business Case Completed			
9. Candidate System Evaluation and Selection			
10. Develop reports on requirements documents			
11. High Level Requirements Document			
12. High and mid level workflows			
13. Leadership/Project Governance Team Formed			
14. Project Repository Created (Basecamp)			
15. Project decision tracking document			
16. Project Charter and Org Chart			
17. Developed Project Monitoring Tools			
18. High Level Workplan			
19. Project Kickoff and Orientation			
20. Report on grants crosswalk			
21. Purchase Consilience Software			
22. Project Scope			
23. Communications Plan			
24. IT Database Assessment			
25. IT Scope and Project Org Chart			
26. IT Hardware/Equipment Assessment			

**Table 1: Overview of progress made on AHIP Project**

	 Completed	 In Progress	 Not Started	 Progress
27. Core Patient Module Requirements				
28. ELR Module Requirements				

3. Describe any immediate **technical assistance** needs and resources needed for the implementation and evaluation of the Category C funded project.

The jurisdiction has hired Data Analysis Research Evaluation (DARE) Global Innovations to provide technical assistance for the project. DARE Global Innovations support the jurisdictions technical team to implement a lifecycle project management approach to an integrated software solution. These activities include assisting senior managers in overall cross cutting project management, collaborating with governance council and vendor for developing, testing and deploying integrated software solution for SFDPH.

DARE Global Innovations is working with the health department to define how and what data is collected; identify skills and activities common to each specific disease, categorize each in core division functions, identify areas for integration, develop plans, timelines and strategies for program integration, shift tasks appropriately and develop new competencies within the existing workforce through capacity building, training and technical assistance.

4. Describe any **successes** experienced with implementing your demonstration project during this reporting period.

While Year 1 is an intensive process, Year 2 has been a time for staff to roll-up their sleeves and get to the core work of bringing the platform to life. Multiple teams were brought together in order to develop business rules, workflows, user access levels, reports, interfaces and interoperability with the health departments Electronic Medical Record (EMR), and Electronic Lab Reporting (ELR). The jurisdiction will also have to ensure that the system will report out to the multiple state and federal partners including preventative services provided and surveillance activities.

The Subject Matter Experts (SMEs) have been working hard to gather the documentation required for this project. Table 1 provides you with a list of all of the tasks that have been completed or are in progress. The SMEs include epidemiologist, Information Technically (IT) staff, data managers, Disease Investigators, and program staff. The SMEs have documented around 200 workflows which include how services are provided (e.g., how a patient gets a test), how the data is transferred to the Disease Investigators for outbreak investigation (e.g., partners serves), and how labs are reported to the health department (e.g., fax, mail, electronically).

This information has been submitted to our contractors DARE Global Innovations to create a document that provides the IT consultants with translational language to map the public health activities to technical requirement and specification to the new software. They are also looking at our workflows from a public health perspective to identify synergies to improve efficiencies in the process or identify new methods to conducting the activities.


























5. Describe any **challenges** experienced with implementing your demonstration project during this reporting period.

















Due to the delay of the approval by CDC of the redirection of the Part C Budget, the San Francisco Department of Public Health could not purchase the software for the comprehensive integrated data system to unify data necessary to strengthen the system of care and prevention. The delay created a ripple-effect, whereby the health department was unable to finalize the procurement process in order to purchase the system by December 31, 2012. This ripple-effect has also extended to the hiring of the consultants from the Strategic Solutions Group. This team will provide the IT expertise and develop the customization and configuration of the software to meet the need of the local jurisdiction.

6. Describe any **anticipated changes** to your Category C demonstration project for year 3.

No changes are anticipated for year three of the project. Table 2 provides the list of tasks that we will continue for the lifecycle to the project. The project staff will monitor the activities using the on-line project management software BaseCamp and will report the

progress to CDC through the progress reports. Detail level information on the tasks provided by the contractors can be found in the budget justification.

<b>Table 2: AHIP Project Year Three</b>				
	<b>Dash Board</b>			
				<b>Progress</b>
	<b>Completed</b>	<b>In Progress</b>	<b>Not Started</b>	
1. Provider Crosswalk				
2. Operational Metrics				
3. Standard Operating Procedures (SOP)				
4. New policies and protocols				
5. Cost Models				
6. Evaluation Framework				
7. Performance Evaluation Framework				
8. Knowledge management implementation strategy				
9. <b>MODULE(S) REQUIREMENTS</b>				
10. Laboratory Reporting Assessment				
11. Maven pre-modeling concept discussions				
12. Develop Data Dictionary				
13. Maven modeling and localization				
14. DB conversion/integration from EMR system				
15. Incoming ELR interface using one consistent HL7 format				
16. EHARS interface (outbound)				
17. EvaluationWeb interface (outbound)				
18. Build Core, ELR, and HIV Modules				
19. User Acceptability Testing (Core, ELR, HIV)				
20. Core, ELR, HIV Module Revisions and Testing				
21. SAS data file based conversion				
22. Billing extract file (HIPPA x 12 837 format)				

<b>Table 2: AHIP Project Year Three</b>			
			
	<b>Completed</b>	<b>In Progress</b>	<b>Not Started</b>
	<b>Dash Board</b>		
			<b>Progress</b>
23. Excel based lab import			
24. Workflow queue configurations			
25. Module(s) Requirements			
26. Build CD, STD, TB Modules			
27. User Acceptability Testing (CD, STD, TB)			
28. Module Revisions and Testing			
29. Build Canned Reports and Query Tools			
30. DPH, CDC, CDPH System Interfaces			
31. Data Migration			
32. User Acceptance Training			
33. Maven Admin Training			
34. Train-the trainer session			
35. Launch Integrated Data System			

**SECTION IV: STAFFING AND MANAGEMENT**

1. Have all health department staff responsible for implementing interventions and services for PS12-1201 been hired and trained? If no, please indicate the vacant staff positions and provide a detailed plan with timeline for hiring/filling vacancies and completion of training.

**Category A**

Yes, for San Francisco, Marin and San Mateo, all health department staff responsible for implementing interventions and services for PS12-1201 been hired and trained. In San Mateo, one new staff person (Community Worker II) is scheduled to complete Basic Counselor Skills Training September 24-27, 2013.

**Category B**

The position of Director of Clinical Prevention has been vacant since spring, 2013. This position will be re-titled and managed by the Director of the Disease Prevention and



Control Branch, a new branch that will operationalize on July 1, 2013. This position will remain vacant until the new branch is in place and assignments can be reviewed within the new organizational structure.

**Category C**

Given the delay in the purchase of the software, the city and county paused the hiring of the two IT staff for the project as a cost saving measure. This includes the IS Administrator 1024 and the IS Programmer 1063. The Director of Operation, Finance and Grants Management is now working with Human Resources to line up the hiring process and the process will proceed once the system is purchased. Once the staff is hired they will work in partnership with the IT form Strategic Solutions Group, and work side-by-side so that they can understand the development of the customization and configuration of the software.

**SECTION V: RESOURCES ALLOCATION**

**Category A:**

1. Include the percentage of Category A funding resources allocated to the required and recommended program components for Year 2 (2013) and what is being proposed for Year 3 (2014)? *Note: Percentage should be inclusive of internal health department expenses as well as funding resources being allocated external to the health department for the required components. This information should be reflected within the budget. The percentages will be pre-populated within EvaluationWeb based upon the information provided in Appendix C: Overall - Budget Allocation with CDC Funding Sources for Budget Year 2013 (Page 26).*

**Year 2 (2013):**

Required Components: 78.00%

Recommended components 22.00%

**Proposed for Year 3 (2014):**

Required components: 78.00%

Recommended components: 22.00%

2. Please identify each city/MSA with at least 30% of the HIV epidemic within the jurisdiction. For directly-funded cities, please report areas (or zip codes) within the MSA with at least 30% of the HIV epidemic within the jurisdiction. If no area represents at least 30% of the HIV epidemic, then identify the top three MSA/MDs, cities, or areas within the jurisdiction that have the greatest burden of disease. **See Appendix C: Resource Allocation.**

**Category B:**

1. Include the percentage of Category B funding resources allocated to HIV testing in healthcare settings and non-healthcare settings for Year 2 (2013) and what is being proposed for Year 3 (2014)? *Note: Percentage should be inclusive of internal health department expenses as well as funding resources being allocated external to the health department for the required components. This information should be reflected within the budget. The percentages will be pre-populated within EvaluationWeb based upon the information provided in Appendix C: Overall - Budget Allocation with CDC Funding Sources for Budget Year 2013(Page 26).*

**Year 2 (2013):**

HIV testing in healthcare settings: 100.00%

HIV testing in non-healthcare settings: 0.00%

**Proposed for Year 3 (2014):**

HIV testing in healthcare settings: 100%

HIV testing in non-healthcare settings: 0.00%

**All Categories:**

1. Please provide information for the budget allocation tables for 2013. **See Appendix C. Budget Allocation Tables.**

Not required. San Francisco completes ECHPP Budget Allocation Tables.

**SECTION VI: BUDGET**

1. Did you submit a 424A form and separate budgets for Categories, A, B and C? See *Budget Information and Justification under the instructions section.*

Yes.

2. Are you requesting Direct Assistance (DA) in lieu of Financial Assistance (FA) for Year 3? If yes, please outline the DA staffing Needs.

*Note: Pending final determination, FA funding may convert to DA funding for the purpose of acquiring Statistical Analyst System (SAS) license for staff dedicated less than 50% of their time to HIV activities.*

No.

3. In states that have directly funded cities, both funded entities must have a Letter of Agreement (LOA) in place detailing the understanding that has been reached regarding the delivery of service, including any funding implications, within the directly funded city. If there have been any changes to the LOA, please submit the updated LOA with

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this IPR submission. If there are no changes to the current LOA, then please confirm that the current LOA will remain in place for the new budget period (Year 3: January 1, 2014 - December 31, 2014).

The current LOA will remain in place for Year 3: January 1, 2014 - December 31, 2014.

**Note:** Please note the following related to the funding for Year 3 of PS12-1201:

Category A: Category A funding amounts for each jurisdiction will continue to be based on the funding algorithm. Grantees should refer to the funding range for 2013 provided in Attachment X: Funding Tables on the 12-1201 website at <http://www.cdc.gov/hiv/topics/funding/PS12-1201/pdf/Attachment-X.pdf>. These funding tables were developed to support the original FOA (published in 2011) and do not reflect any FY2013 or FY2014 congressionally mandated reductions, as applicable. For Category A, funding recommendations will be based on the algorithm and the congressionally mandated reductions will be applied, as appropriate.

Category B: Level funding (inclusive of the sequestration and rescission amount).

Category C: Level funding (inclusive of the sequestration and rescission amount).

#### **SECTION VII: ASSURANCE OF COMPLIANCE**

**Instructions:** Submit the completed form for all materials used or proposed for use during the reporting period of **January 1, 2014 - December 31, 2014**. Attach the Assurance of Compliance Form to the application through the "Mandatory Documents" section of the "Submit Application Page" on Grants.gov. Select "Other Documents Form" and attach as a PDF file (See **Appendix D for template**).

- "Assurance of Compliance with the Requirements for Contents of AIDS Related Written Materials" (CDC 0.1113). Please see <http://www.cdc.gov/od/pgo/forms/hiv.htm> for instructions on completing the Assurance of Compliance Form.

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## APPENDICES

**Appendix A: Category A**

**I. HIV Test Data**

(January 1, 2013 - June 30, 2013)

Please complete the tables below (Tables A-1 through A-5) for HIV Testing for Category A. Please provide the following data for HIV Testing (newly diagnosed and previously diagnosed), Linkage to Care, Partner Services, and Prevention Services during the reporting period.

**I. HIV Testing - Test Events, Positive Tests, and Outcomes**

	Number of Test Events	Newly Diagnosed Positive Test Events*		Newly Diagnosed Positive Test Events with Client Linked to HIV Medical Care**		Newly Diagnosed Confirmed Positive Test Events		Newly Diagnosed Confirmed Positive Test Events with Client Interviewed for Partner Services		Newly Diagnosed Confirmed Positive Test Events with Client Referred to Prevention Services	
		n	%	n	%	n	%	n	%	n	%
Healthcare Settings	4555	43	0.94%	27	62.79%	38	0.83%	32	84.21%	36	94.74%
Non-Healthcare Settings	9168	108†	1.18%	35	32.41%	43†	0.47%	38	88.37%	41	107.89%
<b>Total</b>	<b>13723</b>	<b>151</b>	<b>1.10%</b>	<b>62</b>	<b>41.06%</b>	<b>81</b>	<b>0.59%</b>	<b>70</b>	<b>86.42%</b>	<b>77</b>	<b>95.06%</b>

\* Includes unconfirmed preliminary positive test events plus confirmed positive test events

\*\* Referred for medical care and attended 1st medical appointment within 90 days (3 months) of positive test date

† There were 108 total individuals testing newly HIV-positive; however, only 43 met the criteria for linkage to care and partner services (for example, out of jurisdiction cases are not included in the 43). Therefore the variables in the table are based on a denominator of 43, not 108.

**Table A-2. Previously diagnosed positive HIV test events**

	Number of Test Events	Previously Diagnosed Positive Test Events*		Previously Diagnosed Positive Test Events with Client Re-engaged in HIV Medical Care**		Previously Diagnosed Confirmed Positive Test Events		Previously Diagnosed Confirmed Positive Test Events with Client Interviewed for Partner Services		Previously Diagnosed Confirmed Positive Test Events with Client Referred to Prevention Services	
		n	%	n	%	n	%	n	%	n	%
Healthcare Settings	4555	4	0.09%	1	25.00%	1	0.02%	1	100.00%	1	100.00%
Non-Healthcare Settings	9168	11	0.12%	6	54.55%	7	0.08%	6	85.71%	7	116.67%
<b>Total</b>	<b>13723</b>	<b>15</b>	<b>0.11%</b>	<b>7</b>	<b>46.67%†</b>	<b>8</b>	<b>0.06%</b>	<b>7</b>	<b>87.50%</b>	<b>8</b>	<b>100.00%</b>

\* Includes unconfirmed preliminary positive test events plus confirmed positive test events.

\*\* Referred for medical care and attended 1st medical appointment

† Most of the individuals not re-engaged in care were already engaged in care.

2. HIV Testing - By Site Type

Table A-3. Test events and positive test events in healthcare and non-healthcare settings, by site type.

	Number of HIV Test Events	Newly-Diagnosed Positive Test Events*	Previously-Diagnosed Positive Test Events*
<b>Healthcare Sites</b>			
Emergency Departments	0	0	0
Urgent Care Clinics	31	0	0
Inpatient Units	0	0	0
Community Health Centers	0	0	0
Other Primary Care Clinics**	31	0	0
Pharmacy-based Clinics	0	0	0
STD Clinics	3904	37	4
TB Clinics	0	0	0
Other Public Health Clinics	0	0	0
Dental Clinics	0	0	0
Correctional Facility Clinics	357	1	0
Substance Abuse Treatment Facilities	232	0	0
Other Healthcare Settings	0	0	0
<b>Non-Healthcare Sites</b>			
CBOs and Other Service Organizations	9011	108	18
Other Non-Healthcare Settings	157	0	0
<b>Total</b>	<b>112</b>	<b>56</b>	<b>13723</b>

\* Includes unconfirmed preliminary positive rapid tests plus confirmed positive tests.

\*\* Includes hospital-based or free-standing primary care clinics, health maintenance organizations, family planning and reproductive health clinics, college and university student health clinics, and retail-based clinics.

3. Number of Test Events, Newly-Diagnosed HIV Positives, and Previously-Diagnosed HIV Positives (stratified by gender, race/ethnicity, and HIV risk category)

		Healthcare Settings			Non-Healthcare Settings		
		Test Events	Newly-Diagnosed Positive Test Events*	Previously-Diagnosed Positive Test Events*	Test Events	Newly-Diagnosed Positive Test Events*	Previously-Diagnosed Positive Test Events*
<b>Gender</b>							
Male		3849	38	4	8009	97	16
Female		663	0	0	810	2	0
Transgender		41	0	0	317	0	0
Unknown Gender		2	0	0	32	0	0
<b>Total</b>		<b>4555</b>	<b>38</b>	<b>4</b>	<b>9168</b>	<b>99</b>	<b>16</b>
<b>Race/Ethnicity</b>							
Hispanic		1281	8	1	2003	33	3
Non-Hispanic:	American Indian / Alaskan Native	35	0	0	96	2	0
	Asian	393	6	0	1238	13	3
	Black / African American	426	6	0	780	12	4
	Native Hawaiian / Pacific Islander	32	0	0	190	4	1
	White	1976	17	3	4257	39	5
	Multi-Race	331	1	0	321	2	2
Unknown Race / Ethnicity		81	0	0	283	3	0
<b>Total</b>		<b>4555</b>	<b>38</b>	<b>4</b>	<b>9168</b>	<b>108</b>	<b>18</b>
<b>HIV Risk Category</b>							
MSM			30	2	6316	84	14
IDU			0	0	253	3	0
High-risk			1	0	435	3	0



Heterosexual					
MSM / IDU	7	0	133	3	1
Other Risk Category	0	0	1219	11	2
Unknown Risk Category	0	0	535	4	1
<b>Total</b>	<b>38</b>	<b>2</b>	<b>8891</b>	<b>108</b>	<b>18</b>

\* Includes unconfirmed preliminary positive rapid tests plus confirmed positive tests.

**4. HIV Testing - Indirect Tests - Healthcare Settings Only**

Not applicable

	Total Tests	Newly Identified HIV-positive Tests**
Tests not reported to CDC as test-level data (from healthcare settings only)	0	0

**5. Interventions and Services for High-Risk HIV-Negative Individuals**

Target Population	Total ## of High-risk HIV-negative Persons Enrolled in Behavioral Risk Screening	Total ## of High-risk HIV-negative Persons Enrolled in Individual- and Group-level Evidence-based Interventions	Total ## of High-risk HIV-negative Persons Enrolled in Community-level Evidence Based Interventions	Total ## of High-risk HIV-negative Persons Enrolled in Other Locally Developed Programs
Transgender Females; API MSM substance users	3237	3237	4574	Unknown*
Latino MSM	373	373	445	Unknown*
Latino MSM; Latino MSM substance users	1498	1498	3107	Unknown*
MSM substance users; HIV positive people; African American MSM; MSM overall	2529	2529	4435	Unknown*
IDUs	0	0	0	50
MSM	0	0	0	23
High-risk Heterosexuals	0	0	0	125

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African Americans	0	0	0	15
Hispanics(zip codes 94063/94080)	0	0	0	35

\*San Francisco County data systems do not distinguish between EBIs and locally developed programs.

**6. Additional Information**

Please provide any other explanatory information or data you think would be important for CDC to receive (e.g., additional coordination and collaborations to support PS12-1201).

**Appendix B: Category B**

**I. HIV Test Data**

(January 1, 2013 - June 30, 2013)

*Please complete the tables below (Tables B-1 through B-5) for HIV Testing for Category B. Please provide the following data for HIV Testing (newly diagnosed and previously diagnosed), Linkage to Care, Partner Services, and Prevention Services during the reporting period.*

**1. HIV Testing - Test Events, Positive Tests, and Outcomes**

Not applicable.

**2. HIV Testing - By Site Type**

Not applicable.

**3. Number of Test Events, Newly-Diagnosed HIV Positives, and Previously-Diagnosed HIV Positives (stratified by gender, race/ethnicity, and HIV risk category)**

Not applicable.

**4. HIV Testing - Indirect Tests - Healthcare Settings Only**

Not applicable

<b>Table B-5. Indirect Tests - Healthcare Settings, Only*</b>		
	<b>Total Tests</b>	<b>Newly Identified HIV-positive Tests**</b>
Tests not reported to CDC as test-level data (from healthcare settings only)	14,588	33

\* These are tests that are not paid for by the health department, but for which the health department claims responsibility by virtue of having promoted routine HIV testing to the facility and provided training or technical assistance to the facility

\*\* Includes unconfirmed preliminary positive test events plus confirmed positive test events

Note: Category B funds support laboratory infrastructure to manage an increased volume of HIV testing; however, the funds do not pay for the testing encounter or testing staff. The tests reported to CDC in EvaluationWeb are therefore “indirect” tests, and they result from efforts to promote routine HIV testing. The test-level data is extracted from the electronic medical record and provided to CDC via EvaluationWeb.

5. Total Tests for Category B paid for by 3rd party reimbursement (if applicable)

Not applicable

**Table B-6. Estimated Percentages of Test Events Paid for by PS12-1201 Category B Funds, by 3rd Party Reimbursement, and by Other Funds.**

Funding Source	Estimated Percent of Test Events	
	Healthcare Settings	Non-Healthcare Settings
PS12-1201 Category B	0%	N/A
3rd Party Reimbursement	Unknown	
Other (Please Specify):		
0	0%	0%

6. Number of STD, Hepatitis, and TB Tests Conducted Under Service Integration for Category B (if applicable)

Not applicable

If funded to conduct screening for other infections in conjunction with HIV testing (i.e., service integration), please provide the following data for the reporting period.

**Table B-7: Number of STD, Hepatitis, and TB Tests Conducted Under Service Integration for Category B**

	Number of Tests					
	Syphilis	GC <sup>1</sup>	CT <sup>2</sup>	HBV <sup>3</sup>	HCV <sup>4</sup>	TB <sup>5</sup>
Healthcare	0	0	0	0	0	0
Non-Healthcare	0	0	0	0	0	0

<sup>1</sup>GC=gonorrhea; <sup>2</sup>CT=chlamydial infection; <sup>3</sup>HBV=hepatitis B virus; <sup>4</sup>HCV=hepatitis C virus; <sup>5</sup>TB=Tuberculosis

7. Additional Information

Please provide any other explanatory information or data you think would be important for CDC to receive (e.g., additional coordination and collaborations to support PS12-1201).

**Appendix C: Resource Allocation**

**1. Resource Allocation - Areas within the Jurisdiction with the Greatest Burden of HIV Disease**

Identify each city/MSA with at least 30% of the HIV epidemic within the jurisdiction. For directly-funded cities, please report areas (or zip codes) within the MSA with at least 30% of the HIV epidemic within the jurisdiction. If no area represents at least 30% of the HIV epidemic, then identify the top three MSA/MDs, cities, or areas within the jurisdiction that have the greatest burden of disease.

PS12-1201 resources are allocated within the three-county San Francisco MSA based on 2008 living HIV/AIDS cases. The City and County of San Francisco represents nearly 90% of the epidemic within the MSA. The exhibit below shows the resource distribution. As the grantee, San Francisco is funded at a slightly higher proportion than the other counties in order to support costs related to grant administration. Although the MSA is only required to report on the areas of the jurisdiction representing greater than 30% of the epidemic, Marin and San Mateo counties have also developed plans.

Reporting of MSAs/Cities/Areas with ≥ 30% of the HIV Epidemic within the Jurisdiction			
MSA/CITY/AREA	Percentage of HIV Epidemic within the Jurisdiction	Percentage of PS12-1201 Funds Allocated	Components and Activities Funded
City & County of San Francisco	89.5%	91%	<p><b>Category A</b></p> <ul style="list-style-type: none"> <li>• HIV testing</li> <li>• Comprehensive Prevention with Positives</li> <li>• Condom distribution</li> <li>• Policy initiatives</li> <li>• Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk of Acquiring HIV</li> <li>• Social Marketing, Media, and Mobilization</li> <li>• Pre-Exposure Prophylaxis and Non-Occupational Post-Exposure Prophylaxis Services</li> </ul> <p><b>Category B</b></p> <ul style="list-style-type: none"> <li>• Expanded HIV Testing for</li> </ul>

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			<p>Disproportionately Affected Populations</p> <p><b>Category C</b></p> <ul style="list-style-type: none"> <li>• Demonstration Project</li> </ul> <p>Additional (not funded by PS12-1201) Syringe Access &amp; Disposal</p>
Marin County	3.4%	3%	<p><b>Category A</b></p> <ul style="list-style-type: none"> <li>• HIV testing</li> <li>• Condom distribution</li> </ul>
San Mateo County	7.1%	6%	<p><b>Category A</b></p> <ul style="list-style-type: none"> <li>• HIV testing</li> <li>• Comprehensive Prevention with Positives</li> <li>• Condom distribution</li> <li>• Policy initiatives</li> </ul>

**2. Overall - Budget Allocation with CDC Funding Sources for Budget Year 2013**

Please provide the following information on your overall funding for budget year 2013.

Not required. San Francisco completes ECHPP Budget Allocation Tables.

**3. By Category - Budget Allocations for Required Program Components**

Not required. San Francisco completes ECHPP Budget Allocation Tables.

San Francisco Department of Public Health  
HIV Prevention Section  
PS12-1201 Comprehensive HIV Prevention Project for Health Depts.  
Category A  
01/01/2014-12/31/2014  
Submitted 09/16/2013

A.	Salaries	\$1,340,487
B.	Mandatory Fringe	\$563,005
C.	Consultant Costs	\$0
D.	Equipment	\$0
E.	Materials and Supplies	\$18,405
F.	Travel	\$10,284
G.	Other Expenses	\$77,205
H.	Contractual	\$3,797,712
I.	Total Direct Costs	\$5,807,098
J.	Indirect Costs (25.2% of Total Salaries)	\$337,802
	<b>TOTAL BUDGET</b>	<b>\$6,144,900</b>

A. SALARIES

\$1,340,487

Position Title and Name	Annual	Time	Months	Amount Requested
Manager II	\$122,642	10%	12 months	\$12,264
Senior Health Educator	\$90,636	45%	12 months	\$40,786
Physician Specialist	\$137,141	74%	12 months	\$101,484
Disease Control Investigator	\$76,960	100%	12 months	\$76,960
Health Program Coordinator III	\$97,994	100%	12 months	\$97,994
Health Program Coordinator III	\$97,994	65%	12 months	\$63,696
Health Program Coordinator III	\$97,994	100%	12 months	\$97,994
Health Program Coordinator III	\$88,195	100%	12 months	\$88,195
Health Program Coordinator I	\$87,594	30%	12 months	\$26,278
Health Worker III	\$64,896	100%	12 months	\$64,896
Health Worker III	\$64,896	100%	12 months	\$64,896
Health Worker III	\$64,896	100%	12 months	\$64,896
Health Worker I	\$52,988	100%	12 months	\$52,988
Management Assistant	\$77,714	100%	12 months	\$77,714
Sr. Administrative Analyst	\$98,488	20%	12 months	\$19,698
Administrative Analyst	\$83,642	25%	12 months	\$20,911
Administrative Analyst	\$83,642	50%	12 months	\$41,821
Principal Administrative Analyst	\$112,918	40%	12 months	\$45,167
Sr. Administrative Analyst	\$98,488	50%	12 months	\$49,244
Administrative Analyst	\$83,642	50%	12 months	\$41,821
IS Business Analyst	\$93,522	30%	12 months	\$28,057
Personnel Analyst	\$72,462	25%	12 months	\$18,116
Senior Systems Accountant	\$108,576	25%	12 months	\$27,144
Senior Accountant	\$78,312	50%	12 months	\$39,156
Senior Accountant	\$78,312	50%	12 months	\$39,156
Senior Accountant	\$78,312	50%	12 months	\$39,156

Job Description: Manager II

This position oversees San Francisco's publicly-funded HIV programs that are designed to end new HIV infections and ensure that all HIV-infected persons are offered care and treatment. The HIV Prevention Section (HPS), now a part of the Community Health Equity Branch (CHEP), emphasizes effective, sustainable programs that are cost-efficient and accountable for decreasing HIV incidence and improving health equity. Throughout the rest of this document, the new branch will be referred to as HPS. The Director oversees multiple HIV prevention interventions throughout the city, including HIV testing, syringe access programs, substance use treatment programs, and linkage to care and treatment support programs. The Director oversees the work of HPS to inform policies, laws, and other structural factors that influence HIV prevention and treatment, emphasizing the need to address an individual's overall health as part of HIV prevention efforts. The Director acts as the governmental Co-Chair of the local community planning



group. The Director also oversees a team of staff members that serve as the primary contact for community-based providers

Job Description: Senior Health Educator

This position, the Director of Strategic Integration (DSI), is responsible for planning and evaluating San Francisco's system of HIV prevention to ensure goals are being achieved, identify gaps, and determine the extent to which HIV prevention efforts are aligned with local priorities and the National HIV/AIDS Strategy. The DSI works collaboratively with other SFDPH Sections to plan and achieve an integrated, evidence-based San Francisco HIV Strategy and coordinates with all HPS Units, other SFDPH sections, and Marin and San Mateo counties to prepare the Jurisdictional HIV Prevention Plan and Comprehensive Program Plan. The DSI ensures that the goals and objectives of HIV-related grants within SFDPH (e.g., CDC Cooperative Agreement, ECHPP) grants are being met. Works closely with Community-Based Prevention, Clinical Prevention, and Policy areas to evaluate community-based HIV prevention programs (including HIV testing, prevention with positives, and condom distribution) as well as policy initiatives. The DSI coordinates grant writing and reporting for HIV-related grants within SFDPH.

Job Description: Physician Specialist

The Physician Specialist oversees all aspects of the Expanded Testing Initiative, in addition to development and implementation of other HIV prevention initiatives in clinical settings such as navigation/retention interventions. The Physician Specialist works with medical providers to support partner services and the SFDPH treatment guidelines. The Physician Specialist focuses on collaboration and coordination to integrate efforts into a seamless continuum of care. This position reports to Manager II and supervises and provides back-up clinical support to the Navigation and Expanded Testing field staff.

Job Description: Disease Control Investigator

This position works with the Community-Based Prevention Unit to provide technical assistance to community-based programs that are responsible for meeting the prevention and other health needs of high prevalence populations. Responsible for community engagement activities for HPS, including convening and coordinating groups and other events for community members. Responsible for assessing and documenting the needs of African American communities, especially gay men. Supports community planning through provision of technical assistance and support.

Job Description: Health Program Coordinator III

This position works with community-based organizations and other providers to support the implementation and evaluation of programs to meet the goals and objectives of HPS. The position provides technical assistance and training to contractors to build capacity and ensure deliverables are met. Oversees budget management for community-based organizations. Primary liaison to the Contract Development and Technical Assistance Section, contracts, and fiscal offices.

Job Description: Health Program Coordinator III

This position works within the Contract Development and Technical Assistance Section and is responsible for the development, management, and quality of assurance of contracts and Memoranda of Understanding (MOU) to ensure the goals and objectives of HPS are met. Provides contract technical assistance to HPS contractors.

Job Description: Health Program Coordinator III

This position works within the Contract Development and Technical Assistance Section and is responsible for the development, management, and quality of assurance of contracts and Memoranda of Understanding (MOU) to ensure the goals and objectives of HPS are met. Provides contract technical assistance to HPS contractors.

Job Description: Health Program Coordinator III

This position implements internal policies and systems to meet City, State, and Federal policies around compliance and mandatory training for HPS staff. The HPC implements innovative methods to ensure effective and efficient completion of compliance training, including compliance with emergency preparedness requirements. The HPC supervises the receptionist and office manager.

Job Description: Health Program Coordinator I

As part of the leadership of the Community-Based Prevention Unit, this position manages the community planning activities for the HPS, implements policy initiatives, and provides technical assistance to community-based organizations. Supervises three staff members that support the HIV Prevention Planning Council (HPPC) to develop and coordinate council and work group scopes of work, meetings, and special projects. Participates in the development of the Jurisdictional HIV Prevention Plan and Requests for Proposals (RFP). Provides leadership within the Community-Based Prevention Unit in providing technical assistance and by assessing the overall system of prevention and planning and convening provider meetings. Plans and implements policy initiatives.

Job Description: Health Worker III

This position works with providers to support implementation of HIV prevention programs. Also oversees the SFHIV educational website and manages the content. Works with HIV testing providers to ensure quality control and inventory of rapid testing. Orders, manages and delivers HIV testing materials to providers.

Job Description: Health Worker III

This position works in the Community-Based Prevention Unit and provides certification training for HIV counselors in addition to providing technical assistance to testing providers. Conducts the Condom Availability Program in high schools in San Francisco. Works with the school district to build capacity through HIV education and training staff development for teachers and administrators. Assists the Linkage Integration Navigation and Comprehensive Services (LINCS) program in providing partner services and linkages.

Job Description: Health Worker III

This position works in the Community-Based Prevention Unit and coordinates the work of the HPPC, including subgroups and leadership meetings. Provides technical assistance and training to HIV prevention providers, with an emphasis on those reaching transgendered populations. Convenes and manages the Transgender Advisory Group to HPS.

Job Description: Health Worker I

This position works in the Community-Based Prevention Unit as part of the Community Planning team to ensure the HPPC meets the grant requirements and local planning needs. Provides technical assistance and training for HIV prevention providers, especially focused on reaching Latino males who have sex with males (MSM) populations. Coordinates the Materials Review Process.

Job Description: Management Assistant

This position works in the Community-Based Prevention Unit to support the HPPC and staff through the development and implementation of systems for coordination of Council activities. Works closely with HPPC Co-Chairs to facilitate coordination of meetings, communication, and databases. Prepares meeting agendas and materials. Manages the condom distribution program that ensures condoms are accessible throughout the City and County through venues accessible to high prevalence populations. Condoms are provided to venues such as commercial venues, community-based organizations, and convenience stores.

Job Description: Senior Administrative Analyst

This position provides fiscal and administrative support to the HPS. Prepares funding notification letters, manages section budgets and prepares statistical reports on HIV Prevention contracts. Works with HPS staff and contractors to resolve issues related to invoicing.

Job Description: Administrative Analyst

This position provides fiscal and administrative support to HPS. Prepares grant applications and reports. Monitors grant and contractor budgets and expenditures. Works with HPS staff and grantors to resolve fiscal issues. Serves as the liaison between Contracts and Accounts Payable Units.

Job Description: Administrative Analyst

This position provides operations support to HPS. This position is responsible for fiscal processing of operating expenditures, invoices, requisitions and payments, and preparing monthly expenditure reports.

Job Description: Principal Administrative Analyst

The Chief of the Contracts Unit is responsible for overall management of contract planning and development. This position manages contract negotiations, requests for proposals, contract development, and technical review processes.

Job Description: Senior Administrative Analyst

Under the direction of the Chief of the Contracts Unit, this position assists HPS staff with contract development, planning, negotiation, technical review, and certification. Assists with the RFP process, bidders' conferences, and compliance with Federal, State, and local laws.

Job Description: Administrative Analyst

Under the direction of the Chief of the Contracts Unit, this position assists contracts staff and program management staff with tracking the status of contracts from development through the certification processes. This position manages the contracts status and tracking system.

Job Description: IS Business Analyst

This position is responsible for developing data management systems and coordinating databases related to program evaluation and data collection. These include standardization of data variables, development of protocols, developing data entry screens and data checking programs. Coordinates data systems with federal and local requirements.

Job Description: Personnel Analyst

This position assists in the recruitment and selection process by processing of personnel transactions; reviews requests to fill positions; directs and reviews the preparation of personnel requisitions; tracks the certification and selection process; directs and participates in the processing of appointments; and receives, reviews and processes personal services contracts. Produces eligibility list for City employment; conducts job analyses, organizes recruitment activities, reviews employment applications, develops and administers selection devices, analyzes results, establishes passing scores, and creates eligible lists.

Job Description: Senior Systems Accountant

This position is responsible for management of grant accounting activities. Analyzes year-end accruals and liquidation of encumbrances. Performs revenue and expenditures analysis. Prepares financial reports and performs account reconciliation.

Job Description: Senior Accountant

This position is responsible for establishing appropriate classification structure within the general ledger account for grants. Ensures claims/costs are in compliance with the appropriate regulations. This position is responsible for grant accounts payable activities. Reconciles with expenditure reports and claims.

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**B. FRINGE BENEFITS** **\$563,005**  
 42% of Total salaries = \$563,005

**C. CONSULTANT COSTS** **\$0**

**D. EQUIPMENT** **\$0**

**E. MATERIALS AND SUPPLIES** **\$18,405**

Item	Rate	Cost
Office Supplies	\$400 monthly x 12 months	\$8,000
Condoms	Approximately 94,591 condoms at \$.11 each	\$10,405

Office Supplies: General office supplies for program staff members to carry out daily activities of the program.

Condoms: Approximately 94,591 condoms and lube at approximately \$.11 each.

**F. TRAVEL** **\$10,284**

Item	Rate	Cost
Local Travel	Muni pass and tokens \$66/MUNI pass x 12 months x 2 passes = \$1,584 \$2/token x 50 tokens/month x 12 months = \$1,200	\$2,784
Out-of-State Travel	Air fare	3 trips x 1 person x \$600/flight \$1,800
	Hotel	\$250 lodging x 4 nights x 3 trips \$3,000
	Registration	\$800 x 3 trips \$2,400
	Transportation	\$100/round trip x 3 trips \$300
Out-of-State subtotal		\$7,500

Local Travel: Muni passes for staff travel to meetings within San Francisco with contractors, HPPC members, and community members. Tokens are provided to clients as necessary for transportation to appointments when linking to care.

Out-of-State Travel: Funds provide for program staff and HIV Prevention Planning Council (HPPC) co-chairs to attend CDC meetings and other national and/or international conferences and meetings, such as the HIV Prevention Leadership Summit, US Conference on AIDS, and the CDC National Prevention Conference.

**G. OTHER** **\$77,205**

Item	Rate	Cost
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Office Rent	\$1.58/sq.ft./month x 2,267.93 sq. ft. x 12 months	\$43,000
Rent Support for Community Meetings	HPPC and other community meetings: 17 meeting /yr x \$157.18 average rent =\$2,672 Refreshments for HPPC Committee meetings: \$8.33/ member x 10 members x 4 committees x 12 meetings/year = \$4,000	\$6,672
Telephone/Communication	Average monthly cost \$416.67 x 12 months	\$5,000
ISD Services	IT Server	\$5,000
Participant Incentives/Client Stipends	\$100 to \$600 estimated average per stipend x approx. 20 persons	\$3,000
Staff Training	Approx. 6 trainings x \$2,422.17 each	\$14,533

**Office Rent:** Office Rent is covers expenses of office space rentals and maintenance for the HPS staff to perform their duties.

**Rent Support for Community Meeting:** Funds cover expenses of rentals and meeting supplies for regular meetings of the HIV Prevention Planning Council (HPPC), community engagement meetings, focus group meetings, and other community meetings.

**Telephone or communication:** Funds cover expenses is for local and long distance, fax usage, internet, and voice mail for program staff and administrative staff. All means necessary to communicate with contractors, community organizations and grantors.

**ISD Services:** Internet for program staff and administrative staff to communicate with contractors, community organizations and grantors, maintain SFDPH website and support HIV testing data reporting function.

**Participant Incentives/Client Stipends:** Cash incentives are provided to HPPC members living with HIV to support meeting attendance. HPCC provides stipends to compensate invited guests, community members, and HPPC members for special events and circumstances associated with HPPC/HPS meetings according to HPPC policies . The stipends are distributed to those who are not compensated or reimbursed by other financial resources . Estimated average per stipend is \$100 to \$600 to be issued to approximately 20 persons.

**Staff Training:** HIV testing technician and counselor training. Supports materials and supplies, such as binders, medical supplies, test kit supplies for approximately 6 trainings per year.

**F. CONTRACTUAL**

**\$3,797,712**

**1. Name of Contractor:** Marin County

**Method of Selection:** Marin County is part of the San Francisco Division and is a subcontractor to SFDPH.

**Period of performance:** 01/01/2014 - 12/31/2014

**Scope of work:**

- i) Service category: HIV Prevention Program for Marin County
  - (1) Award amount: \$195,789
  - (2) Subcontractors: Marin AIDS Project. Marin AIDS Project to provide HIV testing.
  - (3) Services provided: HIV Testing and linkage to care, HIV Testing outreach, partner services, and data collection and analysis. Provides oversight and monitoring of Marin AIDS Project subcontract. Certification provided upon award.

**Method of Accountability:** Annual program and fiscal and compliance monitoring.

**Itemized budget and justification:**

A. Salaries

Position Title and Name	Annual	Time	Months	Amount Requested
Senior Registered Nurse	\$100,691	35%	12 months	\$35,242
Support Service Worker I	\$50,000	43%	12 months	\$21,500
<b>Total</b>				<b>\$56,742</b>

Job Description: Senior Registered Nurse

The Senior Registered Nurse oversees quality assurance for the county and community testing programs, ensures all staff providing testing are trained and certified, and all tests are conducted properly. He/She orders and distributes supplies and ensures that the County and community testing programs have clear protocols for outreach, testing, and linkage to care. The Senior Registered Nurse also supervises one bilingual staff person who does outreach and testing in community and institutional settings, in collaboration with the community based testing program and do data entry. He/She performs rapid HIV Counseling Testing and Referral services in a variety of environments as well as work closely with a multi-disciplinary team in the coordination of clients' care.

Job Description: Support Worker I, Bilingual

This Support Service Worker conducts HIV outreach in the community in Spanish, as appropriate, and provides HIV prevention information to high risk groups/individuals and refers high risk individuals to HIV testing.

- B. Fringe Benefits \$23,003
  - Sr. RN Benefits: 61%% of Total salaries = \$21,498
  - Support Services Worker I: 7% of total salaries = \$1,505
- C. Consultant Costs \$0

D. Equipment \$0

E. Materials and Supplies

Item	Rate	Cost
HIV Test Kits and Confirmatory Tests	\$8.40/Rapid HIV Test Kit x 400 tests	\$3,360
HIV Test promotional Materials	HIV Testing program promotional materials with call in number for on demand testing	\$700
Total		\$4,060

HIV Test Kits and Confirmatory Tests: Funds for the purchase of Rapid HIV Test Kits and confirmatory tests, for the year.

HIV Test Promotional Materials: Funds for development and distribution of materials promoting HIV testing which includes the call-in number for on-demand testing.

F. Travel

Item	Rate	Cost
Mileage	\$0.565/mile x 1,061 miles	\$600
Total		\$600

Mileage: Local travel for mobile outreach and testing sites in the community

G. Other Expenses \$0

H. Contractual \$96,700

Subcontractor: Marin AIDS Project (MAP) \$96,700

A total of \$96,700 is requested for a subcontract to Marin AIDS Project to expand testing programs. This agency is the main AIDS service organization in the county.

Itemized budget and justification:

a) Salaries

Position Title and Name	Annual	Time	Months	Amount Requested
Program Manager	\$96,000	8.8%	12 months	\$8,403
Test Program Coordinator	\$44,074	87.9%	12 months	\$38,756
Test Counselor	\$49,588	8.7%	12 months	\$4,292
Community Outreach Worker	\$17.93/hr	463 hours		\$8,308
Community Outreach Worker	\$15/hr	260 hours		\$3,894
Total				\$63,653



Job Description: Program Manager

This position provides oversight of the MAP HIV Testing Program and staff. Ensure that CDC and County contract requirements are met. Meet regularly with County Testing Coordinator to facilitate program implementation.

Job Description: Test Program Coordinator

This position coordinates MAP's testing sites and collaborative participation. Help select outreach and program sites. Answer rapid response testing phone line. Conduct HIV tests at designated sites, and data entry in Evaluation Web.

Job Description: Test Counselor

This position conducts HIV tests at designated MAP locations.

Job Description: Community Outreach Worker

This position provides outreach to African American organizations and high risk clients in Marin City.

Job Description: Community Outreach Worker

This position conducts HIV testing outreach to homeless individuals.

- b) Fringe & Benefits \$13,847  
 PR tax 9%, WC 0.7%
- c) Consultant Costs \$0
- d) Equipment \$0
- e) Materials and Supplies \$0

f) Travel

Item	Rate	Cost
Local staff Travel - Mileage	\$0.565 x 2,506 miles	\$1,416

Mileage: Funds for staff travel to local meetings with collaborators and community members as well as to conduct outreach and travel to testing locations.

g) Other

Item	Rate	Cost
Insurance-malpractice	72% of actual = \$6,209.722 x 72%	\$4,471
Telephone	94% of actual = \$2,812.77 x 94%	\$2,644
Total		\$7,115

Insurance-malpractice: Funds cover a portion of the malpractice insurance for staff providing care and services to clients.

Telephone: Funds cover expenses is for local and long distance, fax usage, internet, and voice mail for program staff and administrative staff. All means necessary to communicate with contractors, community organizations and grantors.

h) Contractual	\$0
i) Total Direct Costs	\$86,031
j) Indirect Costs	\$10,669
Total Contract	\$96,700
I. Direct Costs	\$181,105
J. Indirect Costs (8.1% of Modified Total Direct Costs)	\$14,684
Total Costs	\$195,789

**2. Name of Contractor: San Mateo County**

**Method of Selection:** San Mateo County is part of the San Francisco Division and is a sub-contractor to SFDPH for the first time with this funding opportunity.

**Period of performance:** 01/01/2014 - 12/31/2014

b) Scope of work:

- i) Service category: HIV Prevention Program for San Mateo County
  - (1) Award amount: \$410,906
  - (2) Subcontractors: None.
  - (3) Services provided: HIV Testing and linkage to care, HIV Testing outreach, partner services, and data collection and analysis.

**Method of Accountability:** Annual program and fiscal and compliance monitoring.

**Itemized budget and justification:**

**A. Salaries**

Position Title and Name	Annual	Time	Months	Amount Requested
Communicable Disease Investigator (two positions)	\$95,500	180%	12 months	\$171,900
Community Outreach Worker II (two positions)	\$80,855	180%	12 months	\$145,539
<b>Total</b>				<b>\$317,439</b>

**Job Description:** Communicable Disease Investigators (two positions)

The CDI's are lead positions assisting in the implementation and coordination of opt-out testing in health system clinics and community clinics, ensure the provision of test results, provide linkage to care for newly diagnosed patients as well as patients who have fallen out of care, provide partner services throughout health system clinics and community clinics, assist private providers in implementing partner services, support the reporting of CD4 and viral load data from private and community clinics, assist in staffing of county STD clinic. These are 2 new positions funded with this grant. The positions report to the HIV Prevention Supervisor.

Job Description: Community Outreach Worker II – (two positions)

The Community Outreach Worker II positions are responsible for the daily outreach through the mobile testing vans to high-risk populations throughout the county. They provide HIV/STD/HCV testing, syringe exchange, condom distribution, risk reduction education, partner services and linkage to care for newly diagnosed. These positions also assist in staffing the county STD clinic. The positions report to the HIV Prevention Supervisor.

- B. Fringe Benefits \$0
- C. Consultant Costs \$0
- D. Equipment \$0

E. Materials and Supplies

Item	Rate	Cost
HIV Tests	HIV Rapid Test: \$11.66/kit x 2,500 kits =	\$32,560
	\$29,150	
	Controls: \$27.11/kit x 52 kits = \$1,410	
	Confirmatory: \$40/test x 50 tests	
Office Supplies	\$26.25/month x 12 months	\$315
Educational Materials	\$0.35 each x 1,960 pamphlets	\$686
Trainings Supplies	\$55.55 x 3.6 FTE	\$200
Condoms and Lubricant	\$0.062 each x 98,525 condoms = \$6,109	\$6,981
	\$0.0122 (3-4 lubes/kit) x 71,500 kits = \$872	
IT Supplies	2 Computers x \$2,289.50	\$4,579
Total		\$45,321

HIV Tests: Funds cover the purchase of Orasure HIV Rapid test kits and controls and confirmatory tests over the year. Approximately 2,500 HIV test kits, 52 controls and 50 confirmatory tests.

Office Supplies: General office supplies for program staff members to carry out daily activities of the program.

Educational Materials: Funds for the production of education pamphlets for outreach activities.

Conference/Training Supplies: Funds cover expenses for supplies needed to conduct training for staff.

Condoms and Lubricant: Funds for the purchase of condoms and lubricant for distribution to the community.

IT Supplies: Funds for the purchase/upgrade of computers for staff.

F. Travel

Item	Rate	Cost
Mileage	\$0.555/mile x 2,500 miles	\$1,388
Mileage – testing van	13,500 miles x \$0.85 mileage/replacement	\$11,475
Total		\$1,3863

Mileage: Funds for staff travel to local meetings with collaborators and community members as well as to conduct outreach and travel to testing locations.

Mileage – testing van: Funds for staff travel to local meetings with collaborators and community members as well as to conduct outreach and travel to testing locations.

G. Other Expenses

Item	Rate	Cost
Phone	3.6 FTE x \$468/year	\$1,685
Total		\$1,685

Telephone: Funds cover expenses is for local and long distance, fax usage, internet, and voice mail for program staff and administrative staff. All means necessary to communicate with contractors, community organizations and grantors.

H. Contractual

\$15,000

Subcontractor: Harm Reduction Therapy Center \$15,000

Itemized budget and justification:

a) Salaries

Position Title and Name	Annual	Time	Months	Amount Requested
Psychotherapist	\$78,511	17.53%	12 months	\$13,760

Total				\$13,760

**Job Description: Psychotherapist**

The Psychotherapist assesses, evaluates, and provides mental health treatment to identified clients of the SMMC HIV/STD program, based on theories conducive to the Harm Reduction model; meet with patients on an individual and/or group basis as directed collaboratively by therapist and patient; work in collaboration with healthcare providers, social workers, nurses and other subcontractors to ensure the safety and well-being of clients seen at Edison and Willow HIV clinics; educate patients, staff and subcontractors - both formal and informally - on the fundamentals of the harm reduction approach; provide written and verbal reports on the quality and quantity of work being performed on a monthly basis; attend all meetings as directed by the Client Services Coordinator; and other duties as assigned.

b) Fringe & Benefits	\$0
c) Consultant Costs	\$0
d) Equipment	\$0
e) Materials and Supplies	\$0
f) Travel	\$0
g) Other	\$0
h) Contractual	\$0
i) Total Direct Costs	\$13,760
j) Indirect Costs	\$1,240
Total Contract	\$15,000
I. Total Direct Costs	\$392,308
J. Indirect Costs	\$18,598
Annual Salary x 5.9%= \$18,598	
Total Costs	\$410,906

3. Name of Contractor: Public Health Foundation Enterprises, Inc. (PHFE)  
 Method of Selection: Request for Qualifications (RFQ) 15-2006 (Awarded 2006)

Period of Performance: 01/01/2014 - 12/31/2014

**Scope of work**

- i) Service category: Fiscal Intermediary
  - (1) Award amount: \$1,029,122
  - (2) Subcontractors: None.
- ii) Services provided: Fiscal intermediary services to the SFDPH HPS.

PHFE pays for four staff members and travel that support the goals and objectives of Category A. The staff supports community-based prevention efforts through training and technical assistance, in addition to coordination of data systems, expanding and adapting partnerships and collaborations.

**Method of Accountability:** Annual program and fiscal and compliance monitoring

**Itemized budget and justification:**

**A. Salaries**

Position Title and Name	Annual	Time	Months	Amount Requested
Program Coordinator	\$79,015	100%	12 months	\$79,015
Coordinator	\$57,770	100%	12 months	\$57,770
Linkage and Navigation Coordinator	\$69,950	50%	12 months	\$33,475
Navigator	\$45,000	100%	12 months	\$45,000
Medical Testing Manager	\$77,250	25%	12 months	\$19,313
HIV Testing Data Systems Specialist	\$72,092	95%	12 months	\$68,487
Executive Assistant	\$54,579	100%	12 months	\$54,579
Finance & Operation Manager	\$90,000	40%	12 months	\$36,000
Operations Assistant	\$50,000	65%	12 months	\$32,500
Front Desk Associate	\$55,000	50%	12 months	\$27,500
IT Applications Technician	\$72,072	20%	12 months	\$14,414
Facilities Assistant	\$41,600	10%	12 months	\$4,160
<b>Total</b>				<b>\$472,214</b>

Job Description: Program Coordinator

The Program Coordinator provides individual training, technical assistance and quality assurance oversight to HIV testing sites and other prevention programs, meeting with them regularly as well as providing group training.

Job Description: Coordinator

The Coordinator is the Coordinator of Linkage to Care and Partner Services for Testing Efforts in non-medical settings. She assists in the development of Linkage, Integration Navigation Services (LINCS) as the health department expands these efforts.

Job Description: Linkage and Navigation Coordinator

The SFDPH LINCS (Linkage, Integration, Navigation, and Comprehensive Services) Navigation Coordinator works under the supervision of the Director of Clinical Prevention and leads or assists in the development of the systems, policies and procedures, quality assurance (QA) measures, and training manuals needed for LINCS operations. This staff person directly oversees the HIV care navigator and is responsible for collecting data used to track client service utilization and monitor program outcomes. The coordinator also helps build and maintain the internal capacity to monitor and evaluate the outcomes of the LINCS Program.

Job Description: Navigator

The LINCS Navigator is a part of the Citywide LINCS program. As a Navigator, she supports HIV positive clients to engage and re-engage in care, understand treatment options, with the goal of adherence. She also supports the data needs for the LINCS team by tracking client service utilization and using data to identify clients in needs of additional support or outreach. This position reports to the LINCS Field Staff Manager.

Job Description: Medical Testing Manager

The Medical Testing Manager is responsible for collaborating with staff from HPS, UCSF, and the DPH clinics to implement all aspects of the Expanded Testing Initiative. The Manager supports and provides technical assistance to DPH Primary Care leadership to establish and implement the plan to expand HIV testing in the primary care clinics. He also works closely with the DPH HIV Testing Advisory Committee for this project, acts as primary liaison to San Francisco General and Primary Care administrative staff, and Jail Health Services. He works to expand testing in the clinics and jail clinics as well as network with other hospitals, federally funded primary care clinics and private medical providers to expand HIV testing beyond DPH. He is also responsible for managing all data required for this project which includes working with UCSF, SFGH, and DPH staff, including HIV Epidemiology Section staff, to access clinical records such as LCR and Sunquest. He manages and analyzes the data monthly to provide reports to the Director of Clinical Prevention, UCSF, SFGH and other DPH staff who monitors and evaluates the program.

Job Description: HIV Testing Data Systems Specialist

The Data Specialist ensures that HIV testing data is collected from internal and external programs, cleaned, stored and prepared for reports on a timely basis. The Specialist also provides technical assistance for external staff collecting testing data. She manages the data systems used by HPS for testing programs and interfaces with CDC and contractors to submit data.

Job Description: Executive Assistant

The Executive Assistant provides ongoing support for the project, including coordination of meetings and on-going conference calls between all parties involved. She also assists with preparing project presentation, and editing reporting documents. She works with the Finance and Operations Manager in managing project expenses.

Job Description: Finance and Operations Manager

The Finance and Operations Manager is responsible for the fiscal management, policy development, and financial reporting of projects related to the HPS. She develops budgets, monitors grants, and establishes contracts, sub-contracts, and cooperative agreements in addition to managing FTEs, benefits, budget estimates, and monthly reports to assist with the execution of activities. These reports are also used to make staffing, space and other logistically based decisions to ensure capacity, and to meet section needs. The Finance and Operations Manager collaborates with PHFE and SFDPH (Accounts Payable, Payroll, Human Resources, and Fiscal) on a regular basis to facilitate project activities.

Job Description: Operations Assistant

The Operations Assistant is responsible for processing invoices and expenses associated with accomplishing program activities. She reports to the Finance and Operations Manager and is responsible for all paperwork associated with accounts payable, payroll, human resources, and fiscal. In addition she manages deadlines and ensures all CDC reporting requirement are met.

Job Description: Front Desk Associate

The Front Desk Associate provides oversight of the reception area, answering a multi-line telephone and directing calls, guests, staff, messenger services and deliveries from various vendors.

Job Description: IT Applications Technician

The IT Applications Technician is currently responsible for maintenance and technical services for all computer equipment. This includes maintenance and oversight of hardware and software installations as well as information system needs assessment. The IT Applications Technician maintains and services any new hardware purchased such as servers for the system. He performs help-desk functions and provides technical assistance to employees and work with the IT Systems Specialist to on any technical assistance as needed.

Job Description: Facilities Assistant

The Facilities Assistant is responsible for facility-related projects to ECHPP staff. He assists with facilities maintenance and upkeep on an as-needed basis.

- B. Fringe Benefits \$146,386  
31% of total salaries
- C. Consultant Costs \$0
- D. Equipment \$0
- E. Materials and Supplies

Item	Rate	Cost
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Office supplies	\$188.75/month x 12 months	\$2,265
HPPC Meeting Supplies	\$500/month x 12 months	\$6,000
IT Supplies	\$2,000 each x 2 laptops	\$6,000
Lab Supplies	\$1,600/month x 12 months	\$19,200
HCV Test	\$18.25/test x 1,000 test per year	\$18,250
HIV Test Kits	HIV Test Kits: 2,083 test/month x \$7/month x 3 months = \$43,750	\$237,250
	HIV Test Kits: 2,083 test/month x \$10/month x 9 months = \$187,500	
	Controls: \$12 each x 500 per years = \$6,000	
Total		\$288,965

Office Supplies: General office supplies required for daily work for PHFE staff including, but not limited to pens, paper.

HPPC Meeting Supplies: Supplies required to for council meetings, costs include hand out materials and light refreshments. Refreshments are provided as incentives and support to community members living with HIV. Providing refreshments assists those who take medication to stay for the duration of the meeting.

IT Supplies: Information technology supplies: Including but not limited to four desktop computers and two laptop computers including all appropriate software.

Lab supplies: Additional supplies to perform HIV testing including but not limited to swabs, gauze, bandages.

HCV test kits: Funds for the purchase of approximately 1,000 test kits.

HIV test kits: Funds for the purchase of approximately 25,000 test kits annually and 500 controls annually.

F. Travel

Item		Rate	Cost
Out-of-State Travel	Airfare	Round Trip @ \$600 x 2 staffs x 4 trips	\$4,800
	Lodging	\$250 per night x 2 nights x 2 staffs x 4 trips	\$4,000
	Per diem	\$56 per day x 3 days x 2 staffs x 4 trips	\$1,704

	transportation	\$100/staff x 2 staffs x 4 trips	\$800
Total			\$11,304

Out-of-State Travel: Travel budgeted for 4 CDC meetings for two staff members

G. Other Expenses

Item	Rate	Cost
Training	\$800/training x 6 staff	\$4,800
Printing	\$433.33 x 12 months	\$5,200
Shipping	Lab shipping \$500/month x 12 months	\$6,000
Telecommunications	\$200/per month x 12 months	\$2,400
Total		\$18,400

Training: Funds necessary to provide continuing medical education units, skills development and professional development courses and conference registration.

Printing: Funds for costs of printing outreach materials, promotional items and labeling giveaways to reach community members.

Shipping: Funds for shipping test specimens to public health lab from community agencies.

Telecommunication: Funds for programmatic conference calls with collaborators, community members and funders.

H. Contractual	\$0
Total Direct Costs	\$937,269
I. Total Indirect Costs (at 9.8% of Modified Total Direct Costs)	\$91,852
Total Costs	\$1,029,122

(Below are Contracts with Community Based Organizations)

4. Name of Contractor: AGUILAS

Method of Selection: Request for Proposal (RFP) 21-2010 (awarded 09/01/2011)

Period of performance: 01/01/2014 - 12/31/2014

Scope of work:

- i) Service category: Special Project to Address HIV-Related Health Disparities Among Latino Males Who Have Sex with Males (MSM), with a Focus on Gay Males  
 (1) Award amount: \$353,500

- (2) Subcontractors: San Francisco AIDS Foundation
- (3) Services provided: HIV Testing, Prevention Case Management, Recruitment and Linkage, Groups, Events.

This service takes a holistic approach to HIV prevention, using a combination of services designed to meet the specific needs of Latino MSM. Program goals include 1) Promoting status awareness among Latino MSM through HIV testing; 2) Supporting initial linkage to primary care, partner services, and ancillary services for Latino MSM testing newly HIV-positive; 3) Supporting Latino MSM living with HIV to fully engage in their care; and 4) Providing HIV-negative Latino MSM with the information, resources, and support to stay negative. This program plays a substantial role in helping to change the HIV testing norm among Latino MSM, such that testing at least every six months becomes a regular practice. This program has a strong focus on HIV risk reduction, including components that address drivers, cofactors, contextual factors, and HIV risk behaviors; particularly unprotected anal sex. The required services are HIV testing, health education and risk reduction (HERR), prevention with positives (PWP), and linkages to appropriate services.

**Method of Accountability:** Annual program and fiscal and compliance monitoring

**Itemized budget and justification:**

A. Salaries

Position Title and Name	Annual	Time	Months	Amount Requested
Executive director/Program evaluator/Clinical Supervisor	\$156,825	38%	12 months	\$59,594
Recruitment Volunteer & Promotores Coordinator	\$35,784	91.8%	12 months	\$32,850
PCM Counselor	\$58,551	55%	12 months	\$32,203
Total				\$124,647

Job Description: Executive Director/Program Evaluator/Clinical Supervisor  
 This position oversees the agency and its infrastructure, lead in the design and development of all program activities, train all staff and supervise administrative and PCM staff, also oversees the program evaluation process and supervise its execution, supervise all group facilitators for quality control, and design and oversee the professional development activities of staff and our collaborating agency partners.

Job Description: Volunteer and Promotores Coordinator  
 This position coordinates all recruitment events and activities, manages volunteers and recruits and oversees the Promotores of the program.

Job Description: Prevention Case Management Counselor

This position provides prevention case management through initial and ongoing psychosocial assessment.

B. Fringe Benefit \$34,364  
 27.57% of total salaries = \$34,364

C. Consultants

Consultants	Rate	Cost
Program Coordinator	34 hrs x \$22.5/hr x 50 wks	\$38,250
Data Manager	\$18/hr x 96 hours	\$1,728
Computer Programmer	48 hours x \$50/hr	\$2,400
Intern/Trainee		\$3,000
Office Assistant	\$12/hr x 10 hrs x 50 wks	\$2,520
Licensed/Licensed Eligible facilitator	58 groups x 2 hrs x \$70 ea. + 6 groups x 3 hrs x \$70 ea.	\$9,380
Co-facilitator	36 groups x 2 hrs x \$35 ea.	\$2,520
Statistician		\$4,480
Promotores Trainers	6 meeting x 2 hr x \$35/hr	\$840
Total		\$65,118

Program Coordinator: This person is responsible for coordinating all program activities.

Data Manager: Consultant is responsible for databases for all program activities.

Computer Programmer: Consultant designs MIS system and assists in transition to paperless office.

Intern/Trainee: This person assists in all program activities, providing support to the coordinator.

Office Assistant: Funding for assistance to office staff during times of high volume.

Licensed/Licensed Eligible Facilitator: Facilitator conducts 55 group meetings for two hours each and 6 group meetings for 3 hours each.

Co-Facilitator: Co-Facilitator assists facilitator in group meetings when necessary. Estimate assistance needed for 36 groups.

Statistician: Person responsible for data analysis and program evaluation.

Promotores Trainers: Trainer conducts 6 trainings for 2 hours each.

D. Equipment \$0

E. Materials and Supplies

Item	Rate	Cost
Office Supplies	\$400 x 12 months	\$4,800
Program Supplies		\$135
HIV Testing Kits	32,000 HIV test kits x \$7.00 each.	\$23,447
Total		\$28,382

Office Supplies: Funds for the purchasing office supplies for staff and include but are not limited to paper, stationary, envelopes, writing pads.

Program Supplies: Funds for program handouts, condoms and promotional supplies.

Lab Supplies: Funds for the purchasing of HIV Testing Kits, approximately 32,000 for the year.

F. Travel \$0

G. Other Expenses

Item	Rate	Cost
Rent	\$1.61 x 1,400 sq. ft. x 12 months	\$27,658
	Maintenance \$500 per year	
Utilities	\$300/month x 12 month	\$3,600
Insurance	\$384.66/month x 12 months	\$4,616
Computer Server fees	1 time cost	\$1,020
Staff Training	4 trainings x \$250 each	\$1,000
Rent of Equipment	\$50/month x 12 months	\$600
Printing/Reproduction	\$23.33/month x 12 months	\$280
Total		\$56,104

Rent: Office Rent is covers expenses of office space rentals and maintenance for the HPS staff to perform their duties.

Utilities: Funds cover expenses for office utilities over the course of a year.

Insurance: Funds cover liability, theft and fire insurance for office space.

Computer Server: Funds for costs associated with computer server fee and maintenance.

Staff Training: Covers funds for staff training, approximately 4 for the year. Supports materials and supplies, such as binders, medical supplies, test kit supplies .

Rent of Equipment: Funds cover rental of equipment for office over the course of the year such as printers, copiers and scanners.

Printing/Reproduction: Includes costs for printing/reproducing outreach materials for community members.

H.	Contractual	\$0
I.	Total Direct Costs	\$308,615
J.	Indirect Costs (14.54% of total direct costs)	\$44,886
	Total Costs	\$353,500

5. Name of Contractor: University of California San Francisco, Alliance Health Project

Method of Selection: RFP 21-2010 (awarded 09/01/2011)

Period of performance: 01/01/2014 - 12/31/2014

**Scope of work**

- i) Service category: Community-Based HIV Testing
  - (1) Award amount: \$475,545
  - (2) Subcontractors: STOP AIDS Project, a program of the San Francisco AIDS Foundation
  - (3) Services provided: HIV Testing

This program primarily provides HIV testing at a long-standing location, as well as mobile venue-based testing on a van through its subcontractor. HIV testing programs: 1) aim to increase frequency of HIV testing among males who have sex with males (MSM), injection drug users (IDU), and transfemales who have sex with males (TFSM) citywide; 2) help people living with HIV who are unaware they are HIV-positive learn their status; 3) support initial linkage to primary care, partner services, and ancillary services for people testing HIV-positive, and 4) provide people who test HIV-negative with the information, resources, and support to stay negative. The required program components are written consent for testing; confidential HIV antibody testing; face-to-face disclosure of test results; and, for people testing HIV-positive, post-test counseling, linkage to care, and linkage to partner services.

Method of Accountability: Annual program and fiscal and compliance monitoring

**Itemized budget and justification:**

A. Salaries

Position Title and Name	Annual	Time	Months	Amount Requested
Program Manager	\$90,898	82%	8 months	\$49,691
Testing Coordinator	\$63,867	80%	8 months	\$34,062

Triage Counselor	\$37,480	80%	8 months	\$19,989
HIV/STI Counselors	\$36,394	130%	8 months	\$31,541
Test Site Supervisor	\$55,368	100%	8 months	\$36,912
Test Site Clerk	\$37,480	54.5%	8 months	\$13,618
Phlebotomist	\$48,306	180%	8 months	\$57,967
Clinical Supervisor/Linkage Coordinator	\$84,084	50%	8 months	\$28,028
Total				\$271,808

Job Description: Program Manager

This position manages and coordinates all aspects of the Counseling and Testing Linkage (CTL) program. The program manager is also responsible for day-to-day operations/clinical supervision for developing new service models as needed, and responsible for community liaison and for completion of output objectives..

Job Description: Testing Coordinator

This position supervises and trains the Phlebotomy Term. The Testing Coordinator also is responsible for HIV and STI specimen collection, record keeping, performing on-site testing, and labeling, counseling and medical emergency coverage. This position also provides clerical support and is responsible for day-to-day management of the Telephone Screening Team and data collection as well as for transfer of HIV/STI test results.

Job Description: Triage counselor

This position screens all callers for HIV/STI testing, makes referrals to non HIV testing settings when appropriate, provides data entry, assists in management of result retrieval. The triage counselor also gives STI test results to clients who had a Rapid (single session) test for HIV.

Job Description: HIV/STI Counselor

This position provides assessments at AHP and on the RV, as well as disclosure and post-disclosure counseling; they are also responsible for all form completion and referral of high-risk clients to appropriate services providers.

Job Description: Test Site supervisor

The Test Site Supervisor is responsible for day-to-day operations of the test site. This position also supervises and provides clinical training to test site supervisors, counselors, and volunteers. The Test Site Supervisor is responsible for accurate completion of all forms by staff during testing clinic.

Job Description: Test Site Clerk

This position provides daily set-up and breakdown of clinic area, collects statistics, greets and schedules clients, and tracks all forms and transfer forms to the main office.

Job Description: Phlebotomist – (3 at 0.63 FTE)

This position performs HIV and STI sample collection services at AHP and on the RV.

Job Description: Clinical Supervisor/Linkage Coordinator

This position is responsible for outreach, enlistment, training and supervision of all CTL counseling volunteers and staff and for all coordination of Linkage Services.

- B. Fringe Benefit \$100,569  
 37% of total salaries = \$100,569
- C. Consultant Costs \$0
- D. Equipment \$0
- E. Materials and Supplies

Item	Rate	Cost
Office Supplies/Postage	\$7,450/month x 7.6% x 8 months	\$4,530
Program/Educational Supplies	\$5,164/month x 7.6% x 8 months	\$3,140
Total		\$7,670

Office supplies: Cover costs for general office supplies such as pens, paper, medical chart supplies, and postage expenses for client communication, proportionate to program utilization.

Program/Educational Supplies: Includes program-specific costs to include medical supplies necessary to blood drawing including gloves, blood storage tubes, gauze pads; health education supplies related to HIV counseling and testing such as condoms, lube, and dental dams; other items could include binders, publications, program supplies, education materials, computer supplies and software upgrades. Cost estimates based on historical annual costs.

- F. Travel \$0
- G. Other Expenses

Item	Rate	Cost
Rent	\$1.17/month x 3,440 sq.ft. x 8 months	\$32,198
Utilities	\$5,426 x 7.6% x 8 months	\$3,299
Building Maintenance	\$3,566/month x 7.6% x 8 months	\$2,168
Interpreters	\$73.33/hour x 20hours	\$1,467
UCSF Network Charges	\$36/months x 7.57 FTE x 8 months	\$2,180
RV Expenses	\$24.48/usage x 8 uses/month x 8 months	\$1,567
Staff Trainings	\$1,667 training fee x 1 staff	\$1,667
Total		\$44,546



Rent: The rent line item covers monthly rent expense for the proportion of clinic space utilized by program.

Utilities: Utilities costs are to cover monthly phone expense to proportionate program utilization.

Building Maintenance: Expense is based on a standardized formula that allocates agency cost for this area based on the square footage usage in this contract. Maintenance costs as utilities (not telephone), elevator service and maintenance agreement, building security system maintenance, and other services and repairs expense.

Interpreter: Interpreters provides interpreting services for clients and translation of materials.

UCSF Network Charge: This is a standard charge from UCSF for staff use, maintenance and set up of computer network.

RV Expenses: This line covers gas, parking, insurance, repairs and maintenance for RV usage 8 times each month for 6 months.

Staff Training: Expense includes registration fees for work-related training to train career staff to enable them to stay current in knowledge and skills necessary to perform their jobs.

H.	Contractual	\$0
I.	Total Direct Costs	\$424,593
J.	Indirect Costs (12% of total direct costs)	\$50,951
	Total Costs	\$475,545

6. Name of Contractor: Mission Neighborhood Health Center  
Method of Selection: RFP 21-2010 (awarded 09/01/2011)

Period of performance: 01/01/2014 - 12/31/2014

Scope of work

- i) Service category: Prevention With Positives in Center of Excellence
  - (1) Award amount: \$51,000
  - (2) Subcontractors: none
  - (3) Services provided: Prevention Case Management, Risk Reduction Counseling

PWP programs support HIV-positive MSM, IDU, and/or TFSM to fully engage in their care so that they can experience the best possible health outcomes and reduce opportunities for HIV transmission. The required program activities are treatment adherence; engagement in HIV care; disclosure assistance; health education/risk reduction to address HIV risk behavior; linkage to ancillary services (to meet client needs and address barriers to adherence, engagement, and risk reduction); and sexually transmitted infection (STI), viral hepatitis, tuberculosis screening and treatment. Prevention Case Management is also required.

**Method of Accountability:** Annual program and fiscal and compliance monitoring

**Itemized budget and justification:**

A. Salaries

Position Title and Name	Annual	Time	Months	Amount Requested
Medical Case Manager	\$40,000	50%	12 months	\$20,000
Behavioral Health Clinician (licensed)	\$50,000	5.5%	12 months	\$2,750
Social Services Coordinator	\$74,160	5%	12 months	\$3,708
HIV Services Director	\$71,680	5%	12 months	\$3,584
Data Entry Clerk	\$37,419	2.5%	12 months	\$935
				\$30,977

Job Description: Medical Case Manager

The Medical Case Manager conducts individual CM session with clients to prioritize treatment adherence and engagement in care. Develop and assist client in implementing a treatment plan that assists them in addressing barriers to care/adherence. Facilitates access to providers internal and external to MNHC and coordinate care to maximize efficiency and client outcomes.

Job Description: Behavioral Health Clinician (licensed)

The Behavioral Health Clinician provides psychosocial assessments, therapeutic counseling, crisis intervention and medical case management.

Job Description: Social Services Coordinator

The Social Services Coordinator is responsible for program development and supervision of Case Management/Psychosocial Services. He also provides psychosocial assessments, crisis intervention to clients and clinical supervision to Case Management.

Job Description: Data Entry Clerk

The Data Entry Clerk is responsible for coding and entering data into computer systems, and ensuring quality of database.

B. Fringe Benefit

\$10,223

33% of total salaries = \$10,223

- C. Consultant Costs \$0
- D. Equipment \$0
- E. Materials and Supplies

Item	Rate	Cost
Office Supplies	\$41,200 x 3.5868%	\$1,470
Total		\$1,470

Office Supplies: Funds are for general office supplies such as pens, paper, medical chart supplies, and postage expenses for client communication, proportionate to program utilization.

- F. Travel \$0
- G. Other Expenses

Item	Rate	Cost
Insurance	\$41,200 x 1.5049%	\$620
Utilities	\$41,200 x 4.1796%	\$1,722
Building Maintenance	\$41,200 x 3.224%	\$1,328
Printing/Reproduction	\$41,200 x 1.0750%	\$443
Total		\$4,113

Insurance: The insurance line item covers professional liability and general liability for service providers under this exhibit. It is based on a 1.5% allocation of Salaries and benefits.

Utilities: Costs are to cover telephone, electricity, water, gas, garbage removal, and fax and internet/e-mail costs. It is based on a 4.716% allocation of salaries and Benefits.

Building Maintenance: Building maintenance is monthly costs for janitorial services and cleaning supplies for the purchase of light.

Printing/Reproduction: Costs are for off-site printing expense for program brochures and informational materials.

- H. Contractual \$0
- I. Total Direct Costs \$46,794
- J. Indirect Costs (9% of total direct costs) \$4211

Total \$51,000

7. Name of Contractor: University of California, San Francisco (UCSF),  
 Chronic Care HIV/AIDS Multidisciplinary Program (CCHAMP)  
 Method of Selection: RFP 20-2010 (awarded 09/01/2011)

Period of performance: 01/01/2014 - 12/31/2014

Scope of work:

- i) Service category: Prevention with Positives in HIV Center of Excellence
  - (1) Award amount: \$173,400 (2)
  - Subcontractors
    - (a) San Francisco AIDS Foundation, Stonewall Project
  - (3) Services provided: Prevention with Positives

This funding supports substance use treatment services for HIV positive patients served by the Ryan White CARE funded Center of Excellence program at UCSF. As part of substance use treatment, patients are supported to stay in HIV care and treatment.

Method of Accountability: Annual program and fiscal and compliance monitoring.

Itemized budget and justification:

A. Salaries:

Position Title and Name	Annual	Time	Months	Amount Requested
Case Manager II	\$57,698	100%	12 months	\$57,698
Case Manager I	\$51,908	100%	12 months	\$51,908
				\$109,606

Job Description: Case Manager II

The Case Manager II provides medical case management to clients, including initial intake and assessment, developing and coordinating an individual care plan for medical, substance abuse, mental health, and treatment adherence, coordinating service, functions as team leader.

Job Description: Case Manager I

The Case Manager I provides medical case management, including initial intake and assessment, developing and coordinating an individual care plan for medical, substance abuse, mental health, and treatment adherence, coordinating service.

- B. Fringe Benefits: \$27,402  
 25% of total salaries = \$27,402
- C. Consultant Costs \$0
- D. Equipment: \$0
- E. Materials and Supplies: \$848

Item	Rate	Cost
Office supplies	\$35.041/month x 12mos x 2FTE	\$841
Total		\$841

Office Supplies: Funds are for general office supplies such as pens, paper, medical chart supplies, and postage expenses for client communication, proportionate to program utilization.

- F. Travel: \$0

G. Other:

Item	Rate	Cost
Rent	\$436.80/month x 12mos x 2 FTE	\$10,484
Telephone	\$50.65/month x 12 months x 2 FTE	\$1,216
Insurance: Liability & Umbrella insurance	\$30/month X 12 months x 2 FTE	\$720
Lease/Maintenance: Lease & maintenance of office equipment	\$74.8 /month x 12 months	\$898
Client Incentives	\$10 each x 600 incentives	\$6,000
Audit Expense	\$159/month x 12 months	\$1,908
Total		\$21,226

Rent: Rent covers expenses of office space rentals and maintenance for staff to perform their duties.

Telephone: Funds cover expenses for phones over the course of a year.

Insurance: Funds cover liability, theft and fire insurance for office space.

Lease/Maintenance: Funds cover rental of equipment for office over the course of the year such as printers, copiers and scanners.

**Computer Server:** Funds cover costs associated with computer server fee and maintenance.

**Staff Training:** Covers funds for staff training, approximately 4 for the year. Supports materials and supplies, such as binders, medical supplies, test kit supplies .

**Printing/Reproduction:** Includes costs for printing/reproducing outreach materials for community members.

H. Contractual	\$0
I. Direct Costs:	\$159,082
J. Indirect Costs: 9% of total cost	\$14,318
Total Costs:	\$173,400

(Below are Memoranda of Understanding with San Francisco Department of Public Health (SFDPH) Sections)

**8. Name of Contractor:** SFDPH, STD Prevention and Control Services  
**Method of Selection:** Health Department Provided Service/Municipal STD Clinic

**Period of performance:** 01/01/2014 - 12/31/2014

**Scope of work:**

- i) Service category: Partner Services and Linkages for Community-Based Settings
  - (1) Award amount: \$744,629
  - (2) Subcontractors: Public Health Foundation Enterprises (PHFE)
  - (3) Services provided: Partner Services and Linkage.

STD Prevention and Control staffs for embedded partner services and linkages staff in the two primary HIV testing sites, San Francisco AIDS Foundation and UCSF Alliance Health Project, also funded on this application. Staff works on-site within the HIV testing program to provide immediate partner services and linkage to care for HIV positive clients.

**Method of Accountability:** Annual program and fiscal and compliance monitoring

**Itemized budget and justification:**

A. Salaries

Position Title and Name	Annual	Time	Months	Amount Requested
Health Worker III	\$63,266	100%	12 months	\$63,266

Social Worker	\$79,527	5%	12 months	\$3,976
Epidemiologist II	\$90,608	50%	12 months	\$45,304
Epidemiologist I	\$72,584	40%	12 months	\$29,034
IS Operator-Journey	\$58,102	25%	12 months	\$14,526
				\$156,106

Job Description: Health Worker III

This position provides case management, partner services and linkages activities for new HIV cases, early syphilis cases that are co-infected with HIV and their partners from medical settings; provides HIV/STD prevention, risk reduction, risk assessment and disclosure counseling; makes and verifies completion of referrals; performs rapid HIV test and/or phlebotomy and performs field investigation and other follow up for HIV positive clients who do not return for their test results or who are infected with an STD and need treatment.

Job Description: Social Worker

This position provides enhanced counseling and referrals for high risk negative clients and crisis intervention and referrals for active engagement and re-engagement in CARE for HIV positive clients identified through the third party partner notification program, counsels newly diagnosed HIV patients about the importance of partner services and assists with this activity as needed.

Job Description: Epidemiologist II

This position oversees all related surveillance activities; performs QA of data reported through the various surveillance streams; creates, implements, and oversees policy and protocol development for HIV activities; supervises data entry and other surveillance staff; identifies and problem solves barriers to improving HIV surveillance; acts as back-up support for the integrated data-infrastructure of the program and liaises with partners on HIV/STD surveillance and program evaluation issues.

Job Description: Epidemiologist II

This position performs routine data QA and verification, cleaning, report generation and analysis; generates data set architectures and work with partners to ensure accurate and timely transfer of required data; assists in developing evaluations of epidemiologic data as they relate to HIV services offered and assist in analysis, presentation, and dissemination of results; and liaises with partners across programs to assist in policy development, planning and implementation.

Job Description: IS Operator-Journey

This position enters all required data into specified computerized databases, performs QA on the data and ensures that errors are identified and corrected, generates standardized statistical reports, updates data files and performs routine computer programming.

- B. Fringe Benefit \$71,415  
45.748% of total salaries = \$71,415
- C. Consultant Costs \$0
- D. Equipment \$0
- E. Materials and Supplies

Item	Rate	Cost
Test Supplies	\$12/test x 6,478 tests	\$77,744
Total		\$77,744

Test Supplies: Funds are requested to purchase safer sex packets and STD test kits to use during outreach events where staff performs rectal, pharyngeal, and urine gonorrhea (GC) and Chlamydia (CT) testing and syphilis testing.

- F. Travel \$0
- G. Other Expenses \$0
- H. Contractual \$439,364  
Subcontractor: Public Health Foundation Enterprises (PHFE)  
Method of Selection: Sole Source

Period of performance: 1/1/14-12/31/14

Total Contract Amount: \$439,394

Method of Evaluation: Conference calls and meetings

Scope of Work: Funds are requested to fund a contract with Public Health Foundation Enterprises (PHFE) to act as a fiscal intermediary for the project and to pay for the salaries and operating cost of the project targeting reducing HIV rates among gay and bisexual men and transgender persons in San Francisco. Funds requested for some of the administrative costs of the organization.

**Itemized budget and justification:**

a) Salaries

Position Title and Name	Annual	Time	Months	Amount Requested
Community Health Intervention	\$42,000	100%	12 months	\$42,000
Specialists-STD Clinic HIV/Syphilis Term (2 FTEs)	\$55,412	100%	12 months	\$55,412
Community Health Intervention	\$42,000	100%	12 months	\$42,000



Specialists-Magnet & the Alliance Health Project (2 FTEs)	\$46,305	100%	12 months	\$46,305
Community Health Intervention Specialist-Mobile Citywide HIV/STD PS & Linkages Term	\$42,000	100%	12 months	\$42,000
Community Field Specialist	\$38,016	100%	12 months	\$38,016
				\$265,733

Job Description: Community Health Intervention Specialists-STD Clinic HIV/Syphilis Term (2 FTEs)

These two positions are part of the STD clinic HIV/Syphilis Term and provide case management, partner services(PS) and linkages for new HIV cases and early syphilis case that are co-infected with HIV identified from City Clinic, STD field testing events and other sites in the City as assigned; perform PS and linkages activities for sex partners of HIV-infected individuals and sexual network contacts; perform HIV/STD prevention counseling, risk reduction, risk assessment and disclosure counseling; perform rapid HIV tests and/or phlebotomy; make and verify completion of referrals and performs follow up for HIV positive clients who do not return for their test results or who are infected with an STD and need treatment.

Job Description: Community Health Intervention Specialists-Magnet & the Alliance Health Project (2 FTEs)

These two positions are embedded at Magnet and the Alliance Health Project and provide case management, partner services(PS) and linkages for new HIV cases and early syphilis case that are co-infected with HIV from these sites; perform PS and linkages activities for sex partners of HIV-infected individuals and sexual network contacts; perform HIV/STD prevention counseling, risk reduction, risk assessment and disclosure counseling; perform rapid HIV tests and/or phlebotomy; make and verify completion of referrals and perform follow up for HIV positive clients who do not return for their test results or who are STD infected and need treatment.

Job Description: Community Health Intervention Specialists-Mobile Citywide HIV/STD PS & Linkage Term

This position is assigned to work in the mobile Citywide HIV/STD PS & Linkages Term and provide case management, partner services(PS) and linkages for new HIV cases and early syphilis case that are co-infected with HIV from all medical setting in the City excluding City Clinic, STD field testing events, Magnet and the Alliance Health Project, unless otherwise assigned; act as a navigator and engage or re-engage HIV positive person into care; support treatment adherence; perform PS and linkages activities for sex partners of HIV infected individuals and sexual network contacts; perform HIV/STD prevention counseling, risk reduction, risk assessment and disclosure counseling; perform rapid HIV tests and/or phlebotomy; make and verify completion of referrals and perform follow up for HIV positive clients who do not return for their test results or who are infected with an STD and need treatment.

Job Description: Community Field Specialists

This position performs community outreach to increase HIV testing among the target population; participate in community-based HIV/STD testing activities, including performing phlebotomy and collecting HIV and STD specimens; perform rapid HHV tests; provide and confirm referrals; assist with community forums; conduct surveys; perform STD/HIV related training for CBOs serving the target population; perform monthly assessments of public sex venues and collect/input data into the STD/HIV database and generate reports.

- b) Fringe & Benefits \$82,377  
 31% of total salaries = \$82,377
- c) Consultant Costs \$0
- d) Equipment \$0

e) Materials and Supplies

Item	Sub-item	Rate	Cost
Program Supplies	Internet Access	\$83.5/month x 12 months x 3 staffs	\$3,006
	Cell phone plan	\$125/month x 12 months	\$1,500
	E-mail message access	\$12/month x 12 months	\$144
	Non monetary incentive & Miscellaneous	\$445.83/month x 12 months	\$5,350
Total			\$10,000

Program Supplies: Funds are requested to purchase program supplies including non monetary incentives and miscellaneous promotional expenses, disposable phones and minutes, food, and costs related to production and implementation of forums and focus groups including venue, chairs and audiovisual rental, airfare, honoraria and other expenses for speakers and out of jurisdiction staff travel to STD/HIV conferences or meeting.

f) Travel

Item	Rate	Cost
<b>Local Travel</b>		
Mileage	75 mile/month x \$0.555 x 12 months x 6 staffs	\$2,498
Parking Meters	\$5/month x 12 months x 2 staffs	\$300
Clipper Card	\$25/month x 12 month x 2 staffs	\$600
<b>Out-of-State</b>		

ISDT Travel Costs	1 trip 2 persons x \$800 r/t airfare = \$1,600 14 days/diem at \$41/day x 2 persons= \$1,148 14 nights lodging x \$125/day x 2 persons= \$3,500 Ground transportation x 2 persons = \$200	\$6,448
Other out-of-state travel	1 trip 2 persons x \$800 r/t airfare = \$1,600 4 days per diem at \$41/day x 2 persons = \$328 4 nights lodging x \$125/day x 2 persons = \$1,000 Ground transportation x 2 persons = \$200	\$3,128
Total		\$12,976

Local Mileage: Funds are requested to reimburse the Community Health Specialists and Community Field Specialist for costs related to performing HIV/syphilis case management, partner services and linkages activities and community base HIV/STD education, screening, follow up and training/technical assistance.

Parking Meters: Funds are requested to reimburse the Community Health Specialists and Community Field Specialist for costs related to parking when performing HIV/syphilis case management, partner services and linkages activities and community base HIV/STD education, screening, follow up and training/technical assistance.

Clipper Card: Funds are also requested for a Clipper Card to for the Community Field Specialist and the HIV/STD Program Coordinator to travel to community events, meetings and trainings.

Out of State Travel: Funds are requested to pay for the costs associated with out-of-state travel to the 14 day Introduction to STD Intervention (ISTDI0 Training by the new Community Health Intervention Specialist and the STD/HIV Coordinator or to travel and instructor to San Francisco to provide the ISTDI course; travel for the Supervisor or Field Operations manager to attend Supervisory Training or for either the Specialists, their supervisors, the Field Operations Manager or other STD staff to attend STD/HIV related conferences, meetings or trainings.

g) Other

Item	Rate	Cost
Training	500/staff x 7 staffs	\$3,500
Advertising/Materials Development & Reproduction	12 full page advertisements in the BAR x \$1,810/ad = \$21,720 12 full page ads in Gloss magazine x \$565/ad = \$6,780	\$28,500
Total		\$32,000

**Training:** Funds are requested to pay professional development and required certifications for program staff as necessary for programmatic activities. We estimate 7 staff needing such training/certification.

**Advertising/Materials Development & Reproduction:** Funds are requested for the cost to print advertisements in the BAR and /or Gloss Magazine to publicize HIV/STD testing and preventing services.

h) Contractual	\$0
i) Total Direct Costs	\$403,086
j) Indirect Costs (9% of total salaries)	\$36,278
Total PHFE Contract	\$439,364
I. Total Direct Costs	\$744,629
J. Indirect Costs (9% of total direct costs)	\$0
Total Costs SFDPH STD	\$744,629

9. **Name of Contractor:** SFDPH Microbiology Lab  
**Method of Selection:** Health Department Provided Service/Microbiology Lab

**Period of performance:** 01/01/2014 - 12/31/2014

**Scope of work**

- i) Service category: HIV Testing: Laboratory Services
  - (1) Award amount: \$248,000
  - (2) Subcontractors: none
  - (3) Services provided: Specimen Processing for HIV tests for Community-Based HIV Testing Partners

**Method of Accountability:** Annual program and fiscal and compliance monitoring

**Itemized budget and justification:**

A. Salaries:

Position Title and Name	Annual	Time	Months	Amount Requested
Senior Microbiologist	\$101,085	100%	12 months	\$101,085
Microbiologist	\$88,636	25%	12 months	\$22,159
COLA	4.62% of total salaries for Microbiologist position			\$5,694

				\$128,938
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Job Description: Senior Microbiologist

The Microbiologist is responsible for overall supervision of the HIV testing section. The responsibilities include training of technical personnel, review of quality control records, and review of all results prior to reporting, preparing protocols, monitoring performance of the tests and assignment of responsibilities. Moreover, the Senior Microbiologist assembles, organizes and provides all data regarding HIV testing for the HPS at SFDPH.

Job Description: Microbiologist

The Microbiologist conducts HIV antibody test, including screening and confirmation tests. The responsibilities include performing screening (EIA and CMMIA) and supplemental testing (IFA and WB) on blood-based and oral fluid specimens, validating and reporting test results and performing quality control procedures. The Microbiologist also performs RNA testing on pooled specimens and tests individual specimens for RNA when required.

- B. Fringe Benefits \$51,575  
     40% of total salaries = \$51,575
- C. Consultant Expenses \$0
- D. Equipment: \$0
- E. Materials and Supplies:

Item	Rate	Cost
HIV Test Kits	\$7.10/ test x7,000 tests	\$49,700
Specimen Database Maintenance	\$439.17/month x 12 months	\$5,270
Total		\$54,970

HIV test kits – funds for the purchasing of HIV EIA, CMMIA, IFA test kits.  
 Monthly contract maintenance for MLAB, the laboratory's Information Management System (LIS) and other preventive maintenance service for instruments in the Public Health Laboratory.

- F. Travel \$0
- G. Other Expenses

Item	Description	Cost
Rental of Equipment	For MLAB, the laboratory information management system (LIS) and other preventive maintenance service for instruments in the Public Health laboratory.	\$7,500
Other	Message services for daily delivery of blood	\$5,000

	specimens to the Public Health Laboratory.	
Total		\$12,500

H. Contractual	\$0
I. Direct Costs	\$248,000
J. Indirect Costs	\$0
Total Costs	\$248,000

10. Name of Contractor: San Francisco Department of Public Health, Jail Health Services

Method of Selection: RFP 21-2010 (awarded 09/01/2011)

Period of performance: 01/01/2014 - 12/31/2014

Scope of work:

- iii) Service category: HIV Testing in Jails
  - (1) Award amount: \$115,821
  - (2) Subcontractors: None.
  - (3) Services provided: HIV Testing

This funding supports opt-out HIV testing, partner services, and linkages in City and County Jail Health Services.

Method of Accountability: Annual program and fiscal and compliance monitoring.

Itemized budget and justification:

A. Salaries:

Position Title and Name	Annual	Time	Months	Amount Requested
Director	\$111,020	23.12%	12 months	\$25,663
Health Worker IV	\$66,846	100%	12 months	\$66,847
				\$92,510

Job Description: Director

The Director is responsible for health planning and program development, grant writing, preparation of statistical reports, preparation of reports to funding sources, policy formulation, operational procedures, personnel management and overall responsibility for all aspects of program management including outreach to community groups, working collaboratively with the Sheriff's Department, Courts, DPH and services on Jail Health Services' Executive Team.

Job Description: Health Worker IV

The Health Worker IV is responsible for day-to-day management, coordination and supervision of HIV screening activities throughout the jails. Responsible for planning, implementing and monitoring medical Opt-Out HIV Screening program, development and implementation of protocols, development and distribution of testing materials, training of Jail Medical Services staff (RNs) to consent clients for HIV testing and training staff conducting blood draws. Also responsible for development and coordination of program evaluation, ongoing technical assistance and feedback to Jail Medical Services staff, ensuring data quality assurance, services as internal and external contact for HIV testing queries and coordination of health education groups, supervision, Prevention Services team, and participant in Center of Excellence meetings to integrate linkages into early intervention services.

B. Fringe Benefits: \$23,128  
 25% of total salaries = \$23,128

C. Travel: \$0

D. Equipment: \$0

E. Materials and Supplies:

Item	Rate	Cost
Office Supplies	\$15.25/month x 12 months	\$183
Total		\$183

Office Supplies: Costs associated with general office supplies for program staff.

F. Other Expenses \$0

G. Contractual \$0

H. Direct Costs \$115,821

I. Indirect Costs: \$0

Total Costs: \$115,821

I. TOTAL DIRECT COSTS: \$5,807,098

H. INDIRECT COSTS (25.2% of total salaries) \$ 337,803

TOTAL BUDGET: \$6,144,900

San Francisco's Expanded Testing Initiative  
San Francisco Department of Public Health (SFDPH)  
HIV Prevention Section (HPS)  
PS12-1201 Comprehensive HIV Prevention Project for Health Dept.  
Category B: Expanded Testing Initiative  
Budget and Budget Justification Revision  
1/1/14 – 12/31/14  
Submitted 9/16/2013

A.	Salaries	\$84,713
B.	Mandatory Fringe Benefits	\$39,843
C.	Consultant Costs	\$0
D.	Equipment	\$0
E.	Materials and Supplies	\$812
F.	Travel	\$1,200
G.	Other Expenses	\$0
H.	Contractual	\$365,993
I.	TOTAL DIRECT COSTS	\$492,561
J.	Indirect Costs (25.2% of Total Salaries)	\$21,348
	<b>TOTAL BUDGET</b>	<b>\$513,909</b>



San Francisco's Expanded Testing Initiative

**A. SALARIES**

**\$84,713**

Position Title and Name	Annual	Time	Months	Amount Requested
Manager II	\$122,642	40%	12 months	\$49,057
Physician Specialist	\$137,141	26%	12 months	\$35,657

Job Description: Manager II, Director of Community Health Equity and Promotion, Acting Director of the HIV Prevention

This position administers the overall HIV prevention program including the prevention budget, RFPs, prevention providers, evaluation and prevention research, and oversees the HIV prevention community planning component. The Director oversees the overall program including reviewing contract status, progress, and monitoring reports, budget requests and other administrative functions. Collaborates with STD Prevention and Control, Director of Disease Control and Prevention, to ensure Category B programs are supported.

Job Description: Physician Specialist

The Physician Specialist will oversee all aspects of the Expanded Testing Initiative, in addition to development and implementation of other HIV prevention initiatives in clinical settings such as navigation/retention interventions. The Physician Specialist will work with medical providers to support partner services and the SFDPH treatment guidelines. The Physician Specialist will focus on collaboration and coordination to integrate efforts into a seamless continuum of care. This position will report to Ms. Packer and supervise and provide back-up clinical support to the Navigation and Expanded Testing field staff.

**B. FRINGE BENEFITS**

**\$39,843**

47% of total salaries = \$39,843

**C. CONSULTANT COSTS**

**\$0**

**D. EQUIPMENT**

**\$0**

**E. MATERIALS AND SUPPLIES**

**\$812**

Item	Rate	Cost
Office Supplies	\$67.7/month x 12 months	\$812
Total		\$812

Office Supplies: Funds will be used to purchase office supplies for project staff. Costs calculated as follows.

**F. TRAVEL**

**\$1,200**

Item	Rate	Cost
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San Francisco's Expanded Testing Initiative

Airfare	Round Trip \$600 x 1 Staff	\$600
Lodging	\$250 night x 2 nights x 1 Staff	\$500
Ground Transportation	\$100 Ground Transportation x 1 Staff	\$100
Total		\$1,200

Out-of-State Travel: Travel for one CDC meeting for one staff member.

G. OTHER \$0

H. CONTRACTUAL \$365,993

1. Public Health Foundation Enterprises, Inc. (PHFE) – \$140,410

Name of Contractor: Public Health Foundation Enterprises, Inc. (PHFE)

Method of Selection: PHFE was selected through a Request for Qualifications process held in 2006 by the SFDPH Contracts Unit. PHFE acts as a fiscal intermediary for staff hired by SFDPH to implement the Expanded Testing Initiative.

Period of Performance: The period of performance will be January 1, 2014 to December 31, 2014, with annual contract renewals.

Scope of Work: The scope of work for PHFE will be to provide fiscal and human resources support as needed to staff overseeing the project, and to provide travel arrangements and purchase materials and supplies as directed by DPH and PHFE staff.

Method of Accountability: DPH staff develops and monitors the contract with PHFE annually to ensure objectives and deliverables are met.

Detailed Budget Justification

a) Salaries \$94,910

Position Title and Name	Annual	Time	Months	Amount Requested
Database Administrator	\$78,000	40%	12 months	\$31,200
Medical Testing Manager	\$77,250	50%	12 months	\$38,625
Linkage & Navigation Coordinator	\$66,950	30%	12 months	\$20,085
Operations Assistant	\$50,000	10%	12 months	\$5,000
Total				\$94,910

San Francisco's Expanded Testing Initiative

Job Description: Database Administrator

The Database Administrator assists staff to formulate questions to evaluate the coordination of HIV prevention and care. The administrator provides data on HIV testing, linkage to care, retention in care, STD and hepatitis screening, and other indicators relevant for HIV prevention, care, and treatment. The analyst also helps ensure that data fields related to HIV are included in the DPH and UCSF electronic medical record systems.

Job Description: Medical Testing Manager

The Medical Testing Manager is responsible for collaborating with staff from HPS, UCSF, and the DPH clinics to implement all aspects of the Expanded Testing Initiative. The Manager supports and provide technical assistance to DPH Primary Care leadership to establish and implement the plan to expand HIV testing in the primary care clinics. He also works closely with the DPH HIV Testing Advisory Committee for this project, act as primary liaison to San Francisco General and Primary Care administrative staff, and Jail Health Services. He works to expand testing in the clinics and jail clinics as well as network with other hospitals, federally funded primary care clinics and private medical providers to expand HIV testing beyond DPH. He also responsible for managing all data required for this project. This includes working with UCSF, SFGH, and DPH staff, including HIV Epidemiology Section staff, to access clinical records such as LCR and Sunquest. He manages and analyzes the data monthly to provide reports to the Director of Clinical Prevention, UCSF, SFGH and other DPH staff who will monitor and evaluate the program.

Job Description: Linkage and Navigation Coordinator

The SFDPH LINCS (Linkage, Integration, Navigation, Comprehensive Services) Navigation Coordinator works under the supervision of the Director of Clinical Prevention and leads or assists in the development of the systems, policies and procedures, quality assurance (QA) measures, and training manuals needed for LINCS operations. This staff person directly oversees the HIV care navigator and is responsible for collecting data used to track client service utilization and monitor program outcomes. The coordinator also helps build and maintain the internal capacity to monitor and evaluate the outcomes of the LINCS Program.

Job Description: Operation Assistant

The Operations Assistant assists with the fiscal management for this project. This includes assisting in the development of financial reports and budgets, processing invoices, contracts, sub-contracts, and cooperative agreements in addition to managing FTEs, benefits, budget estimates, and monthly reports to assist with the execution of activities. She collaborates with PHFE and the SFDPH (Accounts Payable, Payroll, Human Resources, and Fiscal) on a regular basis to facilitate activities.

b) Fringe & Benefits	\$29,422
31% of total salaries = \$29,422	

San Francisco's Expanded Testing Initiative

- c) Consultant Costs \$0
- d) PHFE Equipment \$0
- e) PHFE Materials and Supplies

Item	Rate	Cost
Office Supplies	\$60/month x 12 months	\$720
Total		\$720

Office Supplies: Funds will be used to purchase office supplies for project staff. Costs calculated as follows.

f) PHFE Travel

Item	Rate	Cost
Airfare	Round Trip \$600 x 2 Staffs	\$1,200
Lodging	\$250 night x 2 nights x 2 Staffs	\$1,000
Per Diem	\$71/day x 3 Day x 2 Staffs	\$426
Ground Transportation	\$100 Ground Transportation x 2 Staffs	\$200
Total		\$2,826

Out-of-State Travel: Travel for one CDC Meetings for two staff members

- g) PHFE Other \$0
- h) PHFE Contractual \$0
- i) PHFE Total Direct Costs \$127,878
- j) PHFE Indirect Costs (9.8% MTDC) \$12,532
- PHFE Total Contract \$140,410

**2. University of California, San Francisco (UCSF) Positive Health Project (PHP) - \$137,963**

**Name of Contractor:** University of California, San Francisco (UCSF) Positive Health Project (PHP) at San Francisco General Hospital

**Method of Selection:** PHP was selected through a Request for Qualifications process held in 2009 by the SFDPH Contracts Unit.

**Period of Performance:** The period of performance will be January 1, 2014 through December 31, 2014 with annual renewals.

**San Francisco's Expanded Testing Initiative**

**Scope of Work:** The scope of work is to expand HIV testing on the SFGH campus (hospital and ambulatory care clinics) in order to identify people who are HIV positive and do not know their status as well as known HIV positive individuals who are not engaged in medical care and to provide linkage to medical care and partner services in accordance with the Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings issued in September 2006. This team, known as the PHP Positive Health Access to Services and Treatment (PHAST) Team is the linkage to care team for PHP for HIV positive patients. The target populations are patients seen at SFGH and will reach African Americans, Latinos, MSM, and transfemales.

**Method of Accountability:** DPH staff will develop and monitor the contract with UCSF annually to ensure objectives and deliverables are met.

**Detailed Budget Justification:**

a) Salaries

\$94,363

Position Title and Name	Annual	Time	Months	Amount Requested
Director, Positive Health Program	\$179,700	2%	12 months	\$3,594
Hospital Testing Coordinator	\$153,007	30%	12 months	\$45,902
Hospital Testing Associate	\$56,794	79%	12 months	\$44,867
Total				\$94,363

**Job Description:** Director, Positive Health Program (PHP/SFGH)

The PHP Director supervises the Hospital Testing Coordinator and Hospital Testing Associate, will be the internal SFGH advocate to work with key hospital staff to support expanded HIV testing, and will participate on the HIV Testing Advisory Group.

**Job Description:** Hospital Testing Coordinator

The Hospital Testing Coordinator is responsible for stabilizing testing in the SFGH ED, identifying barriers to expanding testing at SFGH and implementing plans to reduce those barriers, expanding HIV testing in Family Health Center and the General Medical Clinic at SFGH in year and expanding to Inpatient Clinics, Urgent Care or the clinics in years 2 and 3.

**Job Description:** Hospital Testing Associate

The Hospital Testing Associate provides support to the ED staff and primary care clinic staff at SFHG for disclosure of results to patients, follows up with positives to link to and maintain in medical care. Provides support to SFGH primary care clinic staff to expand HIV testing.

San Francisco's Expanded Testing Initiative

- b) Fringe & Benefits \$28,309  
 30% of total salaries = \$28,309
- c) Consultant Costs \$0
- d) Equipment \$0
- e) Materials and Supplies \$0
- f) Travel \$0
- g) Other

Item	Rate	Cost
Utilities	\$42.42/month x 12 months	\$509
Total		\$509

Utilities: The computer network at the SFGH is designed specifically to maintain the university's domain at the separate geographical campus, which falls outside of the purview of the University network supported by the indirect rate and whose capacity to store data is directly applicable to this project activity. The network services are calculated at \$42.42 per month, and may fluctuate annually based on actual costs of this service.

- h) Contractual \$0
- i) Total Direct Costs \$123,181
- j) Indirect Costs (12% of total direct costs) \$14,782
- Total Contract \$137,963

**3. San Francisco Department of Public Health, STD Prevention and Control Section (STD) - \$87,620**

**Name of Contractor:** San Francisco Department of Public Health, STD Prevention and Control Section (STD)

**Method of Selection:** STD is part of the SFDPH and works collaboratively with HPS to prevent STDs, including HIV. HPS will develop a Memorandum of Understanding with STD.

**Period of Performance:** The period of performance will be January 1, 2014 through December 31, 2014 with annual renewals.

**Scope of Work:** The scope of work for STD will be to hire and manage the Partner Service and Linkage Specialists as part of the Linkage, Integration Navigation,

San Francisco's Expanded Testing Initiative

Comprehensive Services (LINCS) program. The Linkage to Care/Partner Services Specialist will provide partner services and linkage to medical care and for patients testing HIV positive at DPH medical facilities outside SFGH. The PSL staff will work closely with the PHAST program staff of UCSF PHP to coordinate services for patients

**Method of Accountability:** DPH staff will develop and monitor the MOU with STD annually to ensure objectives and deliverables are met.

**Detailed Budget Justification:**

a) Salaries \$59,726

Position Title and Name	Annual	Time	Months	Amount Requested
Health Worker III	\$56,272	100%	12 months	\$56,272
Social Worker	\$69,080	5%	12 months	\$3,454

Job Description: Health Worker III

This position ensures that new HIV cases and early syphilis cases that are co-infected with HIV from medical settings receive partner services and linkage to care; provide case management and third party partner services for sex partners of HIV infected individuals; provide HIV/STD prevention counseling, risk reduction, risk assessment and disclosure counseling; make and verify completion for referrals; perform rapid HIV tests and/or phlebotomy and perform field investigation and other follow up for HIV positive clients who do not return for their test results or who are infected with an STD and need treatment.

Job Description: Social Worker

This position works with partners to new HIV cases to link them to HIV testing and/or treatment services; counsel newly diagnosed HIV patients about the importance of linkage to care and partner services and assist as needed with this activity; and provide crisis intervention and referrals for active engagement in CARE for HIV positive clients identified through the third party partner notification program.

b) Fringe & Benefits \$26,197  
 43.86% of total salaries = \$26,197

c) Consultant Costs \$0

d) Equipment \$0

San Francisco's Expanded Testing Initiative

e) Materials and Supplies \$1,697

Item	Rate	Cost
STD Supplies	\$141.42/month x 12 months	\$1,697
Total		\$1,697

STD Supplies: Funds are requested to purchase supplies including condoms/lube and/or STD testing supplies for use with persons being tested for HIV at community screening events.

f) Travel \$0

g) Other \$0

h) Contractual \$0

i) Total Direct Costs \$87,620

j) Indirect Costs \$0

Total Contract \$87,620

**I. TOTAL DIRECT COSTS: \$492,561**

**J. INDIRECT COSTS (25.2% of total salaries) \$21,348**

**TOTAL BUDGET PART B: \$513,909**



San Francisco Department of Public Health (SFDPH)  
HIV Prevention Section (HPS)  
PS12-1201 Comprehensive HIV Prevention Project for Health Depts.  
Category C  
01/01/2014-12/31/2014  
Submitted 09/16/2013

A.	Salaries	\$193,447
B.	Mandatory Fringe	\$81,248
C.	Consultant Costs	\$0
D.	Equipment	\$258,494
E.	Materials and Supplies	\$6,147
F.	Travel	\$0
G.	Other Expenses	\$155,000
H.	Contractual	\$996,119
I.	Total Direct Costs	\$1,690,455
J.	Indirect Costs (25.2% of Total Salaries)	\$48,749
	<b>TOTAL BUDGET</b>	<b>\$1,739,204</b>

A. Salaries

\$193,447

Position Title and Name	Annual	Time	Months	Amount Requested
Director of Applied Research	\$114,052	25%	12 months	\$28,513
Epidemiologist II	\$99,248	35%	12 months	\$34,737
IS Business Analyst	\$93,552	27%	12 months	\$25,259
Sr. IS Business Analyst	\$108,018	68%	12 months	\$73,452
Deputy Director of Operations	\$98,272	10%	12 months	\$9,925
Health Program Coordinator III	\$97,784	12%	12 months	\$11,734
Sr. Administrative Analyst	\$98,272	10%	12 months	\$9,827

Job Description: Director of Applied Research, Community Health Epidemiology, & Surveillance

The Director of Applied Research, Community Health Epidemiology & Surveillance (ARCHES), is the lead implementer of this project. ARCHES is the branch that coordinates data collection, processing, management, analysis and interpretation related to health and morbidity in San Francisco. Working with Population Health Division (PHD) clinics, community based organizations, outreach, research, and the laboratory, this branch will maintain systems to gather, explore, analyze, and present data to inform decision-making to maximize public health. Data across conditions, populations, and health status will be integrated to assess and help solve community health problems; diagnose and investigate health problems and health hazards in the community; evaluate effectiveness of interventions and services, and monitor quality.

Job Description: Epidemiologist II

The Epidemiologist supports the requirements gathering and evaluation of potential solutions, developing functional specifications, user testing, developing business rules and training materials, data migration and roll out of the project.

Job Description: IS Business Analyst

The Business Analyst has expertise on the current databases, and under the Director of ARCHES, has primary responsibility for design and maintenance of the A-HIP data interchange.

Job Description: Sr. IS Business Analyst

The Sr. Business Analyst is responsible for performing all aspects of the programming function, works with users to clarify and modify system requirements; analyzes, designs, writes, documents, and maintains computer application source code in one or more programming languages.

Job Description: Deputy Director of Operations Branch

The Deputy Director of the Operations Branch is responsible for the coordination of the project within the division and IT to ensure long-term sustainability of ongoing support for the system.

Job Description: Health Program Coordinator III

The Health Program Coordinator leads the Unit of PHD that is responsible for Partner Services, outbreak investigation, linkage to care and public health action. The position will lead the development of the workflows for public health services to ensure that the data system meets the needs of the Unit.

Job Description: Sr. Administrative Analyst

This position provides fiscal and administrative support to the HPS/CHEP. Prepares funding notification letters, manages section budgets and prepares statistical reports on HIV Prevention contracts. Works with HPS staff and contractors to resolve issues related to invoices.

**B. Mandatory Fringe Benefits** **\$81,248**  
 42% of total salaries

**C. Consultant Costs** **\$0**

**D. Equipment** **\$258,494**

The hardware items below are part of a unified server, network, and storage system to support the MAVEN system. There are several main components. The servers are connected via network support hardware to the network storage infrastructure. Each item contributes to the overall system and must interact within the DPH Data Center environment (operations, management, backups etc.)

Item	Rate	Cost
Server Mounting Kit (X5526A-R6 Rackmount Kit,4-Post,Universal,R6)	\$55 x 2	\$110
Server Cables (X6558-R6 Cable, SAS Cntrl-Shelf/Shelf-Shelf/HA,2m)	\$82.50 x 4	\$330
Server Network Cables (X6561-R6 Cable,Ethernet,2m RJ45 CAT6 )	\$5 x 4	\$20
Storage Unit/Disk Shelf (DSK SHLF,24x900GB,6G,QS)	\$40,829 x 2	\$81,658
Virtulization Software VMware V Center 5 Server	\$9,366 x 1	\$9,366
Infrastructure Server (UCS SP BASE 5108 Blade Svr AC Chassles)	\$14,490 x 1	\$14,490
Infrastructure for Networking (UCS 6296UP BUN 2RU Fabric Int/18p LIC)	\$14,500 x 2	\$29,000
Servers (UCS SP B200 PERF EXP PAK)	\$22,000 x 4	\$88,000
RAM (Not in standard alone SKU 16GB DDR3-1600-MHz)	\$555 x 64	\$35,520
<b>Total</b>		<b>\$258,949</b>

Server Mounting Kit: Equipment needed to properly seat server in rack for organization and stability purposes.

Server Cables: Cables to connect server for data transfer.

Server Network Cables: Cables to transfer data over the network.

The Storage Unit: This unit holds all of the hard drives that contain data which Maven servers will access. Storage Unit or 'Disk Shelf' by Network Appliances (DSK SHLF,24x900GB,6G,QS) has 24 slots that can hold 24 900GB Hard Drives for a total of 21.6TB of disk space.

Virtualization Software: Software that allows for temporary secure sessions to be created while maintaining accurate and reliable standards for access as well as data security.

Infrastructure Server – This server acts as the network backbone to the Maven system. This is a crucial building block of the Cisco Unified Computing System, delivering a scalable and flexible architecture.

Infrastructure for Networking: These allow for easy access for data and reduce the chance of slowing down the network. The Cisco UCS 6296UP 96-Port Fabric Interconnect is a core part of the Cisco Unified Computing System. Typically deployed in redundant pairs, the Cisco UCS 6296UP Fabric Interconnects provides uniform access to both networks and storage.

Servers: The Cisco Unified Computing System (Cisco UCS) combines Cisco UCS B-Series Blade Servers with networking and storage access in a single converged system that simplifies management and delivers greater cost efficiency and agility with increased visibility and control. This server increases compute density through more cores and cache balanced with more memory capacity and drives and with faster I/O. Together these server improvements and complementary Cisco UCS system advancements deliver the best combination of features and cost efficiency to support IT's diverse needs.

RAM: This is extra memory for the servers. The standard memory that comes with the servers will not be enough to manage what is needed for the implementation of Maven.

**E. Materials and Supplies**

**\$6,147**

Item	Rate	Cost
IT Supplies	Microsoft Office Suite \$425/license x 9 staff	\$6,147
	\$2,322/computer x 1 staff	
<b>Total</b>		<b>\$6,147</b>

IT Supplies: Funds will be used to purchase upgraded software for staff (this includes staff listed under fiscal sponsor, PHFE below) and one computer.

F. Travel \$0

G. Other \$155,000

Item	Rate	Cost
One Year Warranty, for 2014 only	One time cost	\$155,000
Total		\$155,000

One Year Warranty: Funds will cover maintenance for Maven per Consilience Software's standard Tier-3 maintenance agreement for calendar year 2014 only.

H. Contractual \$996,119

1. **Name of Contractor:** Public Health Foundation Enterprises, Inc. (PHFE) – \$996,119

**Method of Selection:** PHFE was selected through a Request for Qualifications process held in 2006 by the SFDPH Contracts Unit. PHFE will act as a fiscal intermediary for staff hired by SFDPH to implement A-HIP.

**Period of Performance:** The period of performance will be January 1, 2014 to December 31, 2014, with annual contract renewals.

**Scope of Work:** The scope of work for PHFE will be to provide human resources support as needed for the staff overseeing the project, and to provide travel arrangements and purchase materials and supplies as directed by DPH and PHFE staff.

**Method of Accountability:** DPH staff develops and monitors the contract with PHFE annually to ensure objectives and deliverables are met.

**Detailed Budget Justification Below**

a. PHFE Salaries

Position Title and Name	Annual	Time	Months	Amount Requested
Project Manager	\$75,550	60%	12 months	\$45,330
Data Systems Specialist	\$70,000	5%	12 months	\$3,500
IT Administrator	\$76,000	15%	12 months	\$11,400
Finance & Operation Manager	\$90,000	10%	12 months	\$9,000
Program Assistant	\$50,003	50%	12 months	\$25,002
Database Administrator	\$78,000	35%	12 months	\$27,300
Total				\$121,532

**Job Description: Project Manager**

The integrated data system project is a major initiative of the Population Health Division and the San Francisco Department of Public Health which requires a great deal of coordination with all of the stakeholders including the DPH leadership, PHD leadership, DPH IT

department, Maven Project Leadership Team, contractors and subject matter experts to ensure that the necessary resources are available. This will require frequent and ongoing communication between all parties regarding the project scope, goals and deliverables. The Project Manager will work with PHD leadership to manage project resource allocation, plan and schedule project timelines, track project deliverables and monitor and report on progress of the project to all stakeholders.

Job Description: Data Systems Specialist

The Data System Specialist coordinates the data and evaluation efforts for routine testing in SFDPH medical settings. The position will work closely will work closely with Epidemiologists to ensure data plans and data collection meet programmatic goals. The position will be responsible for ensuring the quality of the A-HIP data and messages.

Job Description: IT Administrator

The IT Administrator is responsible for maintenance and technical services for all computer equipment. This includes maintenance and oversight of hardware and software installations as well as information system needs assessment. The IT Administrator will maintain and service any new hardware purchased such as servers for the system. He will perform help-desk functions and provides technical assistance to employees and work with the IT Systems Specialist to on any technical assistance as needed.

Job Description: Finance and Operations Manager

The Finance and Operations Manager is responsible for the fiscal management, policy development, and financial reporting of projects related to the HIV Prevention Section. She develops budgets, monitors grants, and establishes contracts, sub-contracts, and cooperative agreements in addition to managing FTEs, benefits, budget estimates, and monthly reports to assist with the execution of activities. These reports are also used to make staffing, space and other logistically based decisions to ensure capacity, and to meet section needs. The Finance and Operations Manager will collaborate with PHFE and the SFDPH (Accounts Payable, Payroll, Human Resources, and Fiscal) on a regular basis to facilitate project activities.

Job Description: Program Assistant

The Program Assistant provides logistical and administrative support for the project. She will assist project staff in the development and coordination of projects, including ordering, storing, and distributing supplies, coordinating schedules and meetings, coordinating conference calls, providing administrative support to community planning efforts, copying and collating training materials and other administrative tasks as needed.

Job Description: Database Administrator

The Database Administrator will support the link between AHIP system and the Electronic Medical Record of the health department primary care clinics. The administrator will meet with AHIP staff on an as-needed basis to identify data analysis needs and projects. He will assist AHIP staff to formulate questions to evaluate the coordination of HIV prevention and care based on the data that is available from Invision. The administrator will provide data on HIV testing, linkage to care, retention in care, STD and hepatitis screening, and other indicators relevant for HIV prevention, care, and treatment. In addition he will also help

ensure that data fields related to HIV are included in the DPH and UCSF electronic medical record systems.

- b. PHFE Fringe Benefits \$37,674  
 31% of total salaries = \$37,674
- c. PHFE Travel \$15,460

Travel to CQI Training for 5 staff

Item	Rate	Cost
Registration	\$100 x 5 staff	\$500
Airfare	\$650 x 1 trip x 5 staff	\$3,250
Lodging	\$250 x 2 nights x 5 staff	\$2,500
Per Diem	\$71 x 3 days x 5 staff	\$1,065
Transportation	\$114 x 5 staff	\$570
Total		\$7,885

Travel to CSTE Conference for 3 staff

Item	Rate	Cost
Registration	\$620 x 3 staff	\$1,860
Airfare	\$400 x 1 trip x 3 staff	\$1,200
Lodging	\$250 x 4 nights x 3 staff	\$3,000
Per Diem	\$71 x 5 days x 3 staff	\$1,065
Transportation	\$150 x 3 staffs	\$450
Total		\$7,575

- d. PHFE Equipment \$0
- e. PHFE Materials and Supplies \$7,314

Funds will be used to purchase computer plus software and office supplies for project staff.

- f. PHFE Contractual \$791,405
  - i. Name of Contractor: DARE Global Innovations (DGI)

Method of Selection: DARE (Data Analysis Research Evaluation) Global Innovations was selected because of its qualities as an innovative and adaptable consulting firm focused on translational research and implementation sciences. DGI is focused on increasing capacity of organizations and systems to serve the health needs of communities and people through population and public health approaches. Through the provision and promotion of data, technical, scientific and strategic solutions, DGI's experts are focused on applying methods to increase efficiency and effectiveness of organizations and systems.

Period of Performance: The period of performance will be January 1, 2014 through December 31, 2014 with annual renewals.

Scope of Work: The contract includes the technical and training support as needed as the system is implemented. DGI supports the jurisdictions technical team to implement a lifecycle project management approach to an integrated software solution. These activities include assisting senior managers in overall cross cutting project management, collaborating with governance council and vendor for developing, testing and deploying integrated software solution for SFDPH.

DGI is working with the SFDPH to define how and what data is collected; identify skills and activities common to each specific disease, categorize each in core division functions, identify areas for integration, develop plans, timelines and strategies for program integration, shift tasks appropriately and develop new competencies within the existing workforce through capacity building, training and technical assistance.

Method of Accountability: SFDPH staff will monitor the system developer ensuring all goals and objectives are achieved and completed within budget.

Estimated Cost: \$250,000

Detailed Budget Justification: Itemized Budget by task based and hourly rates.

PROJECT TASKS	LABOR HOURS	LABOR COST (\$)	MATERIAL COST (\$)	TOTAL PER TASK
<b>Project Design</b>				
Content Review	80.0	\$175.00	\$0.00	\$14,000.00
<b>Subtotal</b>	<b>80.0</b>	<b>\$175.00</b>	<b>\$0.00</b>	<b>\$14,000.00</b>
<b>Organizational Culture</b>				
Strategy Session: Topic: Project Implementation	8.0	\$175.00	\$1,500.00	\$2,900.00
Product: Provider Crosswalk	32.0	\$175.00	\$1,500.00	\$7,100.00
Communication Strategy	24.0	\$175.00	\$250.00	\$4,450.00
Product: Communication Tool Kit	24.0	\$175.00	\$1,500.00	\$5,700.00
Strategy Session: Topic: Dissemination	8.0	\$225.00	\$0.00	\$1,800.00
Webinars (Knowledge Management, Process/Change Management, Analytics, Integration)	23.0	\$175.00	\$3,500.00	\$7,525.00
Strategy Session: Content Translation	4.0	\$125.00	\$0.00	\$500.00
Product: Operational Metrics	20.0	\$225.00	\$1,500.00	\$6,000.00
Baseline Comparative Analysis	24.0	\$225.00		\$5,400.00
Product: Organizational Profile	16.0	\$125.00	\$1,500.00	\$3,500.00
<b>Subtotal</b>	<b>183.0</b>	<b>\$1,800.00</b>	<b>\$11,250.00</b>	<b>\$44,875.00</b>



<b>Organizational Management</b>				
Product: Standard Operating Procedures (SOP)	40.0	\$225.00	\$1,500.00	\$10,500.00
Product: New policies and protocols	40.0	\$125.00	\$1,500.00	\$6,500.00
Products: Communication tools	16.0	\$225.00	\$1,500.00	\$5,100.00
Product: Cost Models	40.0	\$125.00	\$750.00	\$5,750.00
Product: Governance Framework	40.0	\$125.00	\$500.00	\$5,500.00
Product: Evaluation Framework	20.0	\$125.00	\$500.00	\$3,000.00
Product: Performance Evaluation Framework	20.0	\$125.00	\$500.00	\$3,000.00
Product: Workplan	16.0	\$125.00	\$250.00	\$2,250.00
Product: Change Management Strategy and Plan	16.0	\$225.00	\$1,500.00	\$5,100.00
Product: Knowledge management implementation strategy	24.0	\$225.00	\$500.00	\$5,900.00
Product: Workgroups and teams Facilitation	60.0	\$125.00		\$7,500.00
Operationalizing strategies and plans	40.0	\$125.00		\$5,000.00
Change Management Subcontractors	20.0	\$500.00		\$10,000.00
Strategy Session: Topic: Operationalizing Knowledge Management	24.0	\$225.00		\$5,400.00
<b>Subtotal</b>	<b>416.0</b>	<b>\$2,625.00</b>	<b>\$9,000.00</b>	<b>\$80,500.00</b>
<b>Content</b>				
Product: Grant Crosswalk	53.0	\$125.00	\$500.00	\$7,125.00
Product: Alignment activities (Business process integration)	70.0	\$125.00	\$250.00	\$9,000.00
Operationalize strategies and plans	82.0	\$125.00	\$0.00	\$10,250.00
Product: Analytic Plan	72.0	\$125.00	\$0.00	\$9,000.00
High level requirements gathering	65.0	\$225.00	\$375.00	\$15,000.00
Product: Division level Standard Operating Procedures	82.0	\$125.00		\$10,250.00
<b>Subtotal</b>	<b>424.0</b>	<b>\$850.00</b>	<b>\$1,125.00</b>	<b>\$60,625.00</b>
<b>Other Costs</b>				
Travel	0.0	\$0.00	\$30,000.00	\$30,000.00
Supplies	0.0	\$0.00	\$5,000.00	\$5,000.00
SFDPH Capacity Building and Professional Development	0.0	\$0.00	\$15,000.00	\$15,000.00
<b>Subtotal</b>	<b>0.0</b>	<b>\$0.00</b>	<b>\$50,000.00</b>	<b>\$50,000.00</b>
<b>TOTAL</b>	<b>1103.0</b>	<b>\$5,450.00</b>	<b>\$71,375.00</b>	<b>\$250,000.00</b>

TOTAL DGI BUDGET

\$250,000

ii. Strategic Solutions Group (SSG)

Method of Selection: SSG was selected based its subject matter expertise and provides the requirements gathering and vendor product evaluation phases of the project.

Period of Performance: 01/01/2014-12/31/2014

Scope of Work: SSG will support the operations management, requirements gathering, project management, implementation support, and information technology solutions for the project. SSG will work with the SFDPH IT staff to develop the systems requirements, and define the functional and technical specifications of the system. SSG will ensure that the new IT system follows industry standard design patterns and practices, and using industry standard UML diagramming.

Method of Accountability: PHFE requires that subcontractors submit invoices monthly. Invoices are submitted in a format acceptable to PHFE/Program with supporting documentation; all invoices will be approved by the SFDPH PHD Deputy Director of Operations and PHFE Contract Manager making sure that all deliverables are being met.

Itemized Budget and Justification below: Itemized Budget by task based and hourly rates.

Project Tasks	Hours	\$/Hour	Total Cost
<b>Inception</b>			
kick off meeting	24	\$ 95.00	\$ 2,280.00
scope document	32	\$ 95.00	\$ 3,040.00
baseline project plan	48	\$ 95.00	\$ 4,560.00
existing documentation review	80	\$ 95.00	\$ 7,600.00
communications plan updates	8	\$ 95.00	\$ 760.00
system architecture document updates	16	\$ 95.00	\$ 1,520.00
project methodology and change management document updates	8	\$ 95.00	\$ 760.00
backup & recovery plan updates	4	\$ 95.00	\$ 380.00
<b>Elaboration</b>			
high level business process	456	\$ 95.00	\$ 43,320.00
data dictionary	100	\$ 95.00	\$ 9,500.00
forms mapping document	72	\$ 95.00	\$ 6,840.00
systemic requirements	80	\$ 95.00	\$ 7,600.00
letters requirements	180	\$ 95.00	\$ 17,100.00
reports requirements	240	\$ 95.00	\$ 22,800.00
security requirements	64	\$ 95.00	\$ 6,080.00
workflow monitors requirements	456	\$ 95.00	\$ 43,320.00

<b>Construction Development and Testing</b>			
task lists	64	\$ 95.00	\$ 6,080.00
maven model	25	\$ 95.00	\$ 2,375.00
maven workflow monitors	342	\$ 95.00	\$ 32,490.00
maven reports	420	\$ 95.00	\$ 39,900.00
maven letter	90	\$ 95.00	\$ 8,550.00
maven wizards	160	\$ 95.00	\$ 15,200.00
maven security configuration	32	\$ 95.00	\$ 3,040.00
deployments	24	\$ 95.00	\$ 2,280.00
test plan	32	\$ 95.00	\$ 3,040.00
conduct unit testing	98	\$ 95.00	\$ 9,310.00
create functional test cases	412	\$ 95.00	\$ 39,140.00
conduct testing, results documentation	206	\$ 95.00	\$ 19,570.00
conduct regression testing results documentation	206	\$ 95.00	\$ 19,570.00
backup disaster recovery prep, testing documentation (QA)	160	\$ 95.00	\$ 15,200.00
Smoke testing	8	\$ 95.00	\$ 760.00
<b>Transition</b>			
training rollout initiative plan	40	\$ 95.00	\$ 3,800.00
training materials user manual	80	\$ 95.00	\$ 7,600.00
training materials quick reference guide	80	\$ 95.00	\$ 7,600.00
training materials presentation	40	\$ 95.00	\$ 3,800.00
training materials outreach communication website	40	\$ 95.00	\$ 3,800.00
training classes	16	\$ 95.00	\$ 1,520.00
<b>Project Management</b>			
risk & issues list documentation, analysis, management	120	\$ 95.00	\$ 11,400.00
ongoing project management	240	\$ 95.00	\$ 22,800.00
lessons learned facilitation document	24	\$ 95.00	\$ 2,280.00
knowledge transfer	80	\$ 95.00	\$ 7,600.00
<b>Interfaces-generic one way interfaces</b>			
requirements gathering	80	\$ 95.00	\$ 7,600.00
field mapping	160	\$ 95.00	\$ 15,200.00
development	280	\$ 95.00	\$ 26,600.00
testing	160	\$ 95.00	\$ 15,200.00
deployments	32	\$ 95.00	\$ 3,040.00
documentation	80	\$ 95.00	\$ 7,600.00
<b>Total</b>			<b>\$ 541,405.00</b>

TOTAL SSG BUDGET

\$541,405

g. PHFE Other

\$0

Total PHFE Direct Costs	\$973,385
h. PHFE Indirect Costs (9.8% MTDC)	\$22,734
MTDC \$231,980 x .098 = \$18,452 (MTDC, indirect charged only on the first \$25,000 of each subcontract).	
PHFE Total Contract	\$996,119
<b>I. Total Direct Costs</b>	<b>\$1,690,445</b>
<b>J. Indirect Cost (25.20% of total salaries)</b>	<b>\$48,749</b>
<b>Total Budget Category C</b>	<b>\$1,739,204</b>

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH  
POPULATION HEALTH AND PREVENTION



DATE: March 28, 2013

TO: Grants Managers  
Colleen Chawla  
Valerie Inouye

FROM: Nelly Lee  
Finance Manager

RE: FY 12-13 Indirect Cost Rate--REVISED (Less MAA participants)

Effective immediately, the Indirect Cost rate for Population Health & Prevention-Public Health Division is 25.20% of salaries. This rate was based on FY 2011-12 costs and includes the COWCAP allocation reported in the OMB A-87 Cost Allocation Plan. Public Health Division Grant Managers should use 25.20% indirect cost rate on all current grants and new or renewal grant applications, unless the grantor has specified a maximum rate lower than 25.20%.

Other Divisions in the Health Department should add the following costs to their divisions' internal indirect costs in order to reflect total indirect costs:

	<u>Amount</u>
Mental Health	7,161,662
Substance Abuse	733,491
Primary Care	6,185,754
Health at Home	385,805
Jail Health	1,426,229
LHH	5,858,496
SFGH	10,725,310

Attachments

cc:  
Anne Okubo  
Barbara Garcia  
Greg Wagner  
Marcellina Ogbu  
Tomas Aragon  
Anne Okubo  
Michelle Ruggels  
ChiaYu Ma  
James Alexander  
Fiscal Grants Unit



ASSURANCE OF COMPLIANCE

with the

**"REQUIREMENTS FOR CONTENTS OF AIDS-RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS, QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS IN CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ASSISTANCE PROGRAMS"**

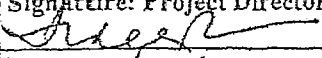
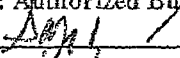
By signing and submitting this form, we agree to comply with the specifications set forth in the "Requirements for Contents of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs," as revised June 15, 1992, 57 Federal Register 26742.

We agree that all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula and like materials will be submitted to a Program Review Panel. The Panel shall be composed of no less than five (5) persons representing a reasonable cross-section of the general population; but which is not drawn predominantly from the intended audience. (See additional requirements in attached contents guidelines, especially paragraph 2.c. (1) (b), regarding composition of Panel.)

The Program Review Panel, guided by the CDC Basic Principles (set forth in 57 Federal Register 26742), will review and approve all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds.

Following are the names, occupations, and organizational affiliations of the proposed panel members: (If panel has more members than can be shown here, please indicate additional members on the reverse side.)

CDC O.1113 (E), Rev. 3/1993, CDC Adobe Acrobat 5.0 Electronic Version, 8/2002

NAME	OCCUPATION	AFFILIATION
Catherine Brannigan	Health Care Provider	Kaiser Permanente
Thomas Hughes	Artist	Self Employed
Joseph Imbriani	Community Health Worker	SFDPH
Jenna Rapues	Community Health Worker	SFDPH - (Health Dept. Rep.)
Tony Robles	Medical Records Staff	Community Member
Sylvia Young	Group Facilitator	Center for AIDS Prevention Studies
Applicant/Grantee Name: SF Department of Public Health	Grant Number (If Known): 93.940 (CDEA) PS 12-120103CONT14	
Signature: Project Director 	Signature: Authorized Business Official 	
Date: 8/27/13	Date: 9/5/13	

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. Reactivate File No. [ ]
- 10. 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 Imperative Form.**

**Sponsor(s):**

Supervisor Scott Wiener

**Subject:**

Approval of the Comprehensive HIV Prevention Programs Application - \$8,174,213

**The text is listed below or attached:**

Resolution authorizing the San Francisco Department of Public Health to submit a one-year application for calendar year 2015 to continue to receive funding for the Comprehensive HIV Prevention Programs grant from the Centers for Disease Control and Prevention, requesting \$8,174,213 in HIV prevention funding for San Francisco; from January 1, 2015, through December 31, 2015.

Signature of Sponsoring Supervisor:

For Clerk's Use Only:

140927

