File No. 160970 Committee Item No. 2
Board Item No. 31

COMMITTEE/BOARD OF SUPERVISORS

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Committee: Budget & Finance Committee **Date** September 28, 2016

Board of Supervisors Meeting **Date** October 4, 2016

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Completed by: Linda Wong **Date** September 23, 2016
Completed by: Linda Wong **Date** September 28, 2016

FILE NO. 160970 RESOLUTION NO.

[Apply for Grant - Centers for Disease Control - Comprehensive HIV Prevention Programs Application - $5,704,982]

Resolution authorizing the Department of Public Health to submit a one-year application for calendar year 2017 to continue to receive funding for the Comprehensive HIV Prevention Programs grant from the Centers for Disease Control and Prevention, requesting $5,704,982 in HIV prevention funding for San Francisco from January 1, 2017, through December 31, 2017.

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

WHEREAS, San Francisco Department of Public Health (SFDPH) is currently a recipient of the "Comprehensive HIV Prevention Programs" grant in the amount of approximately $5,692,956 from the Centers for Disease Control and Prevention (CDC) for calendar year 2016; and

WHEREAS, For this round of funding, SFDPH was instructed by the CDC to submit a one-year application request with the budget for 2017 to be determined and sent next year when the CDC sends additional instruction to counties; and

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

WHEREAS, 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; and

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

WHEREAS, The CDC released the application announcement on July 19, 2016 with a due date of September 1, 2016 allowing 32 business days for the entire process; and

WHEREAS, In the interest of timeliness, SFDPH is making this request for approval by submitting last year's application for the Comprehensive HIV Prevention Programs grant funding from the CDC, also including supporting documents as required, all of which are on file with the Clerk of the Board of Supervisors in File No. 160970, which is hereby declared to be part of the Resolution as if set forth fully herein; and, now, therefore, be it

RESOLVED, That the Board of Supervisors hereby approves SFDPH application submission to the CDC for the "Comprehensive HIV Prevention Programs" grant for funding in 2017, to be submitted no later than September 1, 2016.

RECOMMENDED:

Barbara A. Garcia, MPA

Director of Health

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 $5,692,956 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 2017 application announcement for the CDC Comprehensive HIV Prevention Programs for Health Departments grant has been issued to the Department on July 19, 2016 and due on September 1, 2016. Please see Attachment A for the latest HIV Prevention Project application materials dated September 1, 2015 for calendar year 2016.

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 Community Planning Council (HCPC) works with the health department to write the 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.

SAN F\ O DEPARTMENT OF PUBLIC HEALTH

HIV COMMUNITY 3 COUNCIL
NEW MEMBERSH\ LIST - 2016
Attachment B

	Title	First	Last	Term	E-Mail	Agency	Address	City	State	Zip	Phone	Fax
1	Mr	Chuck	Adams	6/15/2016	cdapaca@yahoo.com		275 Graystone Terrace #2	San Francisco	CA	94114-2242	650-771-6247	
2	Mr	Richard	Bargetto	6/15/2016	rbargetto@php.ucsf.edu	UCSF HIV/AIDS Division	995 Potrero Ave Ward 82	San Francisco	CA	94110	206-6585 W 290-1792 C	502-9566
3	Mr	Jack	Bowman	6/15/2016	jbowman@huckleberryyouth.org,	Huckleberry Youth Programs	1157 S. Van Ness Ave	San Francisco	CA	94110	846-6805 C	
4	Mr	Ben	Cabangun (Co-Chair)	6/15/2016	ben.cabangun@apiahf.org	Asian and Pacific Islander American Health Forum	450 Sutter St, Suite 600	San Francisco	CA	94108	568-3318 Direct 954-9988 Main (951) 445-0373 C	954-9999
5	Mr	Cesar	Cadabes	6/15/2016	cesar.cadabes@gmail.com	UCSF Gladstone Center for AIDS Research	178 Caselli Ave	San Francisco	CA	94114	(323) 376-8898 C	
6	Mr	Ed	Chilty	6/15/2016	ed@edandjeremy.net edward.chilty@kp.org	Kaiser Permanente	340 Ritch St #3	San Francisco	CA	94107	833-4258 W 640-7368 C	833-2901
7	Ms	Billie	Cooper	6/15/2016	msbilliecooper@yahoo.com		709 Geary St #104	San Francisco	CA	94109	415-424-1721	
8	Mr	Michael	Discepola	6/15/2016	mdiscepola@sfaf.org	SFAF - Stonewall Project	1035 Market St, 6th Fl	San Francisco	CA	94103-4114	487-3102 W 812-8790 C	558-9657
9	Ms	Elaine	Flores (At-Large)	6/15/2016	daffybugs03@yahoo.com		125 Willow Ave Apt. A	Corte Madera	CA	94925	(415) 299-7284	
10	Mr	Wade	Flores	6/15/2016	dalyflores15@gmail.com		125 Willow Ave Apt. A	Corte Madera	CA	94925	(415) 867-5644	
11	Mr	Timothy	Foster	6/15/2016	tfoster@sfaf.org	San Francisco AIDS Foundation	372 Baker St Apt. 104	San Francisco	CA	94117	(415) 305-8608	
12	Mr	Matt	Geltmaker	6/15/2016	mgeltmaker@smcgov.org	San Mateo County Health System	225 37th Ave	San Mateo	CA	94403	(650) 573-2077	
13	Mr	David	Gonzalez (At-Large)	6/15/2016	dgonzalez.cpg@gmail.com	Homeless Youth Alliance	431 Hickory St	San Francisco	CA	94102	(408) 823-2392 C	
14	Mr	Paul	Harkin (At-Large)	6/15/2016	pharkin@glide.org	Glide	330 Ellis St Room 510	San Francisco	CA	94102	674-5180 W 748-4411 C	673-1037
15	Mr	Ron	Hernandez	6/15/2016	rhonhern@yahoo.com		2261 Market St #623	San Francisco	CA	94114	(415) 867-7482	
16	Mr	Ken	Hornby	6/15/2016	kenfunny1@yahoo.com		1045 Mission St #227	San Francisco	CA	94103	(209) 232-9958	
17	Mr	Lee	Jewell	6/15/2016	rljinsf@gmail.com		355 Fulton St Apt. 508	San Francisco	CA	94102	(415) 552-5552	
18	Mr	Kevin	Lee	6/15/2016	tileeinsfca@google.com	San Francisco AIDS Foundation	1600 Los Gamos Dr Suite #350	San Francisco	CA	94903	(415) 473-3037	
19	Mr	T.J.	Lee	6/15/2016	klee@marincounty.org	Marin County	80 Museum Way Apt A	San Francisco	CA	94114	(415) 724-1272	
20	Mr	Andrew	Lopez	6/15/2016	andrewl@nativehealth.org	Native American Health Center	1151 Harbor Bay Parkway #203	Alameda	CA	94502	(510) 747-3036 W	(510) 748-0116
21	Mr	Matthew	Miller	6/15/2016	matthew.simon.miller@gmail.com		67 Eastgate Dr	Daly City	CA	94015	(415) 574-8442	
22	Mr	Aja	Monet	6/15/2016	jarelbanks@yahoo.com	(mailing: c/o Jarel Banks)	124 Turk St #501	San Francisco	CA	94102	(321) 458-1560 C	
23	Ms	Jessie	Murphy	6/15/2016	jessie.murphy@ucsf.edu	UCSF Alliance Health Project	1930 Market St	San Francisco	CA	94102	502-7583 W(510) 459-6602 C	
24	Ms	Catherine	Newell	6/15/2016	cathynewell4@gmail.com		1129 Davis St	Redwood City	CA	94061	(650) 367-9823	
25	Mr	Ken	Pearce	6/15/2016	kwpsf2@gmail.com		PO Box 14018	San Francisco	CA	94114	(415) 863-3304	
26	Mr	Mick	Robinson	6/15/2016	mrmickster7@gmail.com		260 McAllister St #304	San Francisco	CA	94102	(415) 865-9884	
27	Ms	Stacia	Scherich	6/15/2016	staciascherich@hotmail.com		1536 Great Hwy #6	San Francisco	CA	94122	(415) 665-7661	
28	Mr	Charles	Siron (Co-Chair)	6/15/2016	robles94102@aol.com		535 Geary St #910	San Francisco	CA	94102	(415) 655-3008	
29	Ms	Gwen	Smith	6/15/2016	gwen.smith@sfdph.org	SFDPH-CoPC-Southeast Health Center	2401 Keith St	San Francisco	CA	94124	671-7057 W 822-3620 C	822-3620
30	Mr	Don	Soto	6/15/2016	dsoto@lssnorcal.org	Lutheran Social Services of Northern California	191 Golden Gate Ave	San Francisco	CA	94102	(415) 581-0891	
31	Mr	Chip	Supanich	6/15/2016	chipsupanich@gmail.com	Shanti Project	408 Laguna St #22	San Francisco	CA	94102	595-0412	
32	Mr	Eric	Sutter	6/15/2016	esutter@shanti.org	Shanti Project	730 Polk St	San Francisco	CA	94109	(415) 674-4754	
33	Ms	Laura	Thomas (At-Large)	6/15/2016	lthomas@drugpolicy.org	Drug Policy Alliance	131 10th St	San Francisco	CA	94103	241-9800 W 283-6366 C	
34	Ms	Linda	Walubengo (Co-Chair)	6/15/2016	lwalubengo@catholiccharitiessf.org	Catholic Charities	134 Golden Gate Ave	San Francisco	CA	94102	(571) 340-7876	
			Appointed Members									
35	Ms	Margot	Antonetty	6/15/2016	margot.antonetty@sfdph.org	SFDPH - Housing and Urban Health	101 Grove Street, Suite #321	San Francisco	CA	94102	415-554-2642	
36	Mr	Bill	Blum	6/15/2016	Bill.Blum@sfdph.org	SFDPH - Community-Oriented Primary Care	1380 Howard St 4th Fl	San Francisco	CA	94103	255-3586	701-5501
37	Mr	Charles	Fann	6/15/2016	charles.fann@sfdph.org	SFDPH—STD Prevention & Control Services	356 7th St	San Francisco	CA	94103	487-5506 W	
38	Ms	Cicily	Emerson	6/15/2016	Cemerson@MarinCounty.org	Marin County Dept of Health & Human Services	899 Northgate Dr, Suite 415	San Rafael	CA	94903	473-3373	
39	Mr	Dean	Goodwin (Government Co-Chair)	6/15/2016	dean.goodwin@sfdph.org	SFDPH- HIV Health Services	681 Corbett Ave #5	San Francisco	CA	941114	(415) 437-6278	
40	Ms	Liz	Hall	6/15/2016	liz.hall@cdph.ca.gov	CADPH, Office of AIDS/ Part B	1616 Capitol Avenue, Suite 616, MS 7700	San Francisco	CA	95814	(916) 449-5951	
41	Mr	Bruce	Ito	6/15/2016	Bruce.Ito@sfgov.org	Mayor's Office of Housing-Community Development Division	One South Van Ness Ave 5th	San Francisco	CA	94103	701-5558	495-6463
42	Mr	Darryl	Lampkin	6/15/2016	Dlampkin@smcgov.org	San Mateo County Health Department	225 37th Ave	San Mateo	CA	94403	(650) 573-3643	431-7154
43	Ms	Eileen	Loughran (Government Co-Chair)	6/15/2016	eileen.loughran@sfdph.org	SFDPH—Community Health Equity & Promotion Branch	25 Van Ness Ave #500	San Francisco	CA	94102	437-6218	
44	Ms	Nan	O'Connor	6/15/2016	nan.o'connor@sfdph.org	South Van Ness Services	755 South Van Ness Ave	San Francisco	CA	94110	642-4510	

PROJECT NARRATIVE

The Annual Performance Report requires the grantee to report on progress made during the current reporting period, January 1, 2015 – June 30, 2015 and to report on proposed programmatic activity for the new budget period (Year 5) January 1, 2016 – December 31, 2016. ***Unless otherwise noted, responses to the questions in this guidance should accurately reflect program activities conducted during the reporting period of January 1, 2015 – June 30, 2015.***

The following questions are core questions to be used for programmatic and data reporting for this reporting period.

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. Did you make **substantial changes** to your HIV prevention program for any of the four required core components funded under Category A during the reporting period? If yes, please describe the changes made for the specific program component.

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

   The University of California San Francisco (UCSF) Alliance Health Project (AHP), Asamblea Gay Unida Impactando Latinos a Superarse (AGUILAS) and some of San Francisco Department of Public Health City Clinic and community-based settings programs are the only CDC-funded organizations providing direct client services during the reporting period, but other programs will be discussed in this report to demonstrate the scale of San Francisco's HIV prevention efforts.

   - In keeping with the objective to reduce the percent of San Franciscans with unknown HIV infection to less than 5% by 2016, and increasing the number of HIV tests to 30,000 by 2017, the San Francisco Department of Public Health (SFDPH) is supporting expanded mobile testing efforts to reach the highest

prevalence populations (men who have sex with men [MSM], injection drug users [IDU] and transgender females who have sex with males [TFSM]).

San Francisco is committed to maintaining acute testing for MSM, IDU, and TFSM based on preliminary data of the Screening Targeted Populations to Interrupt On-going Chains of Transmission with Enhanced Partner Notification (STOP) study. Acute cases of HIV infection funded by the STOP study accounted for 10% of new infections in San Francisco in non-medical settings funded by HIV prevention in through October 31, 2013. San Francisco has continued its commitment to acute testing since that time and pooled ribonucleic acid (RNA) testing has continued as part of routine services at two high-volume, high prevalence sites (San Francisco AIDS Foundation [SFAF] Magnet and SFDPH City Clinic. In 2014 acute cases accounted for a decreasing share of new positives, but that trend seems to have reversed in 2015. San Francisco will pay close attention to any trends in positivity and will develop a new algorithm for detecting acute infection that is grounded in the best evidence available. SFDPH is also working to ensure that all acute cases are accurately represented in EvaluationWeb.

SFDPH is continuing to offer expanded acute screening in mobile settings with the UCSF AHP to reach MSM, SFAF Magnet and SFDPH City Clinic. UCSF AHP is also piloting hepatitis C (HCV) testing and syphilis testing for IDUs and MSM. The intent is not only to increase HCV and syphilis testing, but to also increase testing for HIV, believing that more MSM, IDUs and TFSM will want testing due to the fact that one can get screened for multiple health issues at once.

SFDPH continues to work closely with the State of California Office of AIDS in updating the HIV/HCV Counselor Certification Training for local and state need. Staff members have revised training materials to include Pre-Exposure Prophylaxis (PrEP) in the HIV test counselor training for new counselors. In addition, SFDPH has created a training on PrEP for existing HIV test counselors and other service providers whose clients may have questions about this new intervention. During the reporting period, SFDPH included training on the Determine Ab/Ag test in the HIV test counselor training and provided agency specific training and ongoing support for three of the largest testing providers.
This Substantial Change applies to HIV Testing.

- PrEP is quickly changing the HIV prevention landscape and the Community Health Equity and Promotion (CHE&P) Branch at the SFDPH is addressing this in multiple ways:

- PrEP has been added to the HIV counselor training curriculum.
- Training HIV test counselors is planned for August 2015
- Discussions on this topic at our bimonthly HIV test counselor meetings.
- There have been multiple community forums about PrEP sponsored by CHE&P or community organizations.
- CHE&P is involved in "Getting to Zero" (G2Z), a collaborative of government, community, research and clinical providers who meet with three goals:
  - zero new infections
  - zero AIDS-related deaths
  - zero stigma

  The three initiatives are: 1) increase retention in care 2) increase rapid initiation of antiretroviral therapy and 3) expand access to PrEP.

In 2014 San Francisco Board of Supervisors allocated $301,600 to hire PrEP navigators, who will help people obtain PrEP through existing channels such as private insurance, Medi-Cal, or Gilead Science's patient assistance programs. A Request for Proposals (RFP) was written during the reporting period and the processes are in place to release this RFP in the fall of 2015.

Better World Advertising was contracted to conduct "listening sessions" to collect HIV prevention service provider input on the communities' knowledge and attitudes around PrEP to shape appropriate messaging and social media strategies in San Francisco.

CHEP collaborated with other branches in SFDPH for SFDPH's application for PS15-1506 funding and hope for opportunities to increase PrEP coverage with these potential new resources. Included in San Francisco's PS15-1506 proposal are the continuing and final steps of a social marketing plan to increase uptake of PrEP in San Francisco.

This Substantial Change applies to HIV Testing and Policy Initiatives.

- Another substantial change is in preparing for the new HIV Antigen /Antibody rapid test called Determine by Alere. Determine was CLIA (Clinical Laboratory Improvement Amendments) waived in December 2014. SFDPH staff has created a four hour training that will be used to certify all current HIV

test counselors with input from Alere staff. SFDPH will request approval from the State Office of AIDS and collaborated with Los Angeles Health Department. Staff members feel that this new test will allow us to expand our acute screening efforts.

This Substantial Change applies to HIV Testing.

- The Community Health Equity and Promotion Branch (CHEP) has integrated and standardized services by increasing collaboration with SFDPH Behavioral Health, a separate section of the SFDPH 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. Accordingly, many of San Francisco's substance abuse programs currently provide HIV testing and HIV risk reduction counseling by utilizing set-aside funds. CHEP staff successfully worked with the program staff within Behavioral Health as well as at the funded agencies to align the goals and objectives of the contracts with San Francisco's HIV testing efforts and overall HIV Prevention Strategy. Behavioral Health has transferred oversight of these programs to CHEP.

  A new Set-Aside coordinator, Katie Burk, who started in November of 2014, has taken on the responsibilities of coordinating the contracts. Ms. Burk has held site visits with recipient agencies to understand how each individual program works, as well as what the successes and challenges have been around utilizing the Set-Aside funding. Ms. Burk has already integrated HCV testing into the existing Set-Aside funded HIV testing programs at three methadone programs, and will continue to explore other integration opportunities with funded programs. In 2015, Ms. Burk will also continue to partner with Behavioral Health, recipient agencies, and HIV-prevention planning bodies to ensure that the funds are being used in efficient and highly impactful ways that maximize the prevention benefits with San Francisco's substance abuse program clients.

  This Substantial Change applies to HIV Testing and Policy Initiatives.

- San Mateo County (SMC) assessed clients' awareness, experience with, and interest in PrEP via a questionnaire administered to 100 targeted, priority population individuals encountered on the Mobile HIV Testing van. Only 20% of clients were aware of PrEP, 4% of clients had previously taken PEP, and 70% of clients were interested in finding out more about PrEP. Additionally, about 51% of clients were covered by MediCal. As a result, SMC has developed PrEP treatment protocols, patient education

brochures, and referral processes for PrEP access through SMC Health System. Additionally, the SMC website has been updated with PrEP information for both providers and patients.
This Substantial Change applies to HIV Testing and Policy Initiatives.

- In order to address the overestimation of HIV Testing events established as goals in previous program years, San Mateo County revised the annual number of HIV Testing events from 1500 to 1000. This new goal has been ascertained to account for only priority risk populations; rather than the previous goal of 1500 HIV Test events, which included low-risk, non-priority risk populations.
  This Substantial Change applies to HIV Testing.

- In 2014, Marin implemented a new strategy of online outreach to locate men who have sex with men. During the reporting period of June 30, 2015, Marin made 147 contacts resulting in 61 referrals, 32 follow-up conversations, and 16 health education and risk reduction conversations. In its social networking program, 5 individuals were used as test recruiters, 54 outreach contacts were made and one high risk individual came in for testing.
  This Substantial Change applies to HIV Testing.

- Marin continues to provide rapid HCV testing along with HIV testing. During this reporting period, 28 HCV tests were performed and 3 positives were identified.
  This Substantial Change applies to HIV Testing.

- Marin County experiences challenges locating high prevalence populations for HIV testing. As a result, the county made substantial changes in how it locates two of its high prevalence populations for HIV testing - men who have sex with men and injection drug users. After identifying and doing street outreach in a variety of sites to find this population in 2012 and 2013, Marin decided to change its strategy and focus outreach on men who have sex with men through social media sites and peer recruiters. Training for these new outreach strategies began at the end of 2013, and these outreach strategies have continued to be used in 2015.
  This Substantial Change applies to HIV Testing.

- SF is currently working with HIV prevention providers to integrate tobacco education, assessment, and referral to smoking cessation services. Because tobacco use disproportionately affects gay men and

possibly transgender women as well, a holistic approach to the health of these communities should include this service. SFDPH contracted with The Last Drag, a well-known provider of smoking cessation services in the LGBT community, to develop a model for education, assessment, and referral that is aligned with the HIV prevention and harm reduction culture. The final model is anticipated to be available in Fall 2015.

This Substantial Change applies to Policy Initiatives.

2. Describe **successes** experienced with implementing your HIV prevention program for each of the four required core components funded under Category A during the reporting period. Please specify the program component associated with the successes.

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

- The SFDPH Program Liaisons meet monthly and discuss progress of funded community-based organizations; standard agenda items include HIV testing, agency updates, community planning. Review of HIV testing data and other deliverables discuss performance and problem-solve reporting inconsistencies occur as needed.

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

- Instituto Familiar de la Raza is an agency funded to provide service to Latino MSM in two service categories: Program to Address Drivers of HIV Infections among MSM, and Special Project to Address HIV-related Disparities among Latino MSM. In 2014 this agency faced challenges meeting its deliverables, but worked closely with the CHEP Program Liaison and has significantly increased its performance during this reporting period.

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

- The Community Health Equity & Promotion Branch at SFDPH collaborated with local agencies to organize a community event for the annual National Black HIV/AIDS Awareness Day in February, 2015. The event consisted of HIV testing and STI screening and a community forum. The theme for the event was "Our Lives Matter". There was an epidemiology presentation about the current trends of HIV/AIDS among African Americans with a focus on men who have sex with men (MSM). There was a panel

discussion of community leaders who addressed the impact of HIV on women, transgender individuals, youth, and MSM. A community discussion followed.

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

- San Francisco has a strong commitment to condom distribution and implements these efforts in four primary ways: 1) all agencies continue to distribute condoms at every community event, during venue-based and street outreach; 2) SFDPH City Clinic has access to local sex venues and distributes condoms there; 3) SFAF has a condom distribution program to supply bars and other local businesses; 4) venues and organizations that qualify for ongoing condom deliveries are referred and linked to the CHEP Condom Distribution Program.

  This Success applies to Condom Distribution.

- Although SFDPH no longer receives specific funding to promote the female condom (FC2), program staff members continue to offer, distribute and demonstrate how to use the FC2 as a safer sex option for men and women when conducting community-based HIV/STI screening, outreach and educational workshops in San Francisco.

  This Success applies to Condom Distribution.

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

  This Success applies to Condom Distribution and Policy Initiatives.

- Staff led the monthly SFDPH Transgender Coordination and Collaboration (TCC) internal work group with the goal of building capacity on addressing transgender HIV prevention, health and systems issues towards increased access to care, culturally competent services, and increased collaboration among transgender programs and services across the health department. On June 18, 2015 staff led a capacity building webinar through SFDPH's Center for Learning Innovation (getsfcba.org) on Building Capacity for Trans Health Services: Challenges, Opportunities, and Innovations in System Integrations. The webinar highlighted the accumulation of activities that supports the department's institutional capacity to respond to transgender health and HIV prevention priorities. To build stronger institutional and programmatic support throughout the department, the TCC is exploring the development of a

departmental Transgender Health Initiative which would look at broader transgender health objectives across departmental branches and sections of the health department. Initial brainstorm planning for a Transgender Health Initiative is slated for fall, 2015. Through the TCC, staff led a transgender substance use and mental health needs assessment focusing on programs/services and utility in collaboration with Community Behavioral Health Services of SFDPH. During this period, staff members have worked directly with Harder and Company to lead this effort which will be completed with a final report due in mid-September 2015. Conversations and planning for a response to San Francisco's housing crisis and the continued marginalization of trans people is still in development. TCC is in the process of developing a community and stakeholder forum on permanent supportive housing in San Francisco that will highlight needs and gaps in the community. Similarly, TCC is leading a community assessment on shelters in San Francisco that assesses current shelter policies and experiences of trans people with hopes of developing concrete recommendations and responses to the issue.
This Success applies to Policy Initiatives.

- Staff has provided technical assistance towards the development and implementation of Transgender Cultural Humility training modules for all of SFDPH staff. Transgender 101 online training, including a live Transgender 102, 103 training has been developed to build the capacity of SFDPH staff and workforce on transgender health and HIV prevention. Much of the training effort during this period has focused on the development of an on line courseware training on transgender health and primary care. This training module includes video of community members and providers and is expected to be completed in fall of 2015.
  This Success applies to Policy Initiatives.

- SFDPH staff led the monthly San Francisco Transgender Advisory Group (TAG), a group comprised of both providers and community members that provides input to the department on transgender health and HIV initiatives, policies and programs. In spring of 2015, the TAG agreed to function as a advisory group to SFDPH's Transgender Health Services program which improves access and quality of healthcare for transgender San Franciscans via its Transgender Surgery Access Program for Healthy San Francisco and Medi-Cal patients. It also partners throughout the SF Health Network to strengthen competency in transgender healthcare at all access points.
  This Success applies to Policy Initiatives.

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

- All HPS-funded providers have protocols in place for ensuring HIV-positive clients are linked to STI screening and treatment.
  This Success applies to Comprehensive Prevention with Positives and Policy.

- San Mateo County's strategy of utilizing a Disease Investigator/Linkage to Care Coordinator to conduct HIV case-matching of incident STI infections in HIV-positive individuals has created the majority of efforts to provide Prevention with Positives and Partner Services. Over 65% of individuals who received Partner Service offers and Prevention with Positives were identified through these surveillance efforts. Additionally, 33% of these individuals were also re-engaged in HIV primary care through this strategy.
  This Success applies to Comprehensive Prevention with Positives.

- San Mateo County launched a pilot Transgender Health Services Specialty Clinic within the San Mateo County Health System. The pilot project will include comprehensive gender reassignment medical and mental health care, as well as ancillary support services. Comprehensive HIV prevention and education services will are included as part of the ancillary support services; and, individuals will have access to HIV testing, PrEP, PEP, education and risk reduction counseling, and partner services.
  This Success applies to HIV Testing, Comprehensive Prevention for Positives, and Policy Initiatives.

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

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

3. Describe **challenges** experienced with implementing your HIV prevention program for each of the four required core components funded under Category A during the reporting period. Please specify the program component associated with the challenges.

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

   - AHP had challenges meeting its targets since services began under the HIV prevention RFP in 2011. The original service delivery target was beyond the capacity of the agency. SFDPH negotiated with AHP to decrease the target as well as reimbursement three times, most recently in March 2015. Even with the reduced objectives, the agency has not been able to increase productivity and reach its goals. SFDPH will continue to work closely with AHP to assess service delivery levels and contract expectations.

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

   - One program funded to address HIV-related health disparities among Latino MSM AGUILAS has had challenges reaching their contractual goals for HIV testing since 2011. During 2015, SFDPH has worked closely with AGUILAS to assess service delivery levels and contract expectations. To address not meeting targets for HIV Testing Services, SFDPH and AGUILAS have developed a Technical Assistance Plan (TAP); one effort in the plan is to pilot HIV testing in mobile settings which requires additional resources. The success of the HIV testing in additional venues will be reassessed in the fall of 2015 and the option of removing HIV testing services and resources from AGUILAS' contract and negotiating HIV testing services at AGUILAS will be considered if deliverables are not at an appropriate level.

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

- The SFDPH Population Health Division is two years into its reorganization. HIV prevention efforts and oversight are now shared across multiple branches. As anticipated, most of the changes in workflows and responsibilities resulting from the reorganization have been completed and implemented. However, because HIV prevention spans across the entire Division, timely communication and sharing of information remains a challenge.

  SFDPH and its community partners continue to explore ways in which health care reform/Affordable Care Act (ACA) affects HIV prevention. The Population Health Division currently has a staff person who is overseeing the Billing Improvement Project, which is designed to maximize third party billing for the STD clinic, the TB clinic, and the public health lab. The CHEP Branch recently met with this staff person, and CHEP is now included in the project. In addition, CHEP has received technical assistance from NASTAD on models for working with funded community-based organizations around billing. **This Challenge applies to HIV Testing and Comprehensive Prevention with Positives.**

4. Describe **anticipated changes** to your HIV prevention program for any of the four required core components funded under Category A for Year 5 (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).

   HIV Testing:

   - No anticipated changes.

   Comprehensive Prevention with Positives:

   - All RRA and PWP programs will be funded through San Francisco General Funds for the remainder of calendar year 2015 and SFDPH expects this funding configuration to continue for calendar year 2016 as well. We do not anticipate any significant changes to any RRA or PWP program during 2015 or 2016.

   Condom Distribution:

   - No anticipated changes.

   Policy Initiatives:

   - During the reporting period, two agencies previously funded by PS10-1003 received word that they did not successfully compete for direct funding from CDC for PS15-1502; SFDPH is working with these agencies to understand the impact of this loss of funding and will consider these programs in the context of HIV prevention priorities for 2015-2016 and alternate forms of support if appropriate.

HIV Testing and Comprehensive Prevention with Positives

Note: *Quantitative information for HIV testing for Category A in healthcare and non-healthcare settings, as well as aggregate testing data, will be reviewed via the PS12-1201 Data Tables that will be auto-populated with NHM&E data submitted via EvaluationWeb®. Quantitative aggregate data on Interventions and Services for HIV-Positive Individuals, submitted via EvaluationWeb®, will also be included in the PS12-1201 Data Tables. Please review these tables (template) for reference.*

1. Provide the annual HIV testing objective for healthcare settings and non-healthcare settings for both Year 4 and Year 5.

   The objectives below represent what is expected of CDC-funded HIV testing providers only. As noted earlier, SFDPH also funds testing with City and County General Funds.

   Annual HIV testing objective for healthcare settings (Year 4): 6,500
   Annual HIV testing objective for non-healthcare settings (Year 4): 1,000
   Annual HIV testing objective for healthcare settings (Year 5): 6,500
   Annual HIV testing objective for non-healthcare settings (Year 5): 1,000

2. Provide information on Partner Services (PS) for newly diagnosed index patients for the reporting period. See Table in Appendix A.

Condom Distribution

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

   Overall Condom Distribution Objective for Year 4: 1,500,000
   Total number of condoms distributed overall: 752,725
   Percentage of condoms distributed: 100%
   Note: *% is calculated based on total number of condoms distributed divided by overall condom distribution objective x 100. This number can be greater than 100%, if the condom distribution objective is exceeded.*

   Total # of condoms distributed in the San Francisco jurisdiction from January 1 –

   June 30, 2015 = 752,725

   Note:

   a) The jurisdiction does not collect numbers of condoms distributed to individuals based on HIV status, therefore the total number distributed is reflective of condoms distributed to both HIV-positive and high-risk negative persons.

b) The jurisdiction cannot accurately determine numbers of condoms distributed to individuals based on funding, therefore the total number of condoms distributed is a collective number of all funding source purchases.

c) The condom distribution objective was raised for this period given the current success of condom distribution programs.

Table 3: Condom Distribution		
Overall Condom Distribution Objective for the reporting period	Total number of condoms distributed overall	
	n	%
750,000	752,725	100%

Policy Initiatives

1. What policy initiatives did you focus on during the 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 the reporting period, please explain.

   - SFDPH has completed analysis of information gathered from meetings with HIV primary care providers (PCPs) in different care settings, to assess initiation of and potential barriers to early treatment of new HIV cases. The findings will be submitted for a presentation/poster at upcoming conferences, and the SFDPH Clinical Prevention Specialist who works within the Disease Prevention and Control Branch of the Population Health Division will use the information to craft a strategy for increasing uptake of the early treatment guidelines within SFDPH and outside providers. An abstract was accepted for a panel discussion for the American Public Health Association's (APHA) Annual Conference and will be presented on Tuesday November 3, 2015 Impact: Local & National. Stage: Complete

   - Although not funded with CDC dollars, syringe access and disposal programs are important services for injection drug users. SFDPH continues to pilot the placement of outdoor syringe disposal boxes. In March of 2013, the pilot phase began with two syringe disposal boxes placed in an area in San Francisco frequented by injection drug users in order to provide 24-hour access to safe syringe disposal. Since that period, six additional boxes have been placed between July 2014 and March 2015. Data from the Department of Public Works, SFDPH, and community calls/complaints has shown that the boxes have resulted in fewer improperly discarded syringes in the area and documentation demonstrates that boxes

are maintained weekly. Boxes are secure and functional. Two additional boxes will be placed in August 2015 and SFDPH will provide an update in the next reporting period. In addition to the outdoor disposal boxes, the health department has developed a comprehensive coordinated plan for syringe disposal which includes increased education efforts among injection drug users on safe disposal options, providing disposal supplies to city partners such as the police department and homeless outreach teams, and increased sweeps or "clean-ups" by syringe providers. Impact: Local. Stage: Implementation

- In the year 2000, the San Francisco Department of Public Health (SFDPH) became the first local Health Department in the United States to adopt a department-wide harm reduction policy. Adopting the policy reflected visionary thinking on the part of SFDPH and marked its deep commitment to caring for San Francisco's most vulnerable citizens. The past fifteen years have brought about important developments in the language and practice of harm reduction interventions, particularly in response to growing national crises around drug use and soaring rates of correlated accidental overdose and hepatitis C transmission. Prompted by the HIV Prevention Planning Council's (HPPC) recommendation, a collaboration of SFDPH Community Health Equity and Promotion Branch (CHEP), Substance Use Research, and Behavioral Health staff engaged in a multi-pronged, participatory process of updating and ratifying the SFDPH Harm Reduction policy. This update better aligns the policy with SFDPH's Trauma-Informed Care initiative and the citywide Getting to Zero initiative. The goal of this process is Health Commission approval of the updated policy by the end of 2015.

- Also in response to HPPC recommendations and in a parallel process to the Harm Reduction Policy update, CHEP staff are spearheading a Drug User Health Initiative. This initiative strives to closely align HIV prevention, hepatitis C prevention, overdose prevention, and substance use treatment services in a harm reduction-based and holistic drug user health framework. Implementation of SFDPH's Drug User Health Initiative involves multiple additional interventions, such as launching HIV and HCV co-screening initiatives, and including HIV and HCV screening at methadone programs supported by SFDPH. SFDPH will also be exploring strategies such as integrating overdose prevention programming at substance use treatment programs and providing HIV, HCV and overdose education to substance use treatment staff. Also notable is the expansion of overdose programming in SF to include a partnership with the San Francisco Police Department, whereby police officers are trained to respond to overdose with rescue breathing and administration of naloxone.

- This year the San Francisco Jail Health Services HIV & Integrated Services (HIVIS) Prevention Services team has focused upon expanding the jail-based naloxone project whereby at release from custody prevention team members show a video on the dangers of overdose. Prisoners are then given the opportunity to sign up for a training on how to use naloxone to block overdose. Once trained, a naloxone (narcan) kit is placed in property to be given to the prisoner upon release from custody.

  HIVIS has received a preliminary award announcement that its application to conduct a Hepatitis C demonstration program to treat hepatitis C+ prisoners in the jails in San Francisco and in the Santa Clara county jails has been approved. HIVIS is beginning to develop the IRB application and protocols for how to identify and treat hepatitis C+ prisoners in the jails. The challenge will be to start patients in treatment before they are released from custody. Post-release, a navigator will visit them weekly to provide them with medication and support until they complete the course of treatment.

  HIVIS is just rolling out the Transgender START project funded by University of California's Center for AIDS Prevention Studies (CAPS) and the BridgingGroup. Transgender women will receive short-term navigator services and linkages to ease the transition from jail to community. This project will also provide education and referrals for PrEP. This project is funded to examine outcomes among transgender women who will receive discharge planning services and navigator support.

  The condom distribution project continues and has received a great deal of attention in the past year because the State of California is about to replicate the San Francisco condom distribution program in the state prison system. Both radio and television have carried stories about this program over the past year, both locally, nationally and internationally.

  Prevention Team staff continue to provide HIV, STD and hepatitis testing, disclosure and linkages to care for those testing positive.

2. Please indicate if you have an HIV outbreak response plan in place. If yes, please describe. If no, please indicate steps that will be taken towards implementing a response plan.

- San Francisco has had experience in emergency responses over the last year with the unfortunate outbreaks of Ebola in Africa, Shigella in San Francisco and invasive meningococcal disease (IMD) among MSM in Chicago. SFDPH has established a Department Operations Center used for Ebola as well as for Shigella with objectives and action plans for all branches. A health alert and fact sheets were

developed for IMD. Systems are in place to implement a response plan immediately in the case of any outbreak.

CATEGORY A: Recommended Components

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

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

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

1. Have you made **substantial changes** to your HIV prevention program for any of the recommended components funded under Category A during the reporting period? If yes, please describe the changes made for the specific program component.

   Evidence-based HIV Prevention Interventions for High-Risk HIV-negative Individuals:
   Social Marketing, Media, and Mobilization:
   PrEP and nPEP:

   - Better World Advertising (BWA) was contracted to collect HIV prevention service provider input on the communities' knowledge and attitudes around PrEP to begin to shape appropriate messaging and social media strategies in San Francisco. CHEP collaborated with the SFDPH branches to apply for PS15-1506 funding and hope for opportunities to increase PrEP coverage with these potential new resources. Included in San Francisco's PS15-1506 proposal are the continuing and final steps of BWA's social marketing plan to increase uptake of PrEP in San Francisco.

     This Substantial Change Applies to Social Marketing, Media, and Mobilization and PrEP.

2. Describe **successes** experienced with implementing your HIV prevention program for each of the recommended components funded under Category A during the reporting period? Please specify the program component associated with the successes.

   Evidence-based HIV Prevention Interventions for High-Risk HIV-negative Individuals:
   Social Marketing, Media, and Mobilization:
   PrEP and nPEP:

   - Marin County continues to develop its media strategy to promote the testing program. Marin began running the "I Got Tested" campaign again at outdoor sites in June of 2015. There is an ongoing key

informant interview process geared specifically toward Latinos to develop new media content targeted specifically for the Latino MSMs.

This Success applies to Social Marketing, Media and Mobilization.

3. Describe **challenges** experienced with implementing your HIV prevention program for each of the recommended components funded under Category A during the reporting period? Please specify the program component associated with the challenges.

Evidence-based HIV Prevention Interventions for High-Risk HIV-negative Individuals:
Social Marketing, Media, and Mobilization:
PrEP and nPEP:

- There were no challenges experienced with these program components during the reporting period.

4. Describe **anticipated changes** to your HIV prevention program for any of the recommended components funded under Category A for Year 5 (including proposed changes in venues, contracts, target populations, interventions, objectives, staffing/personnel, funding resources, etc.). Please specify the program component associated with the anticipated change(s).

Evidence-based HIV Prevention Interventions for High-Risk HIV-negative Individuals:
Social Marketing, Media, and Mobilization:
PrEP and nPEP:

- SFDPH hopes to be successful in its application for PS15-1506 funds and continue social marketing efforts with Better World Advertising to promote the uptake of PrEP in San Francisco, but if not, alternate funds will be identified to implement this on a perhaps smaller scale.

- San Mateo County expanded its implementation of *Greater Than AIDS* to include Spanish-language radio spots, targeted placement of billboard ads in disproportionately impacted communities, transit bus ads on major routes, and dissemination of *SMC Greater Than AIDS* posters to businesses, community and faith-based organizations, and to public health clinics throughout the county.

- San Mateo County assessed clients' awareness, experience with, and interest in PrEP via a questionnaire administered to 100 targeted, priority population individuals encountered on the Mobile HIV Testing van. Only 20% of clients were aware of PrEP, 4% of clients had previously taken PEP, and 70% of clients were interested in finding out more about PrEP. Additionally, about 51% of clients were covered by MediCal. As a result, SMC has developed PrEP treatment protocols, patient education brochures, and

referral processes for PrEP access through SMC Health System. Additionally, the SMC website has been updated with PrEP information for both providers about and patients.

- As of August 15, 2015 the Latino Wellness Center, a program of Instituto Familiar de la Raza funded by SFDPH to deliver Health Education & Risk Reduction to Address Drivers services has a new HIV Services Manager and Latino Wellness Center Director. This change in leadership may bring challenges to this program in meeting service delivery levels and contract expectations.

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

☐ **Not applicable**

1. Indicate if you are supporting evidence-based HIV prevention interventions for high-risk HIV-negative individuals during the reporting period?

   ☒ Yes ☐ No

   If yes, briefly describe which populations and what activities are being supported?

   - In San Francisco CHE&P funds risk reduction activities (RRA) activities for many agencies, but only one program is funded with CDC dollars, AGUILAS. AGUILAS' program is a holistic one addressing HIV health disparities among Latino MSM and includes HIV testing, evidence-based HIV prevention interventions for high-risk HIV-negative as well as HIV-positive individuals.

   - San Mateo County (SMC) continues to provide individual risk reduction counseling to MSM during this reporting period. While SMC did not strictly utilize an evidenced-based intervention, counselors employed motivational interviewing as a primary modality to structure the interventions.

Note: *Quantitative aggregate data on Interventions and Services for High-Risk HIV-negative Individuals, submitted via EvaluationWeb®, will be included in the PS12-1201 Data Tables. Please review these tables (template) for reference.*

Social Marketing, Media and Mobilization

☐ **Not applicable**

1. Indicate if you are promoting and/or supporting a CDC social marketing campaign during the reporting period.

   ☐ Yes ☒ No

   If yes, please indicate the specific CDC social marketing campaign.

Pre-exposure Prophylaxis (PrEP)

☐ **Not applicable**

1. Are you currently supporting PrEP?
   ☒ Yes ☐ No
   If yes, briefly describe which populations and what activities are being supported?

   Yes. SFDPH was awarded a grant from NIAID to conduct a PrEP demonstration project at San Francisco City Clinic (SFCC), SF's municipal STD clinic (NCT #01632995). Dr. Albert Liu is the Protocol Chair and Dr. Liu and Dr. Stephanie Cohen are the site co-Principal Investigators. The grant is a supplement to SFDPH's Vaccine Clinical Trials Unit grant (PI: Susan Buchbinder). The demonstration project was conducted in collaboration with the University of Miami and Whitman Walker Health in Washington, DC. Participants who enrolled were offered daily Truvada for up to 48 weeks as part of a comprehensive package of HIV prevention services which included STD screening and treatment, and integrated adherence and risk reduction counseling. After enrollment, participants returned for follow-up visits at 4, 12, 24, 36, and 48 weeks. Follow-up visits included 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:

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

   Enrollment was completed on 1/21/14 and follow-up was completed January 2015. 1069 individuals were approached or prescreened, of whom:

   - 364 declined during the pre-screening or screening process
   - 148 found to be ineligible
   - 557 Enrolled (300 in San Francisco, 157 in Miami and 100 in Washington, DC)
   - Retention and adherence in the study were high; Among a sample of 90 participants at a week 4 visit, 77% had drug levels consistent with having taken Truvada 4 days/week (92% in San Francisco)

- STDs were prevalent at baseline (27.5% had early syphilis, gonorrhea or chlamydia at screening) and STD incidence was high but stable throughout the study. In addition, 3 participants had acute HIV infection at enrollment
- There were 2 HIV seroconversions among all sites during the study, both of whom had discontinued PrEP at least 6 weeks prior to the positive HIV antibody test

SFCC now has a PrEP navigation program that aims to: 1) Help insured patients navigate their insurance and co-pay assistance to access PrEP in their primary care home and 2) Initiate and maintain uninsured patients on PrEP (or patients with insurance who cannot access PrEP in primary care). Since the start of the program (and through March 2015), over 500 individuals have been educated about PrEP and counseled as to how to access it, and over 185 individuals have initiated PrEP at the clinic.

The DPH is continuing to support the PrEP program at SFCC through SFDPH General Funds. SFDPH staff will also train CBO providers in how to provide basic PrEP education and referrals, and, through an RFP process, support PrEP navigators who will be embedded in CBOs. In addition, SFDPH is providing technical assistance to other health departments about how to support the scale up of PrEP in their jurisdictions, through a CDC-funded capacity building assistance (CBA) grant.

Non-occupational Post-exposure Prophylaxis (nPEP) Services

☐ **Not applicable**

1. Are you currently supporting nPEP for high risk populations?
   ☒ Yes ☐ No
   If yes, briefly describe which populations and what activities are being supported?

   Yes. PEP services are supported by CHEP but meds are not provided under 12-1201. 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 it's related to PEP. City Clinic provides 2 days of Truvada 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 if the patient is uninsured, or at a retail pharmacy if the patient is insured. A health worker follows up with every client who initiates PEP 2-3 days and 28-45 days after PEP is initiated, and provides ongoing support, adherence counseling and assists with prior authorizations or applying for co-payment assistance when necessary. City Clinic also offers follow-up testing and further risk reduction

support upon completion of the PEP course, including referrals to PrEP if indicated. City Clinic services as the main referral site for PEP in SF, and provided 599 PEP courses in 2014. 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
- ☒ 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.

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

   In the reporting period, the group had three full HIV Prevention Planning Council (HPPC) meetings. There have been no issues with retention during this reporting period.

   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). HPPC has 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.

   The HPPC holds one special community engagement meeting annually to provide an opportunity for open dialogue between HPPC members, representatives from San Mateo, Marin, and community members in a results oriented engagement process that will produce tangible outcomes to inform the work of the HPPC. In 2015, the community engagement event will be held on September 23. The topic of discussion will be harm reduction. We will report on the event during the next reporting period.

In 2013 and 2014, the leadership from the HIV Prevention Planning Council and HIV Health Services Planning Council (HHSPC) held monthly meetings with the goal of identifying steps in collaboration. The Councils convened a transition team in January 2015 to plan for a merged Council. The Transition work group met three times with the goal of developing clear objectives & steps for the Joint Leadership work group. The Transition work group developed three motions to establish the make-up and structure of the meetings for the Joint Leadership Work Group. The Joint Leadership Work Group is currently working with a consultant to develop an implementation plan. The mission of the Joint Leadership Work Group is to prepare for and define the scope of work of the merged councils. The Joint Leadership Work Group is scheduled to meet from May through December of 2015 and will operate as a joint work group between HHSPC and the HPPC. We will provide an update during the next reporting period.

Release of CDC and HRSA integrated community planning guidance in the spring of 2015 will support the collaboration between the HPPC and the HHSPC because the integrated plan is due in September of 2016.

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. The Executive Committee met six times during this reporting period.

During this reporting period, three Work Groups were convened by the HPPC to address specific topic areas relevant to the work of the Council and included the following: 1) Transition team work group (met 3 times during this reporting period). 2) Jurisdictional Plan Work Group (met twice during the reporting period), and 3) Community Engagement Planning Work Group (met once during this reporting period).
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 vision for a continuum of HIV prevention, care, and treatment services, grounded in local HIV epidemiology, research, and community values. The San Francisco jurisdiction formed a work group, which included both HPPC and HHSPC members to provide input on the development of the plan. The Jurisdictional plan will be presented to the HPPC on August 13th for vote and approval on Concurrence.

Updates on the progress of the jurisdictional plan are given to the HPPC annually in preparation for the vote on the letter of concurrence, concurrence with reservations, or non-concurrence.

3. Describe **successes** experienced with implementing your HIV prevention planning activities during the reporting period.

   The key success of this reporting period was the Jurisdictional Plan update. As noted above, the San Francisco jurisdiction engaged community, providers, and other stakeholders into the process. The jurisdiction also developed a model to demonstrate the Continuum of HIV Prevention, Care, and Treatment, which includes Comprehensive health screening, assessment, and referral; retention interventions; and risk reduction for people living with and at risk for HIV should be integrated and available within the service system, whether in primary care, community-based services, substance use treatment, or other services. The framework reflects an understanding of how to best meet the needs of people living with and at risk for HIV (PLWARH). The vision of the plan is where there are no new HIV infections and all PLWH have achieved viral suppression in the jurisdiction.

   The work of the 2014 Substance Use Work Group highlights another successful HIV planning activity. This group developed a set of recommendations focusing on local issues of harm reduction; HIV prevention, treatment, and substance use system of care improvements; and the effects of criminalization of behavioral health. Recommendations go to SFDPH experts for planning and implementation. This reporting period, DPH staff worked with community partners to update the Harm Reduction policy and developed an implementation plan. The updated Harm Reduction Policy & Implementation Plan will be presented for approval to the Health Commission at a future date. We will provide an update during the next reporting period.

4. Describe **challenges** experienced with implementing your HIV prevention planning activities during the reporting period.

   The biggest challenge has been the additional meetings and time commitment to plan for increased collaboration with the HIV Health Services Planning Council. The two Councils have cultures and procedures that are different and require thorough and careful communication and planning.

5. Describe **anticipated changes** to your HIV prevention planning activities for Year 5.

The Joint Leadership Work Group is preparing for and defining the scope of work of the merged council. The Joint Leadership Work Group is scheduled to meet from May through December of 2015 and will operate as a joint work group between HHSPC and the HPPC. We will have an update at the next reporting period.

Note: *Please submit any updates to your Jurisdictional HIV Prevention Plan to CDC at the same time as this APR, by September 1, 2015. Please submit your updates to the Jurisdictional Plan to ps12-1201@cdc.gov by the due date, if applicable. Please ensure that the letter of concurrence, letter of concurrence with reservation, or letter of non-concurrence is submitted to the mailbox and your assigned PPB Project Officer.*

Capacity Building and Technical Assistance (CBA/TA)

1. Did you access CBA/TA services during the reporting period? ☒ Yes ☐ No

2. **Note:** CBA provided via CDC-funded providers will be pulled via CRIS. However, please explain (be specific) if any of the CBA/TA provided did not meet your needs/expectations.

   The CBA/TA provided during this reporting period met our needs.

3. Please provide the type of CBA/TA received and the name(s) of CBA/TA provider(s) for any non-CDC provided CBA.

   N/A

4. Do you **anticipate changes** to CBA activities for Year 5? ☐ Yes ☒ No
   If yes, please describe.

5. Please include CBA/TA needs for Year 5.

   None at this time.

Program Planning, Monitoring and Evaluation, and Quality Assurance

1. Have you made **substantial changes** to your program planning, monitoring and evaluation, and quality assurance activities during the reporting period?
   ☒ Yes ☐ No
   If yes, please describe the changes made.

   The San Francisco Jurisdiction prepared an update to "The Jurisdictional HIV Prevention Plans for the San Francisco MSA, 2012-2016". This update contains a roadmap for programmatic shifts such as the widespread adoption of treatment as prevention, the advent of pre-exposure prophylaxis (PrEP), and the development of new technologies for early detection of HIV that are changing the current HIV prevention landscape. Throughout the document, this update expands on the need to address health disparities to

improve health outcomes and includes new sections on Getting to Zero, Hepatitis C Virus (HCV), Transgender Health and Racism and Homophobia. Each section identifies core activities and future efforts for each county individually and for the jurisdiction overall.

This is the second update to the 2012 Jurisdictional Plan and highlights successes to date, provides current progress on new initiatives outlined in the 2014 Update and sets the stage for the planning of the joint Center for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) "Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinates Statement of Need, CY 2017-2011."

2. How are you using the most current epidemiologic and surveillance data for program planning, implementation, and evaluation purposes during the reporting period (i.e., data to care)? Include the types of data used. How are you disseminating your program monitoring and evaluation data and providing feedback to your healthcare and non-healthcare providers and other community partners? If the surveillance team is receiving updated information (e.g., updated risk, residence, contact, or linkage status information) from program staff, please explain what data and how it helps surveillance (e.g., surveillance data are more up to date and accurate).

Epidemiologic and surveillance data informs the development of the Jurisdictional HIV Prevention Plan, and will continue to guide discussions about programmatic shifts in the future. Specifically National HIV Behavioral Surveillance data on undiagnosed infection rates, as well as data on the "spectrum of engagement" for those newly diagnosed, is signaling a need to consider some programmatic shifts (e.g., such as increased focused on HIV testing for IDUs and retention in care for African Americans). In 2015, the HIV Prevention Planning Council will update the Jurisdictional Plan based on the latest surveillance data.

The LINCS program continues to coordinate closely with HIV surveillance to identify patients to prioritize for public health action (e.g., partner services).

Marin County currently uses surveillance data to evaluate where the health department needs to focus resources for outreach and testing. Based on current data received from the county's Surveillance program, it is possible to identify where new infections are being diagnosed and develop plans, outreach and testing sites in those areas. This data is shared with partners at Marin AIDS Project to collaborate in program design to identify and serve the same groups.

Additionally, the program has been using epidemiological data to systematically identify and make contact with individuals who are reported as HIV positive through medical records but are not currently engaged in care. In 2015, the Surveillance Coordinator has developed a new tracking system that includes information about linkage and continuation in care and also offers Partner Services on a case by case basis. The HIV Program staff works closely with the HIV Surveillance Coordinator on monitoring out of care individuals.

3. Describe **anticipated changes** to your program planning, monitoring and evaluation, and quality assurance activities for Year 5?

As previously mentioned, in anticipation of the HIV Prevention Planning Council (HPPC) and the HIV Health Services Planning Council (HHSPC) merger, the Joint Leadership Work Group is preparing for and defining the scope of work of the merged council. The Joint Leadership Work Group is scheduled to meet from May through December of 2015 and will operate as a joint work group between HHSPC and the HPPC. We will have an update at the next reporting period.

In addition, updates in the Jurisdictional Plan include information for the planning of the joint Center for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) "Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinates Statement of Need, CY 2017-2011." Information will be provided in future reports as details become more concrete.

Note: *HIV prevention grantees should comply with the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention's (NCHHSTP) Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011). All standards included in the NCHHSTP Data Security and Confidentiality Guidelines should be implemented for HIV prevention grantees funded by FOA PS12-1201, unless otherwise justified. A separate memorandum of understanding (MOU) and rules of behavior (ROB) for data security and confidentiality will no longer need to be submitted for 2015. Instead, a "Certification of Compliance" (i.e., Appendix D on page 57 of the Guidelines) must be signed by an overall responsible party or parties (OPR) and submitted annually to the PPB Project Officer at the same time the APR is submitted to PGO. For information on the new data security guidelines, please refer to http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf.*

City and County of San Francisco
Edwin Lee
Mayor

Department of Public Health
Barbara Garcia
Director of Health

August 15, 2016

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 two 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 $5,704,982 in HIV prevention funding for San Francisco for calendar year 2017.

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 July 19, 2016. The application deadline is September 1, 2016

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 Equity & Promotion.

Sincerely,

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 Equity & Health Promotion

OMB Number: 4040-0003
Expiration Date: 7/30/2011

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

*** 1. NAME OF FEDERAL AGENCY:**
Centers for Disease Control and Prevention

2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
93.940
CFDA TITLE:
HIV Prevention Activities_Health Department Based

*** 3. DATE RECEIVED:** Completed Upon Submission to Grants.gov **SYSTEM USE ONLY**

*** 4. FUNDING OPPORTUNITY NUMBER:**
CDC-RFA-PS12-120105CONT16
* TITLE:
Comprehensive HIV Prevention Programs for Health Departments,

5. APPLICANT INFORMATION

* a. Legal Name:
San Francisco Department of Public, Grant #5U62PS003638

b. Address:

* Street1: 25 Van Ness Avenue, Suite 500	Street2:
* City: San Francisco	County/Parish:
* State: CA: California	Province:
* Country: USA: UNITED STATES	* Zip/Postal Code: 94102-6056

c. Web Address:
http://

* d. Type of Applicant: Select Applicant Type Code(s): B: County Government	* e. Employer/Taxpayer Identification Number (EIN/TIN): 96-6000417
Type of Applicant:	* f. Organizational DUNS: 1037173360000
Type of Applicant:	* g. Congressional District of Applicant: CA-12
* Other (specify):	

6. PROJECT INFORMATION

* a. Project Title:
San Francisco Division: Continuum of HIV Prevention, Care and Treatment.

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

c. Proposed Project: * Start Date: 01/01/2016 * End Date: 12/31/2016

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational	
7. PROJECT DIRECTOR	
Prefix:	* First Name: Tomas / Middle Name:
* Last Name: Aragon	Suffix:
* Title: Director of Population Health Division	* Email: tomas.aragon@sfdph.org
* Telephone Number: 415-787-2583	Fax Number:
* Street1: 101 Grove St, Rm308	Street2:
* City: San Francico	County/Parish:
* State: CA: California	Province:
* Country: USA: UNITED STATES	* Zip/Postal Code: 94102-6056
8. PRIMARY CONTACT/GRANTS ADMINISTRATOR	
☐ Same as Project Director (skip to Item 9):	
Prefix:	* First Name: Sajid / Middle Name:
* Last Name: Shaikh	Suffix:
* Title: Sr Admin Analyst	* Email: sajid.shaikh@sfdph.org
* Telephone Number: 415-255-3512	Fax Number:
* Street1: 1380 Howard St, suite 423A	Street2:
* City: San Francisco	County/Parish:
* State: CA: California	Province:
* Country: USA: UNITED STATES	* Zip/Postal Code: 94102-3614

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

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 [X]

** 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:	* First Name:	Middle Name:
Dr.	Tomas	
* Last Name:		Suffix:
Aragon		
* Title:		* Email:
Director of Population Health Division		tomas.aragon@sfdph.org
* Telephone Number:		Fax Number:
415-554-2898		
* Signature of Authorized Representative:		* Date Signed:
Completed by Grants.gov upon submission.		Completed by Grants.gov upon submission.

Project Narrative File(s)

*** Mandatory Project Narrative File Filename:** PS 12-1201 APR FINAL 08.28.15.pdf

Add Mandatory Project Narrative File | Delete Mandatory Project Narrative File | View Mandatory Project Narrative File

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

Add Optional Project Narrative File | Delete Optional Project Narrative File | View Optional Project Narrative File

Attached at least one Optional Project Narrative File?: ☐

Budget Narrative File(s)

*** Mandatory Budget Narrative Filename:** Final San Francisco Department of Public H

Add Mandatory Budget Narrative | Delete Mandatory Budget Narrative | View Mandatory Budget Narrative

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

Add Optional Budget Narrative | Delete Optional Budget Narrative | View Optional Budget Narrative

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. Category A	93.940	$	$	$ 5,697,300.00	$	$ 5,697,300.00
2. Category B	93.940			519,341.00		519,341.00
3.						
4.						
5. Totals		$	$	$ 6,216,641.00	$	$ 6,216,641.00

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1) Category A	(2) Category B	(3)	(4)	Total (5)
a. Personnel	$ 1,776,816.00	$ 128,310.00	$	$	$ 1,905,126.00
b. Fringe Benefits	820,528.00	59,032.00			879,560.00
c. Travel	7,784.00				7,784.00
d. Equipment					
e. Supplies	20,022.00				20,022.00
f. Contractual	2,577,947.00	299,921.00			2,877,868.00
g. Construction					
h. Other	50,000.00				50,000.00
i. Total Direct Charges (sum of 6a-6h)	5,253,097.00	487,263.00			$ 5,740,360.00
j. Indirect Charges	444,203.00	32,078.00			$ 476,281.00
k. TOTALS (sum of 6i and 6j)	$ 5,697,300.00	$ 519,341.00	$	$	$ 6,216,641.00
7. Program Income	$	$	$	$	$

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SECTION C - NON-FEDERAL RESOURCES

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

SECTION D - FORECASTED CASH NEEDS

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

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

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

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: 5,740,360

22. Indirect Charges: 476,282

23. Remarks: 25% of salaries

Other Attachment File(s)

*** Mandatory Other Attachment Filename:** FY 15-16 Indirect Cost 25%.pdf

Add Mandatory Other Attachment | Delete Mandatory Other Attachment | View Mandatory Other Attachment

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

Add Optional Other Attachment | Delete Optional Other Attachment | View Optional Other Attachment

Attached at least one Optional Other Attachment?: ☒

PS12-1201: Comprehensive HIV Prevention Programs for Health Departments

ANNUAL PERFORMANCE REPORT (APR) GUIDANCE

Reporting period covers

January 1, 2015 – June 30, 2015

Table of Contents

PROJECT NARRATIVE

The Annual Performance Report requires the grantee to report on progress made during the current reporting period, **January 1, 2015 – June 30, 2015** and to report on proposed programmatic activity for the new budget period (Year 5) **January 1, 2016 – December 31, 2016**. ***Unless otherwise noted, responses to the questions in this guidance should accurately reflect program activities conducted during the reporting period of January 1, 2015 – June 30, 2015.***

The following questions are core questions to be used for programmatic and data reporting for this reporting period.

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. Did you make **substantial changes** to your HIV prevention program for any of the four required core components funded under Category A during the reporting period? If yes, please describe the changes made for the specific program component.

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

   The University of California San Francisco (UCSF) Alliance Health Project (AHP), Asamblea Gay Unida Impactando Latinos a Superarse (AGUILAS) and some of San Francisco Department of Public Health City Clinic and community-based settings programs are the only CDC-funded organizations providing direct client services during the reporting period, but other programs will be discussed in this report to demonstrate the scale of San Francisco's HIV prevention efforts.

   - In keeping with the objective to reduce the percent of San Franciscans with unknown HIV infection to less than 5% by 2016, and increasing the number of HIV tests to 30,000 by 2017, the San Francisco Department of Public Health (SFDPH) is supporting expanded mobile testing efforts to reach the highest

prevalence populations (men who have sex with men [MSM], injection drug users [IDU] and transgender females who have sex with males [TFSM]).

San Francisco is committed to maintaining acute testing for MSM, IDU, and TFSM based on preliminary data of the Screening Targeted Populations to Interrupt On-going Chains of Transmission with Enhanced Partner Notification (STOP) study. Acute cases of HIV infection funded by the STOP study accounted for 10% of new infections in San Francisco in non-medical settings funded by HIV prevention in through October 31, 2013. San Francisco has continued its commitment to acute testing since that time and pooled ribonucleic acid (RNA) testing has continued as part of routine services at two high-volume, high prevalence sites (San Francisco AIDS Foundation [SFAF] Magnet and SFDPH City Clinic. In 2014 acute cases accounted for a decreasing share of new positives, but that trend seems to have reversed in 2015. San Francisco will pay close attention to any trends in positivity and will develop a new algorithm for detecting acute infection that is grounded in the best evidence available. SFDPH is also working to ensure that all acute cases are accurately represented in EvaluationWeb.

SFDPH is continuing to offer expanded acute screening in mobile settings with the UCSF AHP to reach MSM, SFAF Magnet and SFDPH City Clinic. UCSF AHP is also piloting hepatitis C (HCV) testing and syphilis testing for IDUs and MSM. The intent is not only to increase HCV and syphilis testing, but to also increase testing for HIV, believing that more MSM, IDUs and TFSM will want testing due to the fact that one can get screened for multiple health issues at once.

SFDPH continues to work closely with the State of California Office of AIDS in updating the HIV/HCV Counselor Certification Training for local and state need. Staff members have revised training materials to include Pre-Exposure Prophylaxis (PrEP) in the HIV test counselor training for new counselors. In addition, SFDPH has created a training on PrEP for existing HIV test counselors and other service providers whose clients may have questions about this new intervention. During the reporting period, SFDPH included training on the Determine Ab/Ag test in the HIV test counselor training and provided agency specific training and ongoing support for three of the largest testing providers.
This Substantial Change applies to HIV Testing.

- PrEP is quickly changing the HIV prevention landscape and the Community Health Equity and Promotion (CHE&P) Branch at the SFDPH is addressing this in multiple ways:

- PrEP has been added to the HIV counselor training curriculum.
- Training HIV test counselors is planned for August 2015
- Discussions on this topic at our bimonthly HIV test counselor meetings.
- There have been multiple community forums about PrEP sponsored by CHE&P or community organizations.
- CHE&P is involved in "Getting to Zero" (G2Z), a collaborative of government, community, research and clinical providers who meet with three goals:
  - zero new infections
  - zero AIDS-related deaths
  - zero stigma

  The three initiatives are: 1) increase retention in care 2) increase rapid initiation of antiretroviral therapy and 3) expand access to PrEP.

In 2014 San Francisco Board of Supervisors allocated $301,600 to hire PrEP navigators, who will help people obtain PrEP through existing channels such as private insurance, Medi-Cal, or Gilead Science's patient assistance programs. A Request for Proposals (RFP) was written during the reporting period and the processes are in place to release this RFP in the fall of 2015.

Better World Advertising was contracted to conduct "listening sessions" to collect HIV prevention service provider input on the communities' knowledge and attitudes around PrEP to shape appropriate messaging and social media strategies in San Francisco.

CHEP collaborated with other branches in SFDPH for SFDPH's application for PS15-1506 funding and hope for opportunities to increase PrEP coverage with these potential new resources. Included in San Francisco's PS15-1506 proposal are the continuing and final steps of a social marketing plan to increase uptake of PrEP in San Francisco.

This Substantial Change applies to HIV Testing and Policy Initiatives.

- Another substantial change is in preparing for the new HIV Antigen /Antibody rapid test called Determine by Alere. Determine was CLIA (Clinical Laboratory Improvement Amendments) waived in December 2014. SFDPH staff has created a four hour training that will be used to certify all current HIV

test counselors with input from Alere staff. SFDPH will request approval from the State Office of AIDS and collaborated with Los Angeles Health Department. Staff members feel that this new test will allow us to expand our acute screening efforts.

This Substantial Change applies to HIV Testing.

- The Community Health Equity and Promotion Branch (CHEP) has integrated and standardized services by increasing collaboration with SFDPH Behavioral Health, a separate section of the SFDPH 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. Accordingly, many of San Francisco's substance abuse programs currently provide HIV testing and HIV risk reduction counseling by utilizing set-aside funds. CHEP staff successfully worked with the program staff within Behavioral Health as well as at the funded agencies to align the goals and objectives of the contracts with San Francisco's HIV testing efforts and overall HIV Prevention Strategy. Behavioral Health has transferred oversight of these programs to CHEP.

  A new Set-Aside coordinator, Katie Burk, who started in November of 2014, has taken on the responsibilities of coordinating the contracts. Ms. Burk has held site visits with recipient agencies to understand how each individual program works, as well as what the successes and challenges have been around utilizing the Set-Aside funding. Ms. Burk has already integrated HCV testing into the existing Set-Aside funded HIV testing programs at three methadone programs, and will continue to explore other integration opportunities with funded programs. In 2015, Ms. Burk will also continue to partner with Behavioral Health, recipient agencies, and HIV-prevention planning bodies to ensure that the funds are being used in efficient and highly impactful ways that maximize the prevention benefits with San Francisco's substance abuse program clients.

  This Substantial Change applies to HIV Testing and Policy Initiatives.

- San Mateo County (SMC) assessed clients' awareness, experience with, and interest in PrEP via a questionnaire administered to 100 targeted, priority population individuals encountered on the Mobile HIV Testing van. Only 20% of clients were aware of PrEP, 4% of clients had previously taken PEP, and 70% of clients were interested in finding out more about PrEP. Additionally, about 51% of clients were covered by MediCal. As a result, SMC has developed PrEP treatment protocols, patient education

brochures, and referral processes for PrEP access through SMC Health System. Additionally, the SMC website has been updated with PrEP information for both providers and patients.
This Substantial Change applies to HIV Testing and Policy Initiatives.

- In order to address the overestimation of HIV Testing events established as goals in previous program years, San Mateo County revised the annual number of HIV Testing events from 1500 to 1000. This new goal has been ascertained to account for only priority risk populations; rather than the previous goal of 1500 HIV Test events, which included low-risk, non-priority risk populations.
  This Substantial Change applies to HIV Testing.

- In 2014, Marin implemented a new strategy of online outreach to locate men who have sex with men. During the reporting period of June 30, 2015, Marin made 147 contacts resulting in 61 referrals, 32 follow-up conversations, and 16 health education and risk reduction conversations. In its social networking program, 5 individuals were used as test recruiters, 54 outreach contacts were made and one high risk individual came in for testing.
  This Substantial Change applies to HIV Testing.

- Marin continues to provide rapid HCV testing along with HIV testing. During this reporting period, 28 HCV tests were performed and 3 positives were identified.
  This Substantial Change applies to HIV Testing.

- Marin County experiences challenges locating high prevalence populations for HIV testing. As a result, the county made substantial changes in how it locates two of its high prevalence populations for HIV testing - men who have sex with men and injection drug users. After identifying and doing street outreach in a variety of sites to find this population in 2012 and 2013, Marin decided to change its strategy and focus outreach on men who have sex with men through social media sites and peer recruiters. Training for these new outreach strategies began at the end of 2013, and these outreach strategies have continued to be used in 2015.
  This Substantial Change applies to HIV Testing.

- SF is currently working with HIV prevention providers to integrate tobacco education, assessment, and referral to smoking cessation services. Because tobacco use disproportionately affects gay men and

possibly transgender women as well, a holistic approach to the health of these communities should include this service. SFDPH contracted with The Last Drag, a well-known provider of smoking cessation services in the LGBT community, to develop a model for education, assessment, and referral that is aligned with the HIV prevention and harm reduction culture. The final model is anticipated to be available in Fall 2015.

This Substantial Change applies to Policy Initiatives.

2. Describe **successes** experienced with implementing your HIV prevention program for each of the four required core components funded under Category A during the reporting period. Please specify the program component associated with the successes.

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

- The SFDPH Program Liaisons meet monthly and discuss progress of funded community-based organizations; standard agenda items include HIV testing, agency updates, community planning. Review of HIV testing data and other deliverables discuss performance and problem-solve reporting inconsistencies occur as needed.

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

- Instituto Familiar de la Raza is an agency funded to provide service to Latino MSM in two service categories: Program to Address Drivers of HIV Infections among MSM, and Special Project to Address HIV-related Disparities among Latino MSM. In 2014 this agency faced challenges meeting its deliverables, but worked closely with the CHEP Program Liaison and has significantly increased its performance during this reporting period.

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

- The Community Health Equity & Promotion Branch at SFDPH collaborated with local agencies to organize a community event for the annual National Black HIV/AIDS Awareness Day in February, 2015. The event consisted of HIV testing and STI screening and a community forum. The theme for the event was "Our Lives Matter". There was an epidemiology presentation about the current trends of HIV/AIDS among African Americans with a focus on men who have sex with men (MSM). There was a panel

discussion of community leaders who addressed the impact of HIV on women, transgender individuals, youth, and MSM. A community discussion followed.

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

- San Francisco has a strong commitment to condom distribution and implements these efforts in four primary ways: 1) all agencies continue to distribute condoms at every community event, during venue-based and street outreach; 2) SFDPH City Clinic has access to local sex venues and distributes condoms there; 3) SFAF has a condom distribution program to supply bars and other local businesses; 4) venues and organizations that qualify for ongoing condom deliveries are referred and linked to the CHEP Condom Distribution Program.

  This Success applies to Condom Distribution.

- Although SFDPH no longer receives specific funding to promote the female condom (FC2), program staff members continue to offer, distribute and demonstrate how to use the FC2 as a safer sex option for men and women when conducting community-based HIV/STI screening, outreach and educational workshops in San Francisco.

  This Success applies to Condom Distribution.

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

  This Success applies to Condom Distribution and Policy Initiatives.

- Staff led the monthly SFDPH Transgender Coordination and Collaboration (TCC) internal work group with the goal of building capacity on addressing transgender HIV prevention, health and systems issues towards increased access to care, culturally competent services, and increased collaboration among transgender programs and services across the health department. On June 18, 2015 staff led a capacity building webinar through SFDPH's Center for Learning Innovation (getsfcba.org) on Building Capacity for Trans Health Services: Challenges, Opportunities, and Innovations in System Integrations. The webinar highlighted the accumulation of activities that supports the department's institutional capacity to respond to transgender health and HIV prevention priorities. To build stronger institutional and programmatic support throughout the department, the TCC is exploring the development of a

departmental Transgender Health Initiative which would look at broader transgender health objectives across departmental branches and sections of the health department. Initial brainstorm planning for a Transgender Health Initiative is slated for fall, 2015. Through the TCC, staff led a transgender substance use and mental health needs assessment focusing on programs/services and utility in collaboration with Community Behavioral Health Services of SFDPH. During this period, staff members have worked directly with Harder and Company to lead this effort which will be completed with a final report due in mid-September 2015. Conversations and planning for a response to San Francisco's housing crisis and the continued marginalization of trans people is still in development. TCC is in the process of developing a community and stakeholder forum on permanent supportive housing in San Francisco that will highlight needs and gaps in the community. Similarly, TCC is leading a community assessment on shelters in San Francisco that assesses current shelter policies and experiences of trans people with hopes of developing concrete recommendations and responses to the issue.
This Success applies to Policy Initiatives.

- Staff has provided technical assistance towards the development and implementation of Transgender Cultural Humility training modules for all of SFDPH staff. Transgender 101 online training, including a live Transgender 102, 103 training has been developed to build the capacity of SFDPH staff and workforce on transgender health and HIV prevention. Much of the training effort during this period has focused on the development of an on line courseware training on transgender health and primary care. This training module includes video of community members and providers and is expected to be completed in fall of 2015.
  This Success applies to Policy Initiatives.

- SFDPH staff led the monthly San Francisco Transgender Advisory Group (TAG), a group comprised of both providers and community members that provides input to the department on transgender health and HIV initiatives, policies and programs. In spring of 2015, the TAG agreed to function as a advisory group to SFDPH's Transgender Health Services program which improves access and quality of healthcare for transgender San Franciscans via its Transgender Surgery Access Program for Healthy San Francisco and Medi-Cal patients. It also partners throughout the SF Health Network to strengthen competency in transgender healthcare at all access points.
  This Success applies to Policy Initiatives.

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

- All HPS-funded providers have protocols in place for ensuring HIV-positive clients are linked to STI screening and treatment.
  This Success applies to Comprehensive Prevention with Positives and Policy.

- San Mateo County's strategy of utilizing a Disease Investigator/Linkage to Care Coordinator to conduct HIV case-matching of incident STI infections in HIV-positive individuals has created the majority of efforts to provide Prevention with Positives and Partner Services. Over 65% of individuals who received Partner Service offers and Prevention with Positives were identified through these surveillance efforts. Additionally, 33% of these individuals were also re-engaged in HIV primary care through this strategy.
  This Success applies to Comprehensive Prevention with Positives.

- San Mateo County launched a pilot Transgender Health Services Specialty Clinic within the San Mateo County Health System. The pilot project will include comprehensive gender reassignment medical and mental health care, as well as ancillary support services. Comprehensive HIV prevention and education services will are included as part of the ancillary support services; and, individuals will have access to HIV testing, PrEP, PEP, education and risk reduction counseling, and partner services.
  This Success applies to HIV Testing, Comprehensive Prevention for Positives, and Policy Initiatives.

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

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

3. Describe **challenges** experienced with implementing your HIV prevention program for each of the four required core components funded under Category A during the reporting period. Please specify the program component associated with the challenges.

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

   - AHP had challenges meeting its targets since services began under the HIV prevention RFP in 2011. The original service delivery target was beyond the capacity of the agency. SFDPH negotiated with AHP to decrease the target as well as reimbursement three times, most recently in March 2015. Even with the reduced objectives, the agency has not been able to increase productivity and reach its goals. SFDPH will continue to work closely with AHP to assess service delivery levels and contract expectations.

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

   - One program funded to address HIV-related health disparities among Latino MSM AGUILAS has had challenges reaching their contractual goals for HIV testing since 2011. During 2015, SFDPH has worked closely with AGUILAS to assess service delivery levels and contract expectations. To address not meeting targets for HIV Testing Services, SFDPH and AGUILAS have developed a Technical Assistance Plan (TAP); one effort in the plan is to pilot HIV testing in mobile settings which requires additional resources. The success of the HIV testing in additional venues will be reassessed in the fall of 2015 and the option of removing HIV testing services and resources from AGUILAS' contract and negotiating HIV testing services at AGUILAS will be considered if deliverables are not at an appropriate level.

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

- The SFDPH Population Health Division is two years into its reorganization. HIV prevention efforts and oversight are now shared across multiple branches. As anticipated, most of the changes in workflows and responsibilities resulting from the reorganization have been completed and implemented. However, because HIV prevention spans across the entire Division, timely communication and sharing of information remains a challenge.

  SFDPH and its community partners continue to explore ways in which health care reform/Affordable Care Act (ACA) affects HIV prevention. The Population Health Division currently has a staff person who is overseeing the Billing Improvement Project, which is designed to maximize third party billing for the STD clinic, the TB clinic, and the public health lab. The CHEP Branch recently met with this staff person, and CHEP is now included in the project. In addition, CHEP has received technical assistance from NASTAD on models for working with funded community-based organizations around billing. **This Challenge applies to HIV Testing and Comprehensive Prevention with Positives.**

4. Describe **anticipated changes** to your HIV prevention program for any of the four required core components funded under Category A for Year 5 (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).

   HIV Testing:

   - No anticipated changes.

   Comprehensive Prevention with Positives:

   - All RRA and PWP programs will be funded through San Francisco General Funds for the remainder of calendar year 2015 and SFDPH expects this funding configuration to continue for calendar year 2016 as well. We do not anticipate any significant changes to any RRA or PWP program during 2015 or 2016.

   Condom Distribution:

   - No anticipated changes.

   Policy Initiatives:

   - During the reporting period, two agencies previously funded by PS10-1003 received word that they did not successfully compete for direct funding from CDC for PS15-1502; SFDPH is working with these agencies to understand the impact of this loss of funding and will consider these programs in the context of HIV prevention priorities for 2015-2016 and alternate forms of support if appropriate.

HIV Testing and Comprehensive Prevention with Positives

Note: *Quantitative information for HIV testing for Category A in healthcare and non-healthcare settings, as well as aggregate testing data, will be reviewed via the PS12-1201 Data Tables that will be auto-populated with NHM&E data submitted via EvaluationWeb®. Quantitative aggregate data on Interventions and Services for HIV-Positive Individuals, submitted via EvaluationWeb®, will also be included in the PS12-1201 Data Tables. Please review these tables (template) for reference.*

1. Provide the annual HIV testing objective for healthcare settings and non-healthcare settings for both Year 4 and Year 5.

   The objectives below represent what is expected of CDC-funded HIV testing providers only. As noted earlier, SFDPH also funds testing with City and County General Funds.

   Annual HIV testing objective for healthcare settings (Year 4): 6,500
   Annual HIV testing objective for non-healthcare settings (Year 4): 1,000
   Annual HIV testing objective for healthcare settings (Year 5): 6,500
   Annual HIV testing objective for non-healthcare settings (Year 5): 1,000

2. Provide information on Partner Services (PS) for newly diagnosed index patients for the reporting period. **See Table in Appendix A.**

Condom Distribution

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

   Overall Condom Distribution Objective for Year 4: 1,500,000
   Total number of condoms distributed overall: 752,725
   Percentage of condoms distributed: 100%
   Note: *% is calculated based on total number of condoms distributed divided by overall condom distribution objective x 100. This number can be greater than 100%, if the condom distribution objective is exceeded.*

   Total # of condoms distributed in the San Francisco jurisdiction from January 1 –

   June 30, 2015 = 752,725

   Note:

   a) The jurisdiction does not collect numbers of condoms distributed to individuals based on HIV status, therefore the total number distributed is reflective of condoms distributed to both HIV-positive and high-risk negative persons.

b) The jurisdiction cannot accurately determine numbers of condoms distributed to individuals based on funding, therefore the total number of condoms distributed is a collective number of all funding source purchases.

c) The condom distribution objective was raised for this period given the current success of condom distribution programs.

Table 3: Condom Distribution		
Overall Condom Distribution Objective for the reporting period	Total number of condoms distributed overall	
	n	%
750,000	752,725	100%

Policy Initiatives

1. What policy initiatives did you focus on during the 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 the reporting period, please explain.

- SFDPH has completed analysis of information gathered from meetings with HIV primary care providers (PCPs) in different care settings, to assess initiation of and potential barriers to early treatment of new HIV cases. The findings will be submitted for a presentation/poster at upcoming conferences, and the SFDPH Clinical Prevention Specialist who works within the Disease Prevention and Control Branch of the Population Health Division will use the information to craft a strategy for increasing uptake of the early treatment guidelines within SFDPH and outside providers. An abstract was accepted for a panel discussion for the American Public Health Association's (APHA) Annual Conference and will be presented on Tuesday November 3, 2015 Impact: Local & National. Stage: Complete

- Although not funded with CDC dollars, syringe access and disposal programs are important services for injection drug users. SFDPH continues to pilot the placement of outdoor syringe disposal boxes. In March of 2013, the pilot phase began with two syringe disposal boxes placed in an area in San Francisco frequented by injection drug users in order to provide 24-hour access to safe syringe disposal. Since that period, six additional boxes have been placed between July 2014 and March 2015. Data from the Department of Public Works, SFDPH, and community calls/complaints has shown that the boxes have resulted in fewer improperly discarded syringes in the area and documentation demonstrates that boxes

are maintained weekly. Boxes are secure and functional. Two additional boxes will be placed in August 2015 and SFDPH will provide an update in the next reporting period. In addition to the outdoor disposal boxes, the health department has developed a comprehensive coordinated plan for syringe disposal which includes increased education efforts among injection drug users on safe disposal options, providing disposal supplies to city partners such as the police department and homeless outreach teams, and increased sweeps or "clean-ups" by syringe providers. Impact: Local. Stage: Implementation

- In the year 2000, the San Francisco Department of Public Health (SFDPH) became the first local Health Department in the United States to adopt a department-wide harm reduction policy. Adopting the policy reflected visionary thinking on the part of SFDPH and marked its deep commitment to caring for San Francisco's most vulnerable citizens. The past fifteen years have brought about important developments in the language and practice of harm reduction interventions, particularly in response to growing national crises around drug use and soaring rates of correlated accidental overdose and hepatitis C transmission. Prompted by the HIV Prevention Planning Council's (HPPC) recommendation, a collaboration of SFDPH Community Health Equity and Promotion Branch (CHEP), Substance Use Research, and Behavioral Health staff engaged in a multi-pronged, participatory process of updating and ratifying the SFDPH Harm Reduction policy. This update better aligns the policy with SFDPH's Trauma-Informed Care initiative and the citywide Getting to Zero initiative. The goal of this process is Health Commission approval of the updated policy by the end of 2015.

- Also in response to HPPC recommendations and in a parallel process to the Harm Reduction Policy update, CHEP staff are spearheading a Drug User Health Initiative. This initiative strives to closely align HIV prevention, hepatitis C prevention, overdose prevention, and substance use treatment services in a harm reduction-based and holistic drug user health framework. Implementation of SFDPH's Drug User Health Initiative involves multiple additional interventions, such as launching HIV and HCV co-screening initiatives, and including HIV and HCV screening at methadone programs supported by SFDPH. SFDPH will also be exploring strategies such as integrating overdose prevention programming at substance use treatment programs and providing HIV, HCV and overdose education to substance use treatment staff. Also notable is the expansion of overdose programming in SF to include a partnership with the San Francisco Police Department, whereby police officers are trained to respond to overdose with rescue breathing and administration of naloxone.

- This year the San Francisco Jail Health Services HIV & Integrated Services (HIVIS) Prevention Services team has focused upon expanding the jail-based naloxone project whereby at release from custody prevention team members show a video on the dangers of overdose. Prisoners are then given the opportunity to sign up for a training on how to use naloxone to block overdose. Once trained, a naloxone (narcan) kit is placed in property to be given to the prisoner upon release from custody.

  HIVIS has received a preliminary award announcement that its application to conduct a Hepatitis C demonstration program to treat hepatitis C+ prisoners in the jails in San Francisco and in the Santa Clara county jails has been approved. HIVIS is beginning to develop the IRB application and protocols for how to identify and treat hepatitis C+ prisoners in the jails. The challenge will be to start patients in treatment before they are released from custody. Post-release, a navigator will visit them weekly to provide them with medication and support until they complete the course of treatment.

  HIVIS is just rolling out the Transgender START project funded by University of California's Center for AIDS Prevention Studies (CAPS) and the BridgingGroup. Transgender women will receive short-term navigator services and linkages to ease the transition from jail to community. This project will also provide education and referrals for PrEP. This project is funded to examine outcomes among transgender women who will receive discharge planning services and navigator support.

  The condom distribution project continues and has received a great deal of attention in the past year because the State of California is about to replicate the San Francisco condom distribution program in the state prison system. Both radio and television have carried stories about this program over the past year, both locally, nationally and internationally.

  Prevention Team staff continue to provide HIV, STD and hepatitis testing, disclosure and linkages to care for those testing positive.

2. Please indicate if you have an HIV outbreak response plan in place. If yes, please describe. If no, please indicate steps that will be taken towards implementing a response plan.

- San Francisco has had experience in emergency responses over the last year with the unfortunate outbreaks of Ebola in Africa, Shigella in San Francisco and invasive meningococcal disease (IMD) among MSM in Chicago. SFDPH has established a Department Operations Center used for Ebola as well as for Shigella with objectives and action plans for all branches. A health alert and fact sheets were

developed for IMD. Systems are in place to implement a response plan immediately in the case of any outbreak.

CATEGORY A: Recommended Components

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

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

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

1. Have you made **substantial changes** to your HIV prevention program for any of the recommended components funded under Category A during the reporting period? If yes, please describe the changes made for the specific program component.

   Evidence-based HIV Prevention Interventions for High-Risk HIV-negative Individuals:
   Social Marketing, Media, and Mobilization:
   PrEP and nPEP:

   - Better World Advertising (BWA) was contracted to collect HIV prevention service provider input on the communities' knowledge and attitudes around PrEP to begin to shape appropriate messaging and social media strategies in San Francisco. CHEP collaborated with the SFDPH branches to apply for PS15-1506 funding and hope for opportunities to increase PrEP coverage with these potential new resources. Included in San Francisco's PS15-1506 proposal are the continuing and final steps of BWA's social marketing plan to increase uptake of PrEP in San Francisco.

     This Substantial Change Applies to Social Marketing, Media, and Mobilization and PrEP.

2. Describe **successes** experienced with implementing your HIV prevention program for each of the recommended components funded under Category A during the reporting period? Please specify the program component associated with the successes.

   Evidence-based HIV Prevention Interventions for High-Risk HIV-negative Individuals:
   Social Marketing, Media, and Mobilization:
   PrEP and nPEP:

   - Marin County continues to develop its media strategy to promote the testing program. Marin began running the "I Got Tested" campaign again at outdoor sites in June of 2015. There is an ongoing key

informant interview process geared specifically toward Latinos to develop new media content targeted specifically for the Latino MSMs.

This Success applies to Social Marketing, Media and Mobilization.

3. Describe **challenges** experienced with implementing your HIV prevention program for each of the recommended components funded under Category A during the reporting period? Please specify the program component associated with the challenges.

Evidence-based HIV Prevention Interventions for High-Risk HIV-negative Individuals:
Social Marketing, Media, and Mobilization:
PrEP and nPEP:

- There were no challenges experienced with these program components during the reporting period.

4. Describe **anticipated changes** to your HIV prevention program for any of the recommended components funded under Category A for Year 5 (including proposed changes in venues, contracts, target populations, interventions, objectives, staffing/personnel, funding resources, etc.). Please specify the program component associated with the anticipated change(s).

Evidence-based HIV Prevention Interventions for High-Risk HIV-negative Individuals:
Social Marketing, Media, and Mobilization:
PrEP and nPEP:

- SFDPH hopes to be successful in its application for PS15-1506 funds and continue social marketing efforts with Better World Advertising to promote the uptake of PrEP in San Francisco, but if not, alternate funds will be identified to implement this on a perhaps smaller scale.

- San Mateo County expanded its implementation of *Greater Than AIDS* to include Spanish-language radio spots, targeted placement of billboard ads in disproportionately impacted communities, transit bus ads on major routes, and dissemination of *SMC Greater Than AIDS* posters to businesses, community and faith-based organizations, and to public health clinics throughout the county.

- San Mateo County assessed clients' awareness, experience with, and interest in PrEP via a questionnaire administered to 100 targeted, priority population individuals encountered on the Mobile HIV Testing van. Only 20% of clients were aware of PrEP, 4% of clients had previously taken PEP, and 70% of clients were interested in finding out more about PrEP. Additionally, about 51% of clients were covered by MediCal. As a result, SMC has developed PrEP treatment protocols, patient education brochures, and

referral processes for PrEP access through SMC Health System. Additionally, the SMC website has been updated with PrEP information for both providers about and patients.

- As of August 15, 2015 the Latino Wellness Center, a program of Instituto Familiar de la Raza funded by SFDPH to deliver Health Education & Risk Reduction to Address Drivers services has a new HIV Services Manager and Latino Wellness Center Director. This change in leadership may bring challenges to this program in meeting service delivery levels and contract expectations.

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

☐ **Not applicable**

1. Indicate if you are supporting evidence-based HIV prevention interventions for high-risk HIV-negative individuals during the reporting period?

   ☒ Yes ☐ No

   If yes, briefly describe which populations and what activities are being supported?

   - In San Francisco CHE&P funds risk reduction activities (RRA) activities for many agencies, but only one program is funded with CDC dollars, AGUILAS. AGUILAS' program is a holistic one addressing HIV health disparities among Latino MSM and includes HIV testing, evidence-based HIV prevention interventions for high-risk HIV-negative as well as HIV-positive individuals.

   - San Mateo County (SMC) continues to provide individual risk reduction counseling to MSM during this reporting period. While SMC did not strictly utilize an evidenced-based intervention, counselors employed motivational interviewing as a primary modality to structure the interventions.

Note: *Quantitative aggregate data on Interventions and Services for High-Risk HIV-negative Individuals, submitted via EvaluationWeb®, will be included in the PS12-1201 Data Tables. Please review these tables (template) for reference.*

Social Marketing, Media and Mobilization

☐ **Not applicable**

1. Indicate if you are promoting and/or supporting a CDC social marketing campaign during the reporting period.

   ☐ Yes ☒ No

   If yes, please indicate the specific CDC social marketing campaign.

Pre-exposure Prophylaxis (PrEP)

☐ **Not applicable**

1. Are you currently supporting PrEP?
   ☒ Yes ☐ No
   If yes, briefly describe which populations and what activities are being supported?

   Yes. SFDPH was awarded a grant from NIAID to conduct a PrEP demonstration project at San Francisco City Clinic (SFCC), SF's municipal STD clinic (NCT #01632995). Dr. Albert Liu is the Protocol Chair and Dr. Liu and Dr. Stephanie Cohen are the site co-Principal Investigators. The grant is a supplement to SFDPH's Vaccine Clinical Trials Unit grant (PI: Susan Buchbinder). The demonstration project was conducted in collaboration with the University of Miami and Whitman Walker Health in Washington, DC. Participants who enrolled were offered daily Truvada for up to 48 weeks as part of a comprehensive package of HIV prevention services which included STD screening and treatment, and integrated adherence and risk reduction counseling. After enrollment, participants returned for follow-up visits at 4, 12, 24, 36, and 48 weeks. Follow-up visits included 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:

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

   Enrollment was completed on 1/21/14 and follow-up was completed January 2015. 1069 individuals were approached or prescreened, of whom:

   - 364 declined during the pre-screening or screening process
   - 148 found to be ineligible
   - 557 Enrolled (300 in San Francisco, 157 in Miami and 100 in Washington, DC)
   - Retention and adherence in the study were high; Among a sample of 90 participants at a week 4 visit, 77% had drug levels consistent with having taken Truvada 4 days/week (92% in San Francisco)

- STDs were prevalent at baseline (27.5% had early syphilis, gonorrhea or chlamydia at screening) and STD incidence was high but stable throughout the study. In addition, 3 participants had acute HIV infection at enrollment
- There were 2 HIV seroconversions among all sites during the study, both of whom had discontinued PrEP at least 6 weeks prior to the positive HIV antibody test

SFCC now has a PrEP navigation program that aims to: 1) Help insured patients navigate their insurance and co-pay assistance to access PrEP in their primary care home and 2) Initiate and maintain uninsured patients on PrEP (or patients with insurance who cannot access PrEP in primary care). Since the start of the program (and through March 2015), over 500 individuals have been educated about PrEP and counseled as to how to access it, and over 185 individuals have initiated PrEP at the clinic.

The DPH is continuing to support the PrEP program at SFCC through SFDPH General Funds. SFDPH staff will also train CBO providers in how to provide basic PrEP education and referrals, and, through an RFP process, support PrEP navigators who will be embedded in CBOs. In addition, SFDPH is providing technical assistance to other health departments about how to support the scale up of PrEP in their jurisdictions, through a CDC-funded capacity building assistance (CBA) grant.

Non-occupational Post-exposure Prophylaxis (nPEP) Services

☐ **Not applicable**

1. Are you currently supporting nPEP for high risk populations?
   ☒ Yes ☐ No
   If yes, briefly describe which populations and what activities are being supported?

   Yes. PEP services are supported by CHEP but meds are not provided under 12-1201. 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 it's related to PEP. City Clinic provides 2 days of Truvada 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 if the patient is uninsured, or at a retail pharmacy if the patient is insured. A health worker follows up with every client who initiates PEP 2-3 days and 28-45 days after PEP is initiated, and provides ongoing support, adherence counseling and assists with prior authorizations or applying for co-payment assistance when necessary. City Clinic also offers follow-up testing and further risk reduction

support upon completion of the PEP course, including referrals to PrEP if indicated. City Clinic services as the main referral site for PEP in SF, and provided 599 PEP courses in 2014. 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
- ☒ 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.

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

   In the reporting period, the group had three full HIV Prevention Planning Council (HPPC) meetings. There have been no issues with retention during this reporting period.

   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). HPPC has 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.

   The HPPC holds one special community engagement meeting annually to provide an opportunity for open dialogue between HPPC members, representatives from San Mateo, Marin, and community members in a results oriented engagement process that will produce tangible outcomes to inform the work of the HPPC. In 2015, the community engagement event will be held on September 23. The topic of discussion will be harm reduction. We will report on the event during the next reporting period.

In 2013 and 2014, the leadership from the HIV Prevention Planning Council and HIV Health Services Planning Council (HHSPC) held monthly meetings with the goal of identifying steps in collaboration. The Councils convened a transition team in January 2015 to plan for a merged Council. The Transition work group met three times with the goal of developing clear objectives & steps for the Joint Leadership work group. The Transition work group developed three motions to establish the make-up and structure of the meetings for the Joint Leadership Work Group. The Joint Leadership Work Group is currently working with a consultant to develop an implementation plan. The mission of the Joint Leadership Work Group is to prepare for and define the scope of work of the merged councils. The Joint Leadership Work Group is scheduled to meet from May through December of 2015 and will operate as a joint work group between HHSPC and the HPPC. We will provide an update during the next reporting period.

Release of CDC and HRSA integrated community planning guidance in the spring of 2015 will support the collaboration between the HPPC and the HHSPC because the integrated plan is due in September of 2016.

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. The Executive Committee met six times during this reporting period.

During this reporting period, three Work Groups were convened by the HPPC to address specific topic areas relevant to the work of the Council and included the following: 1) Transition team work group (met 3 times during this reporting period) 2) Jurisdictional Plan Work Group (met twice during the reporting period), and 3) Community Engagement Planning Work Group (met once during this reporting period).
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 vision for a continuum of HIV prevention, care, and treatment services, grounded in local HIV epidemiology, research, and community values. The San Francisco jurisdiction formed a work group, which included both HPPC and HHSPC members to provide input on the development of the plan. The Jurisdictional plan will be presented to the HPPC on August 13th for vote and approval on Concurrence.

Updates on the progress of the jurisdictional plan are given to the HPPC annually in preparation for the vote on the letter of concurrence, concurrence with reservations, or non-concurrence.

3. Describe **successes** experienced with implementing your HIV prevention planning activities during the reporting period.

   The key success of this reporting period was the Jurisdictional Plan update. As noted above, the San Francisco jurisdiction engaged community, providers, and other stakeholders into the process. The jurisdiction also developed a model to demonstrate the Continuum of HIV Prevention, Care, and Treatment, which includes Comprehensive health screening, assessment, and referral; retention interventions; and risk reduction for people living with and at risk for HIV should be integrated and available within the service system, whether in primary care, community-based services, substance use treatment, or other services. The framework reflects an understanding of how to best meet the needs of people living with and at risk for HIV (PLWARH). The vision of the plan is where there are no new HIV infections and all PLWH have achieved viral suppression in the jurisdiction.

   The work of the 2014 Substance Use Work Group highlights another successful HIV planning activity. This group developed a set of recommendations focusing on local issues of harm reduction; HIV prevention, treatment, and substance use system of care improvements; and the effects of criminalization of behavioral health. Recommendations go to SFDPH experts for planning and implementation. This reporting period, DPH staff worked with community partners to update the Harm Reduction policy and developed an implementation plan. The updated Harm Reduction Policy & Implementation Plan will be presented for approval to the Health Commission at a future date. We will provide an update during the next reporting period.

4. Describe **challenges** experienced with implementing your HIV prevention planning activities during the reporting period.

   The biggest challenge has been the additional meetings and time commitment to plan for increased collaboration with the HIV Health Services Planning Council. The two Councils have cultures and procedures that are different and require thorough and careful communication and planning.

5. Describe **anticipated changes** to your HIV prevention planning activities for Year 5.

The Joint Leadership Work Group is preparing for and defining the scope of work of the merged council. The Joint Leadership Work Group is scheduled to meet from May through December of 2015 and will operate as a joint work group between HHSPC and the HPPC. We will have an update at the next reporting period.

Note: *Please submit any updates to your Jurisdictional HIV Prevention Plan to CDC at the same time as this APR, by September 1, 2015. Please submit your updates to the Jurisdictional Plan to ps12-1201@cdc.gov by the due date, if applicable. Please ensure that the letter of concurrence, letter of concurrence with reservation, or letter of non-concurrence is submitted to the mailbox and your assigned PPB Project Officer.*

Capacity Building and Technical Assistance (CBA/TA)

1. Did you access CBA/TA services during the reporting period? ☒ Yes ☐ No

2. **Note:** CBA provided via CDC-funded providers will be pulled via CRIS. However, please explain (be specific) if any of the CBA/TA provided did not meet your needs/expectations.

   The CBA/TA provided during this reporting period met our needs.

3. Please provide the type of CBA/TA received and the name(s) of CBA/TA provider(s) for any non-CDC provided CBA.

   N/A

4. Do you **anticipate changes** to CBA activities for Year 5? ☐ Yes ☒ No
   If yes, please describe.

5. Please include CBA/TA needs for Year 5.

   None at this time.

Program Planning, Monitoring and Evaluation, and Quality Assurance

1. Have you made **substantial changes** to your program planning, monitoring and evaluation, and quality assurance activities during the reporting period?
   ☒ Yes ☐ No
   If yes, please describe the changes made.

   The San Francisco Jurisdiction prepared an update to "The Jurisdictional HIV Prevention Plans for the San Francisco MSA, 2012-2016". This update contains a roadmap for programmatic shifts such as the widespread adoption of treatment as prevention, the advent of pre-exposure prophylaxis (PrEP), and the development of new technologies for early detection of HIV that are changing the current HIV prevention landscape. Throughout the document, this update expands on the need to address health disparities to

improve health outcomes and includes new sections on Getting to Zero, Hepatitis C Virus (HCV), Transgender Health and Racism and Homophobia. Each section identifies core activities and future efforts for each county individually and for the jurisdiction overall.

This is the second update to the 2012 Jurisdictional Plan and highlights successes to date, provides current progress on new initiatives outlined in the 2014 Update and sets the stage for the planning of the joint Center for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) "Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinates Statement of Need, CY 2017-2011."

2. How are you using the most current epidemiologic and surveillance data for program planning, implementation, and evaluation purposes during the reporting period (i.e., data to care)? Include the types of data used. How are you disseminating your program monitoring and evaluation data and providing feedback to your healthcare and non-healthcare providers and other community partners? If the surveillance team is receiving updated information (e.g., updated risk, residence, contact, or linkage status information) from program staff, please explain what data and how it helps surveillance (e.g., surveillance data are more up to date and accurate).

Epidemiologic and surveillance data informs the development of the Jurisdictional HIV Prevention Plan, and will continue to guide discussions about programmatic shifts in the future. Specifically National HIV Behavioral Surveillance data on undiagnosed infection rates, as well as data on the "spectrum of engagement" for those newly diagnosed, is signaling a need to consider some programmatic shifts (e.g., such as increased focused on HIV testing for IDUs and retention in care for African Americans). In 2015, the HIV Prevention Planning Council will update the Jurisdictional Plan based on the latest surveillance data.

The LINCS program continues to coordinate closely with HIV surveillance to identify patients to prioritize for public health action (e.g., partner services).

Marin County currently uses surveillance data to evaluate where the health department needs to focus resources for outreach and testing. Based on current data received from the county's Surveillance program, it is possible to identify where new infections are being diagnosed and develop plans, outreach and testing sites in those areas. This data is shared with partners at Marin AIDS Project to collaborate in program design to identify and serve the same groups.

Additionally, the program has been using epidemiological data to systematically identify and make contact with individuals who are reported as HIV positive through medical records but are not currently engaged in care. In 2015, the Surveillance Coordinator has developed a new tracking system that includes information about linkage and continuation in care and also offers Partner Services on a case by case basis. The HIV Program staff works closely with the HIV Surveillance Coordinator on monitoring out of care individuals.

3. Describe **anticipated changes** to your program planning, monitoring and evaluation, and quality assurance activities for Year 5?

As previously mentioned, in anticipation of the HIV Prevention Planning Council (HPPC) and the HIV Health Services Planning Council (HHSPC) merger, the Joint Leadership Work Group is preparing for and defining the scope of work of the merged council. The Joint Leadership Work Group is scheduled to meet from May through December of 2015 and will operate as a joint work group between HHSPC and the HPPC. We will have an update at the next reporting period.

In addition, updates in the Jurisdictional Plan include information for the planning of the joint Center for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) "Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinates Statement of Need, CY 2017-2011." Information will be provided in future reports as details become more concrete.

Note: *HIV prevention grantees should comply with the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention's (NCHHSTP) Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011). All standards included in the NCHHSTP Data Security and Confidentiality Guidelines should be implemented for HIV prevention grantees funded by FOA PS12-1201, unless otherwise justified. A separate memorandum of understanding (MOU) and rules of behavior (ROB) for data security and confidentiality will no longer need to be submitted for 2015. Instead, a "Certification of Compliance" (i.e., Appendix D on page 57 of the Guidelines) must be signed by an overall responsible party or parties (OPR) and submitted annually to the PPB Project Officer at the same time the APR is submitted to PGO. For information on the new data security guidelines, please refer to http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf.*

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 in Healthcare Settings (required)
- ☐ HIV Testing in Non-healthcare Settings (optional)
- ☐ Service Integration (optional)
- ☐ None

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 **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.

   HIV Testing in Healthcare settings:
   HIV Testing in Non-healthcare settings:
   Service integration:

   No substantial changes have been made.

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

   HIV Testing in Healthcare settings:
   HIV Testing in Non-healthcare settings:
   Service integration:

   - In July 2012, the SFDPH Primary Care Quality Improvement Committee, representing 14 different primary care clinics within the SFDPH San Francisco Health Network (SFHN), adopted a new HIV testing recommendation as proposed by the HIV Expanded Testing Initiative workgroup. The recommendation was to improve HIV testing rates system-wide by ensuring that all primary care patients 13-64 years old have at least one HIV antibody test on record. The target for improvement was either a 5% improvement over baseline or 60% screening rate clinic wide. To monitor progress, test-level data were extracted every two months through May 2014 from the clinic chronic disease database. HIV screening rates were calculated for each clinic and provided back to clinics in the form of Excel spreadsheets.

In July 2012, HIV testing rates were at 44%. The rate gradually increased to 54% by July 2013, a 20% increase over baseline. The rate remained at 54% or greater through May 2014 when the data were last analyzed. Loss of staffing has diminished DPH capacity to continue monitoring this data on a monthly basis, but it is our expectation that efforts to increase lifetime testing efforts have been successful.

Additionally, we are now exploring options with IT and SFHN leadership how PHD staff might be able to access and review SFHN HIV testing data electronically, which has not previously been done. This will be an involved process, as there are complex data systems and many team involved, but eventually will allow regular assessment and data feedback to clinical sites and will guide plans for improving routine testing within the SFHN primary care clinics.

This Success applies to HIV Testing - Healthcare Settings.

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

HIV Testing in Healthcare settings:
HIV Testing in Non-healthcare settings:
Service integration:

- The lifetime HIV testing recommendation does not address the need for more frequent targeted, risk-based HIV testing. There are multiple challenges to implementation of more frequent risk based testing in medical settings, especially the fact that HIV risk behavior is not routinely collected in the electronic medical record, competing clinical priorities, and recent adoption of a new electronic medical record system in the clinics.

  This Challenge applies to HIV Testing - Healthcare Settings.

- The increase of HIV testing in medical testing sites creates new challenges for linkage to care. Some hospital sites are unable to appropriately link newly diagnosed patients to follow-up HIV care due to decreases in social work staffing. DPH continues to work to develop systems for consistent tracking of new diagnoses and linkage to care efforts. Our citywide Linkage, Integration, Navigation and Comprehensive Services (LINCS) program provides partner services to all new HIV-positive patients. These services identify, locate, and connect those who test positive for HIV to HIV care services. Sexual partners are also offered risk reduction counseling and HIV testing. We are currently using HIV

surveillance data to identify persons who test positive throughout the city, and to ensure LINCS services if needed.

This Challenge applies to HIV Testing - Healthcare Settings.

4. Describe **anticipated changes** to your HIV testing in healthcare settings and non-healthcare settings, including service integration, for Year 5 (including proposed changes in venues, contracts, target populations, testing technologies or algorithms, testing objectives, staffing/personnel, funding resources, etc.).

HIV Testing in Healthcare settings:
HIV Testing in Non-healthcare settings:
Service integration:

HIV Testing in Healthcare settings: We will continue to focus efforts on encouraging routine HIV testing in the SFHN clinics and SFGH hospital campus, as well as targeted risk-based screening where appropriate. Darpun Sachdev, MD, an infectious disease/ HIV specialist was hired in late July 2014. She has had training in academic detailing, and will be working with health networks but also individual providers and clinics to improve rates of testing in healthcare settings and also referrals to SFDPH LINCS if any patients test positive and are unable or unwilling to access HIV care at their initial testing site. Rapid HIV testing will be promoted, but may not be feasible for all clinical sites depending on staffing, workflow or other issues.

Also, San Francisco is embarking on an ambitious goal of being the first city "Getting to Zero" (G2Z) new HIV infections, deaths and stigma. This effort is broad based, public and private collaboration with community leadership and involvement. Underlying G2Z is the understanding that regular HIV testing in groups at highest risk for HIV, including MSM, IDU and transwomen, is the key to implementing effective prevention strategies such as HIV PreExposure Prophylaxis and also to providing rapid access to antiretroviral treatment for the health of the individual and to reduce transmission to partners.

HIV Testing in Non-healthcare settings:

Service integration: As part of an integrated population health division, we are in the process of designing a new integrated communicable disease surveillance system (PHNIX) that will be able to receive electronic laboratory reports and will also have an interface with the planned enterprise electronic health record for SFHN. This will allow better coordination of appropriate screening, prevention and treatment services for all communicable diseases including STD, HIV and viral hepatitis.

Billing Redirection

5. Please provide a brief update on progress made with the Category B billing redirection during the reporting period (e.g., training, staffing, contracts, needs assessment or business case analysis, etc.)?

   Darpun Sachdev, MD, an infectious disease/ HIV specialist was hired in late July 2014. She has conducted a needs assessment to identify opportunities to improve reimbursement for medical HIV and STD testing.

   She received technical assistance to learn about the revenue cycle and 3rd party billing. Specifically, through the through CDC CBA, Denise Smith from Kern County visited the SFDPH in fall 2014 and shared lessons learned through Kern County's experience in updating fee schedules and initiating private insurer contracts.

   Dr. Sachdev has also completed three webinars focused on Billing and Sustainability offered by CARDEA (Setting up for Success: Integrating Revenue Cycle Management, Receiving Full Potential: Quality Assurance and Improvement with Visit Documentation and Bringing it All Together: Sustaining and Enhancing Billing and Reimbursement Efforts.) These training efforts provided Dr. Sachdev with the tools to conduct a needs assessment for sustainable billing practices in DPH STD clinics.

   Based on her needs assessment, she confirmed that we have an integrated billable testing program in all of the SFDPH primary care clinics. Billing is based on capitated rates, which include all services (HIV testing is part of the bundled rate), or fee-for-service. According to a recent analysis, over 90% of billable medical visits are reimbursed by a third party payer. Hospital laboratory charges for HIV tests are reimbursed by Medical, Medicare, or billed directly to the patient. At the present time, San Francisco General Hospital does not bill third-party providers. Our analysis was unable to identify any weaknesses or gaps in HIV reimbursement on a per test basis.

   As a result, Dr. Sachdev is focusing her efforts on conducting a needs assessment and business case analysis to identify opportunities to improve billing infrastructure and patient-centered care for STD services.

6. Please describe **successes** experienced with implementing this sustainable HIV testing effort during the reporting period.

   None to report.

7. Please describe **challenges** experienced with implementing this sustainable HIV testing effort during the reporting period.

   None to report.

8. Please also include the following information related to your billing redirection efforts:
   a. Total number of sites participating in the redirection: 1
   b. List the type of sites (e.g., STD clinics, hospital emergency department) participating in the redirection: STD Clinic
   c. Have any of the participating sites successfully billed for HIV testing? ☐ Yes ☒ No
   d. Was a Business Case Analysis or Needs Assessment conducted? ☒ Yes ☐ No
      If yes, include a brief description and status of any Business Case Analysis/Assessments.

- We conducted a needs assessment to identify the opportunities and barriers to develop billing infrastructure at our local STD clinic, San Francisco City Clinic (SFCC). SFCC currently receives Category A funding for risk-based HIV screening and STD screening, diagnosis and treatment services are supported through grants and the City's General Fund. SFCC provides a number of sexual health services, including STD screening and treatment, women's health issues such as family planning services, counseling for contraception and birth control, Pap smears, comprehensive STD exams, and pregnancy counseling, testing and referral services. Other services include cervical colposcopy, post-exposure prophylaxis, and counseling for pre-exposure prophylaxis (PrEP). We also provide HIV counseling and testing for high-risk populations, and ongoing HIV primary care. Eligible patients are enrolled in the State FPACT program. Reimbursements received for FPACT visits are credited to the General Fund. A survey of a convenience sample 403 City Clinic patients performed in the Summer of 2015 indicated that 48% of them had health insurance, an increase from 42 percent in a similar clinic survey from 2012.

- We conducted an assessment to evaluate the current state, gaps and solutions of revenue work flows, patient flow, space, supplies, infrastructure, and human capital.

- <u>Findings</u>: Currently SFCC staff routinely collect insurance information but do not assess eligibility. In addition, SFCC does not systematically document and code visits as required for reimbursement. In addition, denial reports and reimbursement are not tracked or monitored.

- Challenges: We found that there are several challenges to sustainable billing practices for STD services at SFCC. The primary concern is the potential loss of confidentiality if 3rd party insurers are billed. Other challenges to billing include staff credentialing, contracting with payers, in-house infrastructure to track billing and costs of using a billing service, and overall modifications to workflow.

- Solutions: We also found that there may be some acceptable solutions to these concerns which include:
    - Confidentiality: SFCC can maintain the option not to bill 3rd party insurers. In addition DPH can create a strong policy on confidentiality in the clinic's explanation of benefits.
    - Cost: SFCC can offer a sliding scale to individuals who do not want to bill their insurers. The waiting room survey indicated that almost 17% of patients are willing to pay $11-20 per visit and 19% are willing to pay $21-50.
    - Continue to offer disease control services at no charge to allow for testing of partners.

2015 Workplan

- In 2015, we plan to conduct a business case analysis to assess the potential benefits and costs of developing sustainable STD billing practices at SFCC. The analysis consists of 2 major components:

1) Identify insurance, billing, and confidentiality concerns among patients attending SFCC

A 2015 SFCC patient survey has just been completed, and full results are now being analyzed. These survey results will help us understand the payor mix, revenue projection, and how to effectively market SFCC STD and HIV testing services.

2) Identify costs of staff training, infrastructure issues, and QA management in order to improve 3rd party billing practices

We will then assess RN and NP's provision of care and cost of services, recognizing that services include not only provider time, but also lab tests, administrative services, time of visit, supplies and antibiotics. We will identify the Relative Value of Units to figure out the average cost associated with services provided.

We will also need to determine the costs of training administrative staff on registering patients for accurate billing, realizing that the need for accuracy will add more time to registration. Additionally, we will need to analyze the impact of billing practices on clinic flow, including resource and time needed to

take vital signs and complete screenings for smoking status as required for meaningful use. Finally, we will estimate the cost and time required to train clinicians on how to attribute diagnoses to ICD-10, evaluation and management codes.

Furthermore, we are in the midst of evaluating processes for seeking reimbursement from patients who receive PHD-provided services and are members of the San Francisco Health Plan's (SFHP)Medi-Cal (Medicaid) managed care program. We are creating a new, unified MOU with SFHP that will clarify the standards for billing for STD/HIV testing and other services provided at SFDPH PHD clinics and the public health laboratory.

We will seek additional technical assistance from health jurisdictions that have successfully implemented billing in municipal STD clinics, such as Monroe County Department of Public Health.

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

Note: *Quantitative information for HIV testing for Category B in both healthcare and non-healthcare settings, as well as aggregate testing data, will be reviewed via the PS12-1201 Data Tables that will be auto-populated with NHM&E data submitted via EvaluationWeb®. Please review these tables (template) for reference.*

1. Provide the annual HIV testing objective for healthcare settings and non-healthcare settings (if applicable) for both Year 4 and Year 5.
   Annual HIV testing objective for healthcare settings (Year 4): 25,000
   Annual HIV testing objective for non-healthcare settings (Year 4): N/A
   Annual HIV testing objective for healthcare settings (Year 5): 25,000
   Annual HIV testing objective for non-healthcare settings (Year 5): N/A

2. Please indicate if any funded healthcare settings/providers within the jurisdiction were able to utilize 3rd party reimbursement and/or bill for HIV testing. **See Table in Appendix B.** Estimate the percentages of total test events in healthcare and non-healthcare (*if applicable*) settings that were paid for by PS12-1201 Category B funds, by 3rd party reimbursement, and by other funds. If other funds were used, please specify the source of those funds (e.g., state funds).

SECTION III: CATEGORY C: Demonstration Projects

☐ **Not applicable**

1. Describe **successes** experienced with implementing your demonstration project during the reporting period.

Over the course of the demonstration project, SFDPH was successful in bringing together staff from HIV prevention and surveillance programs to design and build an integrated public health information system that will seamlessly enable SFDPH staff to use both prevention and surveillance data for patient care and public health planning and action. Additional work is needed before the system will be fully operational (contract delays prevented the work from being completed earlier), however, functionality developed in the system to date will allow PHNIX to:

- Identify new or known HIV infections based on information stored within PHNIX
- Assign new HIV cases for partner services and linkage to care services
- Track navigation and re-linkage/engagement in care efforts
- Accept community-based and medical HIV testing information and export that information for import into EvaluationWeb
- Accept case-based HIV surveillance data and export that information for import into eHARS
- Produce interim HIV surveillance reports
- Produce quality assurance (QA) reports and work queues

While the demonstration project is no longer funded through this grant, work will continue on the PHNIX system until the system is fully operational for all communicable diseases. The table below outlines the activities and major project deliverables completed, in-progress, and not started.

Table 1: Overview of progress made on AHIP Project: January 2012 – June 2015 Dash Board	Completed	In Progress	Not Started	Progress
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)				✓

Table 1: Overview of progress made on AHIP Project: January 2012 – June 2015 Dash Board				
	Completed	In Progress	Not Started	Progress
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. Project Implementation Plan				
12. High Level Requirements Document				
13. High and mid-level workflows – "As-Is" processes				
14. Leadership/Project Governance Team Formed				
15. Project Repository Created (Basecamp)				
16. Project decision tracking document				
17. Project Charter and Org Chart				
18. Developed Project Monitoring Tools				
19. High Level Workplan				
20. Project Kickoff and Orientation				
21. Project Plan and Gantt Chart				
22. Purchase Consilience Software				
23. Project Scope				
24. Communications Plan				
25. IT Database Assessment				
26. Laboratory Reporting Assessment				
27. IT Scope and Project Org Chart				
28. IT Hardware/Equipment Assessment				
29. HIV Patient Module Requirements				
30. ELR Module Requirements				
31. IT Skill Sets and Support Plan				
32. High Level ELR Requirements				
33. HIV/ELR Model Data Dictionary completed				
34. HIV Model build				
35. ELR Model build				
36. Project Methodology and Scope Management Plan				
37. Maven System Administrator Training for SFDPH staff (part 1)				
38. Public Health Network Information Exchange (PHNIX) System Test Plan				
39. ELR System Gaps Analysis				
40. ELR Test Plan				
41. Risk/Issue List				
42. High and mid-level workflows – "To-be" processes				
43. Standard Operating Procedures (SOP)				
44. Report on grants crosswalk				

Table 1: Overview of progress made on AHIP Project: January 2012 – June 2015 Dash Board Completed / In Progress / Not Started	Progress
45. New policies and protocols	
46. Cost Models (REMOVED FROM SCOPE OF WORK)	
47. Evaluation Framework (REMOVED FROM SCOPE OF WORK)	
48. Performance Evaluation Framework (REMOVED FROM SCOPE OF WORK)	
49. Incoming ELR interface using one consistent HL7 format	
50. EHARS interface (outbound)	
51. EvaluationWeb interface (outbound)	
52. User Acceptability Testing (Core, ELR, HIV)	
53. Excel based lab import	
54. Workflow queue configurations	
55. CD, STD, TB requirements gathering	
56. CD, STD, TB data dictionaries	
57. Build CD, STD, TB Modules	
58. User Acceptability Testing (CD, STD, TB)	
59. Module Revisions and Testing	
60. Build Canned Reports and Query Tools	
61. DPH, CDC, CDPH System Interfaces	
62. Virtual Hosting Environment	
63. Use/Test Cases	
64. Backup/Recovery Plan	
65. PHNIX Rollout/Support Plan	
66. ELR Rollout/Support Plan	
67. Data Migration	
68. User Acceptance Training	
69. Functionality and Performance Testing	
70. Security/Vulnerability Testing	
71. Backup/Recovery Testing	
72. Maven Admin Training (part 2)	
73. Train-the trainer session	
74. Lessons Learned	
75. Launch Integrated Data System	

2. Describe **challenges or lessons learned** experienced with implementing your demonstration project during the reporting period.

The major challenges of this demonstration project were due to the size and scope of the project and issues with project delays due to San Francisco City and County and SFDPH contracting activities. We initially

experienced a one-year delay in starting system development due to contracting delays. We since experienced another significant contracting delay (almost 1 year) that prevented us from completing work on the electronic laboratory reporting functionality of the system. Also, this was a very ambitious project that required the coordination of SFDPH HIV program and IT staff, three contracted teams of staff, and the City and County Department of Technology. This is one of the largest information technology projects SFDPH has implemented and we underestimated the time and resource commitment (especially staff time) a project of this scale would require.

3. Provide the following information below for HIV testing, linkage to care, partner services, and/or use of surveillance data for your demonstration project, if conducted during the reporting period.

HIV Testing ☒ Not applicable
Total number of newly-diagnosed HIV-positive test events[1]:
Total number of previously-diagnosed HIV-positive test events[1]:
Total number of HIV test events:
[1]Includes unconfirmed preliminary positive testing events plus confirmed positive testing events.

Linkage to Care ☒ Not applicable
Total number of newly-diagnosed HIV-positive persons*:
Number of newly-diagnosed HIV-positive persons linked to HIV medical care:
Total number of previously-diagnosed HIV-positive persons that are out of medical care**:
Number of previously-diagnosed HIV-positive persons out of medical care who were re-engaged in HIV medical care:
*Includes unconfirmed preliminary HIV-positive persons plus confirmed HIV-positive persons
**Only includes confirmed previously-diagnosed HIV-positive persons

Partner Services ☒ Not applicable
Total number of HIV-positive persons* interviewed for Partner Services:
Number of partners elicited from these HIV-positive persons:
Number of partners elicited that were tested for HIV:
Number of newly-diagnosed confirmed HIV-positive test events from these elicited partners:
*Includes confirmed newly-diagnosed and previously-diagnosed HIV-positive persons

Use of Surveillance Data ☒ Not applicable
Briefly describe how surveillance data were used for your demonstration project:

4. Provide additional project outcomes not mentioned above.

N/A

5. Describe the most important ways that Category C work has helped your HIV program (e.g., infrastructure changes, increased coordination of prevention and care/treatment, bringing together program and surveillance, changed how program does its routine work, documented value of Partner Service-related HIV testing enhancing the ability to find persons who are newly diagnosed with HIV, etc.).

   Category C work has made possible the integration of HIV surveillance and prevention data. Through development of the PHNIX system, data and information for prevention activities, partner services, linkage and navigation, and surveillance will now be collected uniformly and be available to those who need to use it for client services, program planning, and policy initiatives.

6. Please describe plans to sustain Category C activities beyond the funded period (such as folding activities under Category A work after Category C funds end).

   Funding to continue Category C activities will be provided by SFDPH Information Systems (City general fund).

   Note: *As stated in the FOA, a final detailed report will be due to CDC for Category C. Programmatic guidance will be disseminated at a later time for this report.*

SECTION IV: STAFFING AND MANAGEMENT

1. Please indicate any organizational and/or key staffing changes (i.e., health department staff responsible for implementing interventions and services for PS12-1201) that occurred during the reporting period. Please indicate any vacant staff positions and provide a detailed plan with timeline for hiring/filling vacancies. Were there any delays in executing contracts during the reporting period? If so, please explain and include any program implications?

Category A

During the reporting period, a Health Worker and a Health Program Coordinator position became vacant. These positions will be filled within the calendar year.

There were no delays in executing contracts during the reporting period.

Category B

No updates to Category B staffing and management.

Category C

No updates to Category C staffing and management.

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 4 (2015) and what is being proposed for Year 5 (2016)? *Note: Percentage should be inclusive of both internal health department expenses (e.g., personnel and administrative cost) as well as funding resources being allocated external to the health department for the required and recommended components. This information should be reflected within the budget.* ***Percentages for required and recommended components should total 100%.***

Year 4 (2015):

Required components:	100%
Recommended components:	%
Total:	100%

Proposed for Year 5 (2016):

Required components:	100%
Recommended components:	%
Total:	100%

Because San Francisco has multiple funding sources and because CDC funds are a decreasing share of HIV prevention funds in the city, the percentages of CDC funds allocated to required vs. recommended

components do not represent the breadth of all activities in this jurisdiction; San Francisco has a well-balanced portfolio that includes recommended components as well as described in the narrative.

2. Please identify each city/MSA with <u>at least 30%</u> 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. **<u>See Appendix C: Resource Allocation.</u>**

Category B:

1. Include the percentage of Category B funding resources allocated to HIV testing in healthcare settings and non-healthcare settings for Year 4 (2015) and what is being proposed for Year 5 (2016)? *<u>Note:</u> Percentage should be inclusive of both internal health department expenses (e.g., personnel and administrative cost) as well as funding resources being allocated external to the health department for the required and optional components. This information should be reflected with the budget.* ***Percentage for healthcare settings and non-healthcare settings should total 100%.***

Year 4 (2015):

HIV testing in healthcare settings:	100%
HIV testing in non-healthcare settings:	0.00%
Total:	100%

Billing redirection: 19.4%

Proposed for Year 5 (2016):

HIV testing in healthcare settings:	100%
HIV testing in non-healthcare settings:	0.00%
Total:	100%

Billing redirection: 19.4%

<u>SECTION VI:</u> BUDGET

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

   Yes, please see attached.

2. Are you requesting new Direct Assistance (DA) in lieu of Financial Assistance (FA) for Year 5? If yes, please outline DA staffing needs.

   No.

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.*

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 this submission and indicate the funding percentages/amounts to be provided to each entity. 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 5: January 1, 2016 – December 31, 2016).

   Note: *Please note the following related to the funding for Year 5 of PS12-1201:*
   Category A: Grantees may refer to the funding range for 2016 provided in Attachment X: Funding Tables on the PS12-1201 website at http://www.cdc.gov/hiv/pdf/funding/announcements/ps12-1201/cdc-hiv-ps12-1201-attachment-x.pdf. These funding tables were developed to support the original FOA (published in 2011) and do not reflect any congressionally mandated reductions, as applicable. For Category A, funding recommendations will be based on the funding algorithm and the congressionally mandated reductions will be applied, as appropriate.
   Category B: Level funding. Please ensure that the funds allocated to support the billing redirection are clearly delineated within the Category B budget justification.
   Category C: N/A

4. Please ensure that you allocate funds for staff travel to attend a 2016 grantee meeting in Atlanta, GA (at a minimum, 2 staff for 3 days).

   Done.

SECTION VII: ASSURANCES OF COMPLIANCE

Instructions: Submit the completed forms for all materials used or proposed for use during the reporting period of **January 1, 2016 – December 31, 2016.** Attach the following Assurance of Compliance Forms 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/hiv/pdf/funding/announcements/ps12-1201/cdc-hiv-ps12-1201-attachment-xii.pdf for the fillable form.

- "Assurances and Certifications: Download and complete all applicable Assurances and Certifications from http://wwwn.cdc.gov/grantassurances/Homepage.aspx. Upload these signed documents into the Assurances website identified in the instructions."

SECTION VIII: CERTIFICATION OF NHM&E DATA SUBMISSION

1. As a part of the PS12-1201 Cooperative Agreement, in addition to the submission of the progress reports to CDC, grantees must also submit the required National HIV Monitoring and Evaluation (NHM&E) data variables, through the CDC-approved system (i.e., EvaluationWeb®) and commit them by the designated due date.

   Please certify below:

   ☒ We certify that the department of health has submitted/will submit all of the required NHM&E data (HIV Testing data, Partner Services data, Risk Reduction Activities (RRA) data, as well as any other required aggregate data variables) to CDC via EvaluationWeb® and have committed/will commit them by the designated due date. And, that we have reviewed the EvaluationWeb® auto-populated PS12-1201 Data Tables.

2. Please include any additional comments and/or clarifications for your submitted NHM&E data and/or the PS12-1201 Data Tables. Please also include any justification(s) for partial/late data submission. Information provided will be used for consideration during the review process.
   ☐ No additional comments and/or clarifications needed.
   ☒ Additional comments and/or clarifications provided here:

San Francisco has a long-standing commitment to utilizing data for its own planning purposes, for its agencies and for reporting to the CDC. The current structure of EvaluationWeb data poses some challenges in accurately representing San Francisco's accomplishments. We would like to present the limits to the data in our 2014 submission.

1) Funding Sources:

Because SFDPH receives funding from multiple funding sources including CDC, SAMHSA and City of San Francisco General Fund to support its HIV prevention programs and because CDC represents a decreasing percentage of all funds allocated for HIV prevention, the data tables significantly underrepresent HIV prevention efforts in San Francisco. In addition, some agencies receive direct funds under 10-1003, SAMHSA SAPT, Ryan White and/or other sources. Due to budget cuts, add backs, changes in priorities, San Francisco must be flexible in its ability to allocate funding, and the funding source of a program may change over the course of a year.

In the past, CDC accepted all program data regardless of funding source, so matching funding sources to data has not been required. CDC now requests data only from CDC-funded programs, and this change required a

change in data tagging in EvaluationWeb; all data for the September 15, 2015 submission in EvaluationWeb is correctly tagged by funding source so all APR reports will reflect only CDC funded programs

2) Targets:

The targets for the objectives provided in the Comprehensive Plan are for three jurisdictions in our Metropolitan Service Area (MSA), Marin County, San Mateo County and the City and County of San Francisco. The Comprehensive plan provided targets for all HIV prevention services provided by the jurisdictions regardless of funding source.

The targets in this APR have been revised to reflect data from programs funded by CDC only.

3) RRA Data:

Because of funding source shifts, there are no RRA activities provided with CDC funds in San Francisco during the reporting period.

4) Linkage to care:

Linkage to care is difficult to fully assess when incomplete care information is available for those who access care outside of San Francisco. Therefore, linkage into care appears low among the newly diagnosed cases because of the high number of out-of-jurisdiction cases. San Francisco had an MOU with neighboring Alameda County to follow-up on some of the local out-of-jurisdiction HIV positive cases, but the California State Office of AIDS has clarified that a local Health Department may share information with "...other local, state, or federal public health agencies or to corroborating medical researchers, when the confidential information is necessary to carry out the duties of the agency or researcher in the investigation, control, or surveillance of disease, as determined by the state or local public health agency." (HSC Section 121025) removing this agreement. San Francisco is a destination city, especially for MSM and many of the out-of-jurisdiction cases are not only out of county, but out of state or country.

EvaluationWeb accepts self-report for previous HIV test therefore the number of previously diagnosed HIV cases may not be consistent when checked against surveillance data which is supported by lab and/or clinical visit data.

5) Partner Services:

San Francisco routinely offers partner services to newly diagnosed cases only which explains no or low numbers in Tables A-3 and B-3.

San Francisco is working with the Program Evaluation Branch to review our MSA's data and to find solutions to current challenges. We understand that these challenges are not unique to San Francisco and that some changes we request may have broader reaching implications, but we are confident that we can find solutions that will accurately represent the work that our jurisdiction is doing.

Note: *To better align the progress reporting and NHM&E data submission processes, as well as to reduce data burden, the quantitative NHM&E data entered into EvaluationWeb® will automatically populate the PS12-1201 Data Tables. This report will draw directly from required NHM&E data that you have submitted to CDC via EvaluationWeb®. As a follow-up to your data submission, please review the PS12-1201 auto-populated quantitative data tables (for Category A and Category B) within EvaluationWeb®. These quantitative reports will be used by project officers in addition to the qualitative progress report for the review and feedback process.*

SECTION IX: ADDITIONAL INFORMATION

1. Additional Information

Please also 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, local processes or procedures impacting program implementation).

APPENDICES

Appendix A: Partner Services

Provide information for newly diagnosed index patients for Partner Services in the table below.

Table 1. Newly Diagnosed, Confirmed HIV-positive Index Patients[1]

New HIV Cases Reported to HIV Surveillance Program[2]	Newly Diagnosed Index Patients Reported to Partner Services Program[3,4,5]	Newly Diagnosed Index Patients Eligible for Partner Services Interview[6]	Newly Diagnosed Index Patients Interviewed[7] n (%)	Partners Named[8]	Partners Named per Newly Diagnosed Index Patient Interviewed[9]

This table will be available Tuesday, September 1, 2015 and will be sent separately through the PS12-1201 mailbox.

[1] This table includes data for all partner services, regardless of funding source, not just those funded under PS12-1201.
[2] This is the number of new HIV case reports received by the health department surveillance program during the reporting period, based on date of report, rather than date of diagnosis.
[3] This is the number of newly diagnosed confirmed HIV-positive index patients reported to the health department partner services program during the reporting period, from any source.
[4] New diagnosis status verified, at minimum, by cross-check with the health department surveillance system. Supplementary methods of identifying previous diagnosis, such as review of laboratory reports, medical records, or other data sources (e.g., partner services database, evidence of previous treatment for HIV), or patient interview, may also have been used. If any data source, including patient self-report, indicates previous diagnosis, diagnosis is not new.
[5] Does not include index patients classified as newly diagnosed based only on 1) self-report of having had no previous test or having had a previous negative test or 2) review of other data sources (e.g., medical records, partner services database, treatment database).
[6] This is the number of newly diagnosed confirmed HIV-positive index patients reported to the health department partner services program during the reporting period (Column B), excluding those who are out of jurisdiction or deceased.
[7] This is the number of newly diagnosed confirmed HIV-positive index patients reported to the health department partner services program during the reporting period and eligible for partner services interview (Column C), who were interviewed for partner services by the health department or a person trained and authorized by the health department to conduct partner services interviews.
[8] This is the total number of partners named for whom the information provided by the index patient or otherwise available should be sufficient to allow the partner to be identified and notified by health department partner services workers.
[9] This is the average number of partners named by the newly diagnosed index patients who were interviewed.

Calculations:

$E = (D/C) \times 100$

$G = F/D$

Appendix B: Category B 3rd Party Reimbursement for HIV Tests

Estimate the percentages of total test events in healthcare and non-healthcare (*if applicable*) settings that were paid for by PS12-1201 Category B funds, by 3rd party reimbursement, and by other funds.

Table 2. 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%	%
Medicaid	%	%
Private Insurance	%	%
Other (please specify)		
▪ Jail Health Services is partly paid for Category A & SAMHSA SAPT block grant.	8%	%
▪ Unable to distinguish between 3rd party payors.	92%	%

Appendix C: Resource Allocation

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.

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	88.7%	89.1%	**Category A** • HIV testing • Comprehensive Prevention with Positives • Condom distribution • Policy initiatives • Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk of Acquiring HIV • Social Marketing, Media, and Mobilization • Pre-Exposure Prophylaxis and Non-Occupational Post-Exposure Prophylaxis Services **Category B** • Expanded HIV Testing for Disproportionately Affected Populations **Category C** • Demonstration Project **Additional (not funded by PS12-1201)** Syringe Access & Disposal
Marin County	3.2%	3.5%	**Category A** • HIV testing • Condom distribution

San Mateo County	8.1%	7.4%	**Category A** • HIV testing • Comprehensive Prevention with Positives • Condom distribution • Policy initiatives

Appendix D: Assurance of Compliance

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 0.1113 (E), Rev. 3/1993, CDC Adobe Acrobat 5.0 Electronic Version, 8/2002

NAME	OCCUPATION	AFFILIATION
Brian Martin	Clinical Lab Technician	Theranos
David Gonzalez	Unemployed	Community Member
Matthew McHale	Graphic Designer	Mark Design Studio
Joseph Imbriani	Retired	Community Member
Jenna Rapues	Program Liaison	Community Health Equity & Promotion Branch (Health Department Representative)

Applicant/Grantee Name: SF Department of Public Health	**Grant Number (If Known):** 93.940 (CFDA) PS 12-120105CONT16
Signature: Project Director	**Signature: Authorized Business Official**
Date: 3/18/15	**Date:**

San Francisco Department of Public Health, SF Division
HIV Prevention Section, Community Health Equity and Promotion
PS12-1201 Comprehensive HIV Prevention Project for Health Depts.
Category A
01/01/2016-12/31/2016

A.	Salaries	$1,776,816
B.	Mandatory Fringe	$820,528
C.	Consultant Costs	$0
D.	Equipment	$0
E.	Materials and Supplies	$20,022
F.	Travel	$7,784
G.	Other Expenses	$50,000
H.	Contractual	$2,577,947
	Total Direct Costs	**$5,253,097**
I.	Indirect Costs (25% of Total Salaries)	$444,203
	TOTAL BUDGET	**$5,697,300**

A. SALARIES **$1,776,816**

Position Title and Name	Annual	Time	Months	Amount Requested
Manager II T. Packer	$130,468	50%	12 months	$65,234
Senior Health Educator D. Geckeler	$103,714	65%	12 months	$67,414
Health Educator TBD	$96,278	45%	12 months	$43,325
Health Program Coordinator III J. McCright	$104,156	75%	12 months	$78,117
Health Program Coordinator I V. Fuqua	$75,296	100%	12 months	$75,296
Epidemiologist II TBD	$105,742	100%	12 months	$105,742
Health Program Coordinator III E. Davis	$104,156	65%	12 months	$67,701
Health Program Coordinator III E. Dubon	$104,156	100%	12 months	$104,156
Health Program Coordinator III J. Melichar	$104,156	100%	12 months	$104,156
Health Program Coordinator III M. Rodriguez	$93,740	50%	12 months	$46,870
Health Program Coordinator II E. Loughran	$93,106	10%	12 months	$9,311
Health Worker III O. Macias	$69,004	100%	12 months	$69,004
Health Program Coordinator TBD (JG)	$81,822	100%	12 months	$81,822
Health Worker III J. Rapues	$69,004	100%	12 months	$69,004
Health Worker II STD needs	$63,024	100%	12 months	$63,024
Management Assistant B. Chan Lew	$82,628	100%	12 months	$82,628
Health Program Coordinator TBD (TK)	$93,106	80%	12 months	$74,485
Health Program coordinator TBD (BI)	$93,106	100%	12 months	$93,106
Health Specialist Darpun Sachdev	$183,300	15%	12 months	$27,495
Health Educator Hanna Hjord	$96,278	100%	12 months	$96,278
Health Program Coordinator II TBD	$93,106	100%	12 months	$93,106

Sr. Administrative Analyst S. Shaikh	$104,728	5%	12 months	$5,236
Administrative Analyst J. Huang	$89,778	5%	12 months	$4,489
Administrative Analyst A. Salcedo	$89,778	5%	12 months	$4,489
Principal Administrative Analyst I. Carmona	$121,122	40%	12 months	$48,449
Sr. Administrative Analyst Vacant	$104,728	15%	1 months	$1,309
Sr. Administrative Analyst K. Ly	$104,728	50%	12 months	$52,364
Administrative Analyst W. Gaitan	$89,778	50%	12 months	$44,889
Personnel Analyst Z. Williams	$77,064	25%	12 months	$19,266
Senior Systems Accountant M. Quinonez	$116,584	25%	12 months	$29,146
Senior Accountant E. Zhan	$83,174	50%	12 months	$41,587
Senior Accountant S. Choy	$83,174	5%	12 months	$4,159
Senior Accountant A. Zachariah	$83,174	5%	12 months	$4,159

Job Description: Manager II – (T. Packer)
This position oversees San Francisco's publicly-funded community-based 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 & Promotion Branch (CHEP), emphasizes effective, sustainable programs that are high impact, 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 – (D. Geckeler)
This position, the CHE&P Integration Coordinator is responsible for planning and evaluating San Francisco's system of HIV prevention and integrating HIV prevention across the branch and health department to ensure HIV prevention efforts are aligned

with local priorities and the National HIV/AIDS Strategy and are sustainable. The Senior Health Educator works collaboratively with other SFDPH Sections to plan and achieve an integrated, evidence-based San Francisco HIV Strategy and coordinates with all units of the branch, the division, other SFDPH sections, and Marin and San Mateo.

Job Description: Health Educator – (TBD)
This position is responsible for working with Population Health Division (PHD) branches, other SFDPH sections, and Marin and San Mateo counties to prepare and monitor the Jurisdictional HIV Prevention Plan and Comprehensive Program Plan. The position ensures that the goals and objectives of HIV-related grants within SFDPH (e.g., CDC Cooperative Agreement) grants are being met. Works closely with community-based HIV prevention programs, clinical prevention, and policy areas to integrate with behavioral health. Oversees evaluation of HIV prevention programs (including HIV testing, prevention with positives, and condom distribution) as well as policy initiatives. The position coordinates grant writing and reporting for HIV-related grants within SFDPH.

Job Description: Health Program Coordinator III – (J. McCright)
This position serves as one of the Deputy Directors of the CHEP branch and oversees HIV and STD prevention staff and integration of HIV, STD, and Hepatitis C (HCV) prevention activities with a focus on community and outreach-based testing for gay men and other MSM. The Deputy supervises staff that perform HIV testing and outreach in the community as well as staff that implement environmental prevention in sex clubs, massage parlors, and other commercial sites where sex among men may occur.

Job Description: Disease Control Investigator – (V. Fuqua)
This position provides technical assistance to community-based programs that are responsible for meeting the prevention and other health needs of high prevalence populations. This position is responsible for community engagement activities for HPS, including convening and coordinating groups and other events for community members. In addition he is responsible for assessing and documenting the needs of African American communities, especially gay men and supports community planning through provision of technical assistance and support.

Job Description: Epidemiologist II – (Jenny Chin)
The Epidemiologist ensures that HIV testing and Risk Reduction Activities (RRA) data are collected and submitted by internal and external programs, cleaned, stored and prepared for reports on a timely basis. The Epidemiologist manages Evaluation Web data and reports and is responsible for providing technical assistance for community-based staff collecting and entering testing data. The position interfaces with CDC and contractors to submit data and trouble shoots data problems.

Job Description: Health Program Coordinator III – (E. Davis)
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 – (E. Dubon)
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 – (J. Melichar)
This position oversees all community-based program liaison activities for the branch. He manages staff who work directly 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 manages staff who provide technical assistance and training to contractors to build capacity and ensure deliverables are met in HIV testing, prevention with positives, condom distribution, and policy initiatives. Oversees budget management for community-based organizations. Primary liaison to the Contract Development and Technical Assistance Section, Business Office of Contract Compliance, Contracts Unit and all fiscal offices. Acts as primary liaison to the data management branch, ARCHES.

Job Description: Health Program Coordinator III – (M. Rodriguez)
This position implements internal policies and systems to meet City, State, and Federal policies around compliance and mandatory training for PHD staff. The HPC implements innovative methods to ensure effective and efficient completion of compliance training, including compliance with emergency preparedness requirements. The HPC provides grant management for the division.

Job Description: Health Program Coordinator II – (E. Loughran)
As part of the leadership of community-based prevention, 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. She participates in the development of the Jurisdictional HIV Prevention Plan and Requests for Proposals (RFP). She provides leadership in providing technical assistance and by assessing the overall system of prevention and planning and convening provider meetings.

Job Description: Health Worker III – (O. Macias)
This position works with providers to support implementation of HIV prevention programs. Also oversees the SFHIV educational website and manages the content. Provides support to the HPPC and its Executive Committee and workgroups. He coordinates the Materials Review Process.

Job Description: Health Program Coordinator I – (TBD)

Under general supervision of the Health Program Coordinator II, the HIV Prevention & Substance Use Program Liaison coordinates strategic community-based HIV prevention projects, with a focus on projects that enhance services for substance users. The Liaison provides oversight to the HIV Early Intervention initiative programs, conducts training and capacity-building for HIV prevention and substance use providers, and serves as liaison to community task forces and planning groups for HIV, substance use, and viral hepatitis. This position will also serve on a staff team that focusing on the HIV prevention and broader health needs of substance-using populations.

Job Description: Health Worker III – (J. Rapues)
This position coordinates the work of the HPPC, including subgroups and leadership meetings. She provides technical assistance and training to HIV prevention providers, with an emphasis on those reaching transgendered populations as well as convenes and manages the Transgender Advisory Group to CHEP.

Job Description: Health Worker II – (TBD)
This position works as part of the community planning team to ensure the HPPC meets the grant requirements and local planning needs. He/She will provide HIV and STD prevention outreach at community events and provides technical assistance and training for HIV prevention providers. This position will also work in the San Francisco City Clinic, the municipal STD clinic, to provide HIV/STD testing to clients seeking care.

Job Description: Management Assistant – (B. Chan Lew)
This position supports the HPPC and staff through the development and implementation of systems for coordination of Council activities. She works closely with HPPC Co-Chairs to facilitate coordination of meetings, communication, and databases, prepares meeting agendas and materials and 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: Health Program Coordinator II – (TBD)
The Program Coordinator II 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. He develops implements and evaluates the training for HIV test counselor certification. Works with the State Office of AIDS to ensure testing training meets State standards. Ensures that most recent testing technologies are implemented with approval from the State and CDC.

Note: This position is the same position that is listed and held by T. Knoble in the PHFE contract below. The San Francisco Department of Public Health is in the process of transferring core contract employees into City positions. We estimate this will occur in the 3rd quarter of 2015.

Job Description: Health Program Coordinator II – (TBD)

This position is a working supervisor position and is responsible for training, supervising and evaluating community health intervention specialists who are assigned to the Syphilis/HIV Team as well as interviewing syphilis, HIV, and gonorrhea patients and providing partner services, referral and linkages activities; investigating persons at high risk for syphilis, HIV, and other STDs; negotiating contracts and writing required reports. He provides support to initiatives for high prevalence populations, especially those programs reaching African American gay men and other MSM.

Note: This position is the same position that is listed and held by B. Ivory in the PHFE contract below. The San Francisco Department of Public Health is in the process of transferring core contract employees into City positions. We estimate this will occur in the 3rd quarter of 2015.

Job Description: Physician Specialist – (Darpun Sachdev)
The Physician Specialist will oversee all aspects of testing in medical settings including 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 the Director of Disease Prevention and Control and will supervise and provide back-up clinical support to the Navigation and Expanded Testing field staff.

Job Description: Health Educator – (Hanna Hjord)
This position is responsible for integrating behavioral health interventions into HIV prevention and care programs throughout the clinical system. This position oversees behaviorists at five clinics that provide HIV care and treatment and prevention with positive patients, in addition to community based programs aimed at addressing alcohol use that increase risk of HIV transmission. The focus of work for these three months is the implementation plan for sustainability of these services previously funded through SAMHSA.

Job Description: Health Program Coordinator II – (TBD)
This position provides technical assistance to HIV prevention community-based organizations and other providers to support the implementation and evaluation of programs to meet the goals and objectives of HPS and ensure deliverables are met in HIV testing, prevention with positives, condom distribution, and policy initiatives. This will be the primary liaison to the Business Office of Contract Compliance to implement contract monitoring.

Job Description: Senior Administrative Analyst – (S. Shaikh)
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. He works with HPS staff and contractors to resolve issues related to invoicing.

Job Description: Administrative Analyst – (J. Huang)
This position provides fiscal and administrative support to CHEP. She prepares grant applications and reports. Monitors grant and contractor budgets and expenditures, and works with CHEP staff and grantors to resolve fiscal issues. She serves as the liaison between Contracts and Accounts Payable Units.

Job Description: Administrative Analyst – (A. Salcedo)
This position provides operations support to CHEP. This position is responsible for fiscal processing of operating expenditures, invoices, requisitions and payments, and preparing monthly expenditure reports.

Job Description: Principal Administrative Analyst – (I. Carmona)
This position is the Chief of the Contracts Unit and 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 – (TBD)
Under the direction of the Chief of the Contracts Unit, this position assists CHEP staff with contract development, planning, negotiation, technical review, and certification. She assists with the RFP process, bidders' conferences, and compliance with Federal, State, and local laws.

Job Description: Senior Administrative Analyst – (K. Ly)
Under the direction of the Chief of the Contracts Unit, this position assists CHEP staff with contract development, planning, negotiation, technical review, and certification. She assists with the RFP process, bidders' conferences, and compliance with Federal, State, and local laws.

Job Description: Administrative Analyst – (W. Gaitan)
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: Personnel Analyst – (Z. Williams)
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 personnel services contracts. He produces eligibility lists 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 – (M. Quinonez)

This position is responsible for management of grant accounting activities. He analyzes year-end accruals and liquidation of encumbrances and performs revenue and expenditures analysis. He also prepares financial reports and performs account reconciliation.

Job Description: Senior Accountant – (E. Zhan)
This position is responsible for establishing appropriate classification structure within the general ledger account for grants and ensures claims/costs are in compliance with the appropriate regulations. This position is responsible for grant accounts payable activities and reconciles with expenditure reports and claims.

Job Description: Senior Accountant – (S. Choy)
This position is responsible for establishing appropriate classification structure within the general ledger account for grants and ensures claims/costs are in compliance with the appropriate regulations. This position is responsible for grant accounts payable activities and reconciles with expenditure reports and claims.

Job Description: Senior Accountant – (A. Zachariah)
This position is responsible for establishing appropriate classification structure within the general ledger account for grants and ensures claims/costs are in compliance with the appropriate regulations. This position is responsible for grant accounts payable activities and reconciles with expenditure reports and claims.

B. FRINGE BENFITS @ 46.2% **$820,528**
C. CONSULTANT COSTS **$0**
D. EQUIPMENT **$0**
E. MATERIALS AND SUPPLIES **$20,022**

Item	Rate	Cost
Condoms	Approximately 182,018 condoms at $.11 each	$20,022

Condoms: Approximately 182,018 condoms and lube at approximately $.11 each.

F. TRAVEL **$7,784**

Item		Rate	Cost
Local Travel	Muni Passes and Tokens	2 passes x $66/pass x 12 months and 5 bags of tokens x $20/bag x 12 months	$2,784
Out-of-State Travel	Air fare	2 trips x 1 person x $600/flight	$1,200
	Hotel	$250 lodging x 4 nights x 2 trips	$2,000
	Registration	$800 x 2 trips	$1,600
	Transportation	$100/round trip x 2 trips	$200
Out-of-State subtotal			$5,000

Local Travel: Muni passes are used 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 **$50,000**

Item	Rate	Cost
Office Rent	$1.58/sq.ft./month x 2,267.93 sq. ft. x 12 months	$43,000
Telephone/Communication	Average monthly cost $416.67 x 12 months	$5,000
Staff Training	Approx. 12 trainings x $166.67 each	$2,000

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

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.

Staff Training: Covers costs of HIV testing technician and counselor training. Funds also supports purchase of training materials and supplies, such as binders, medical supplies, and test kit supplies for approximately 12 trainings per year.

H. CONTRACTUAL **$2,577,947**

Contractor	Total Cost
Marin County	$195,789
San Mateo County	$410,906
Public Health Foundation Enterprises	$1,034,788
San Francisco Department of Public Health Disease Prevention and Control	$372,643
San Francisco Department of Public Health Lab	$448,000
San Francisco Department of Public Health HIV Integrated Services	$115,821

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: 01/01/2016 - 12/31/2016

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 $56,742

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

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 $4,060

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

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 $600

Item	Rate	Cost
Mileage	$0.565/mile x 1,061 miles	$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
21.754% of salaries = $13,847
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 @ 12.401% $10,669
Total Contract Marin AIDS Project $96,700

I. Direct Costs $181,105
J. Indirect Costs (8.11% 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 subcontractor to SFDPH
Period of performance: 01/01/2016 - 12/31/2016

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 $317,439

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

Job Description: Communicable Disease Investigators (two positions)
The CDIs 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 $45,321

Item	Rate	Cost
HIV Tests	HIV Rapid Test: $11.66/kit x 2,500 kits = $29,150	$32,560
	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 $0.0122 (3-4 lubes/kit) x 71,500 kits = $872	$6,981
IT Supplies	2 Computers x $2,289.50	$4,579

HIV Tests: Funds cover the purchase of 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 $12,863

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

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 $1,685

Item	Rate	Cost
Phone	3.6 FTE x $468/year	$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 (9.01%)	$1,240
	Total Contract	$15,000

	Total Costs	$392,308
I.	Indirect Costs	$18,598
	Annual Salary x 5.8587%= $18,598	
J.	Total	$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: 01/01/2016 - 12/31/2016
Scope of work

i) Service category: Fiscal Intermediary
   (1) Award amount: $1,034,788
   (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 $403,234

Position Title and Name	Annual	Time	Months	Amount Requested
Community Field Specialist T. Touhey	$45,565	100%	12 months	$45,565
Community Field Specialist K. Jones	$38,445	100%	12 months	$38,445
Program Coordinator J. L. Guzman	$70,559	100%	12 months	$70,559
Linkage and Navigation Coordinator E. Antunez	$71,024	50%	12 months	$36,311
Front Desk Associate T. Lofgren	$46,980	.50%	12 months	$23,319
Executive Assistant M. Varisto	$62,147	100%	12 months	$62,147
Finance & Operation Manager Arfana Sogal	$98,345	50%	12 months	$48,815
IT Applications Technician B. Tumulak	$78,755	30%	12 months	$23,454
Facilities Assistant – Ops/Finance	$51,500	20%	12 months	$10,225
Community Health Intervention Specialist TBD (STD)	$44,394	100%	12 months	$44,394
Total				$403,234

Job Description: Community Field Specialists – (T. Touhey)
This position is responsible for participating in community STD/HIV outreach activities; collecting STD specimens and providing HIV testing; providing HIV/STD health education. He identifies appropriate venues and schedule and oversees community-based STD and HIV activities; set up testing facilities at each community site; resolve problems at community events; order testing supplies, informational handouts, and safer sex materials; conduct street/venue-based assessments for syphilis awareness social marketing campaign; collect data and compile reports; and train new field specialist staff.

Job Description: Community Field Specialists – (K. Jones)
This position is responsible for participating in community STD and HIV outreach activities; collecting STD specimens; providing HIV/STD health education; making and verifying referrals for all STD/HIV related services; and implementing surveys. These positions perform STD and HIV data collection, counseling, follow up, and

outreach for persons with STDs or at risk for STDs. He will be responsible for distribution of educational materials in bars, sex clubs, and cafes; perform monthly assessments of public sex venues, collect data and compile reports and keep safer sex materials supplied to public sites.

Job Description: Program Coordinator – (J.L. Guzman)
This position supports HIV testing implementation in community-based organizations and substance use treatment sites and trains HIV test counselors with approved training. The position is a liaison between HIV testing programs and LINCS program. He/She assists in the development of LINCS as the health department expands these efforts. He/she provides direction to substance use organizations on implementation of HIV testing programs.

Job Description: Linkage and Navigation Coordinator – (E. Antunez)
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: Front Desk Associate – (T. Lofgren)
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 and community-based organizations and other community representatives.

Job Description: Executive Assistant – (M. Varisto)
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 – (A. Sogal)
The Finance and Operations Manager is responsible for the fiscal management, policy development, and financial reporting of projects related to the CHEP. 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: IT Applications Technician – (B. Tumulak)
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 (TBD)
The Facilities Assistant is responsible for facility-related projects for staff. He assists with facilities maintenance and upkeep on an as-needed basis.

Job Description: Community Health Prevention Specialist (TBD)
This position will be embedded at Magnet and the UCSF Alliance Health Project and will provide case management, partner services (PS) and linkages for new HIV cases and early syphilis cases 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.

B. Fringe Benefits @ 31.10% $125,406
C. Consultant Costs $0
D. Equipment $0
E. Materials and Supplies

Item	Rate	Cost
Office supplies	$350/month x 12 months	$4,200
HPPC Meeting Supplies	$600/month x 12 months	$7,200
IT Supplies	$2,000 each x 2 computers	$4,000
Program Supplies	$300/month x12 months	$3,600
Lab Supplies	$1,000/month x 12 months	$12,000
HCV Test	$18/test x 600 test =$10,800 $35/control x 40 controls =$1,400	$12,200
HIV Tests	$10/test x 2,083 tests/month x 12 months=$250,000 $30/control x 200 controls/year = $6,000	$256,000
Total		$299,200

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: Including but not limited to 3 desktop computers including all appropriate software.

Program Supplies: Funds will be used to purchase program supplies including but not limited to condoms, non-monetary incentives and promotional incentives for outreach and supplies needed for implementation of forums and focus groups. Disposable phones and minutes are purchased to address safety issues for outreach workers.

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 600 test kits and 40 controls.

HIV test kits: Funds for the purchase of approximately 25,000 test kits and 200 controls.

F. Travel

Item		Rate	Cost
Local Travel	Mileage	50 miles/month x $0.565/mile x 12 months x 5 staff = $1,695	$3,195
	Parking	$5/month x 12 months x 5 staff = $300	
	Muni Cards	$25/month x 12 months x 4 staff= $1,200	
Out-of-State Travel	Airfare	Round Trip @ $706.2 x 3 staffs x 4 trips Round Trip @ $706.2 x 3 staffs x 1 trip	$8,475 $2,119
	Lodging	$245 per night x 2 nights x 3 staffs x 4 trips $245 per night x 2 nights x 3 staffs x 1 trips	$5,880 $2,205
	Per diem	$70 per day x 3 days x 3 staffs x 4 trips $70 per day x 4 days x 3 staffs x 1 trip	$2,520 $840
	Transportation	$130/staff x 3 staffs x 4 trips $130/staff x 3 staffs x 1 trip	$1,560 $390
	Registration	$500/staff x 3 staffs x 1 trip	$1,500
Total			$28,684

Local Travel: Muni passes are used for staff travel to meetings within San Francisco with contractors, HPPC members, and community members and other key stakeholders.

Out-of-State Travel: Travel budgeted for 2 CDC meeting for three staff members and 2 conferences for 3 staffs.

G. Other Expenses

Item	Rate	Cost
Training	$1000/staff development x 3 staff = $3,000	$3,000
Printing	$400/month x 12 months	$4,800
Shipping	$600/month x 12 months	$7,200
Telecommunications	$200/per month x 12 months	$2,400
Advertising/Outreach	$833.33/month x 12 months	$60,000
Total		$77,400

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

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 as well as cell phone and data charges for field staff.

Advertising/Outreach: Funds requested to pay for print advertising in publications for HIV/STD testing and prevention services, including but not limited to BAR and/or GLOSS magazine.

H. Contractual	$0
Total Direct Costs	$933,924
I. Total Indirect Costs	$100,864
(@ 10.8% of Modified Total Direct Costs)	
Total Costs	$1,034,788

(Below are Contracts with Community Based Organizations)

4. **Name of Contractor:** SFDPH, Disease Prevention and Control Branch, STD Prevention and Control Services
Method of Selection: Health Department Provided Service/Municipal STD Clinic
Period of performance: 01/01/2016 - 12/31/2016
Scope of work:
   i) Service category: Partner Services and Linkages for Community-Based Settings
      (1) Award amount: $372,643
      (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	$56,957.00	100%	12 months	$56,957
Health Worker III	$58,335.30	100%	12 months	$58,335
Social Worker	$84,943.00	5%	12 months	$4,247
Epidemiologist II	$103,847.00	63%	12 months	$65,424
Epidemiologist I	$81,082.00	40%	12 months	$32,433
IT Operations Support	$61,670.00	25%	12 months	$15,418
COLA @ 3% for 6 months			6 months	$3,489
				$236,306

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: Health Worker III –
This position will provide 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, provide HIV/STD prevention, risk reduction, risk assessment and

disclosure counseling; make and verify completion of 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 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 parries 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 I –
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: IT Operations Support –
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 @45% $106,337
C. Consultant Costs $0
D. Equipment $0
E. Materials and Supplies

Item	Rate	Cost
Test Supplies	$12/test x 2,500 tests	$30,000
Total		$30,000

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	$0
	Total Direct Costs SFDPH STD	$372,643
I.	Indirect Costs SFDPH STD	$0
	Total Costs SFDPH STD	$372,643

5. Name of Contractor: SFDPH Public Health Lab
Method of Selection: Health Department Provided Service/Public Health Lab
Period of performance: 01/01/2016 - 12/31/2016
Scope of work

i) Service category: HIV Testing: Laboratory Services
   (1) Award amount: $448,000
   (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	$106,139	100%	12 months	$106,139
Microbiologist	$93,068	60%	12 months	$55,841
				$161,980

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 @ 45%	$72,892
C. Consultant Expenses	$0
D. Equipment:	$0

E. Materials and Supplies:

Item	Rate	Cost

Test Kits (HIV and RNA)	$7.10/ test x 16,238 HIV tests	$115,290
	$46.00 x 1,725 RNA tests	$79,350
Specimen Database Maintenance	$499/month x 12 months	$5,988
Total		$200,628

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.

Specimen Database Maintenance – Funds will be used to cover regular maintenance of specimen database.

F. Travel $0

G. Other Expenses

Item	Description	Cost
Rental of Equipment	$625/month x 12 months	$7,500
Shipping/Delivery	Approx. $416.67/month x 12 months	$5,000
Total		$12,500

Rental Equipment – Rental costs for MLAB, the laboratory information management system (LIS) and other preventive maintenance service for instruments in the Public Health laboratory.

Shipping/Delivery – Funds for message services for daily delivery of blood specimens to the Public Health Laboratory.

H. Contractual $0
Direct Costs $448,000
I. Indirect Costs $0
Total Costs $448,000

6. Name of Contractor: San Francisco Department of Public Health, Jail Health Services, HIV Integrated Services

Method of Selection: RFP 21-2010 (awarded 09/01/2011)
Period of performance: 01/01/2016 - 12/31/2016
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 @ 25% $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
Direct Costs $115,821
H. Indirect Costs: $0
Total Costs: $115,821

TOTAL DIRECT COSTS: **$5,253,097**
I. **INDIRECT COSTS** (25% of total salaries) $444,203

TOTAL BUDGET:	**$5,697,300**

San Francisco Department of Public Health (SFDPH)
HIV Prevention Section, Community Health Equity and Promotion
PS12-1201 Comprehensive HIV Prevention Project for Health Dept.
Category B: Expanded Testing Initiative
1/1/16 – 12/31/16

A. Salaries	$128,310
B. Mandatory Fringe Benefits	$59,032
C. Consultant Costs	$0
D. Equipment	$0
E. Materials and Supplies	$0
F. Travel	$0
G. Other Expenses	$0
H. Contractual	$299,921
TOTAL DIRECT COSTS	**$487,263**
I. Indirect Costs (25% of Total Salaries)	$32,078
TOTAL BUDGET	**$519,341**

A. SALARIES **$128,310**

Position Title and Name	Annual	Time	Months	Amount Requested
Physician Specialist Darpun Sachdev	$183,300	60%	12 months	$128,310

Job Description: Physician Specialist – (D. Sachdev, MD)
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 the Director, Disease Prevention and Control and will supervise and provide back-up clinical support to the Navigation and Expanded Testing field staff. In addition to the responsibilities outlined above, the Physician Specialist will lead the Team efforts to analyze data, assess gaps in reporting capacity, identify barriers to reporting on reimbursement reporting and work with stakeholders to develop and implement systems to better monitor billing processes to ensure that third-party payers are the payers of first resort. This position requires a knowledge of laboratory data systems, current billing protocols and ICD-10 codes and ability to negotiate with multiple SFDPH departments and University of California San Francisco Medical Center entities.

NOTE: this position is the same position that is listed and held by Dr. Sachdev in the PHFE contract below. The San Francisco Department of Public Health is in the process of transferring leadership contract employees into City positions. We estimate that this will occur in the last quarter of 2015 and therefore have budget for three months of this position here and the rest under contractual.

B. FRINGE BENEFITS @ 46% **$59,032**
C. CONSULTANT COSTS **$0**
D. EQUIPMENT **$0**
E. MATERIALS AND SUPPLIES **$0**
F. TRAVEL **$0**
G. OTHER **$0**
H. CONTRACTUAL **$299,921**

1. **Public Health Foundation Enterprises, Inc. (PHFE)**
   Method of Selection: Request for Qualifications (RFQ) 15-2006 (Awarded 2006)
   Period of Performance: 01/01/2016 - 12/31/2016
   Scope of Work:
   i) Service category: Fiscal Intermediary

(1) Award amount: $70,523
(2) Subcontractors: None.

ii) Services provided: Fiscal intermediary services to the SFDPH HPS. 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: Annual program and fiscal and compliance monitoring

Itemized budget and justification:

a) Salaries $46,074

Position Title and Name	Annual	Time	Months	Amount Requested
Linkage & Navigation Coordinator E. Antunez	$72,622	50%	12 months	$36,311
Finance and Operations Manager A. Sogal	$97,630	10%	12 months	$9,763

Job Description: Linkage and Navigation Coordinator – (E. Antunez)
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: Finance and Operations Manager – (A. Sogal)
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

b) Fringe & Benefits @31.1% $14,329
c) Consultant Costs $0
d) PHFE Equipment $0
e) PHFE Materials and Supplies $600

Item	Rate	Cost

Office Supplies	$50/month x 12 months	$600

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

f) PHFE Travel $2,646

Item	Rate	Cost
Airfare	Round Trip $600 x 2 Staffs	$1,200
Lodging	$205 night x 2 nights x 2 Staffs	$820
Per Diem	$71/day x 3 Day x 2 Staffs	$426
Ground Transportation	$100 Ground Transportation x 2 Staffs	$200
Total		$2,646

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 $63,649
j) PHFE Indirect Costs (10.8% MTDC) $6,874
PHFE Total Contract $70,523

2. **University of California, San Francisco (UCSF) Positive Health Project (PHP)**
Method of Selection: PHP was selected through a Request for Qualifications process held in 2009 by the SFDPH Contracts Unit.
Period of Performance: 01/01/2016 - 12/31/2016
Scope of Work:
i) Service category: Expanded Medical Testing
(1) Award amount: $141,778
(2) Subcontractors: None.
ii) Services provided: 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: Annual program and fiscal and compliance monitoring

Itemized budget and justification:

a) Salaries $96,728

Position Title and Name	Annual	Time	Months	Amount Requested
Director, Positive Health Program M. Ghandi	$179,700	3%	12 months	$5,391
Hospital Testing Coordinator D. Jones	$153,007	30%	12 months	$45,902
Hospital Testing Associate S. Torres	$56,794	80%	12 months	$45,435

Job Description: Director, Positive Health Program (PHP/SFGH) – (M. Ghandi, M.D.)
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 – (D. Jones)
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 – (S. Torres)
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.

b) Fringe & Benefits @30% $29,019
c) Consultant Costs $0
d) Equipment $0
e) Materials and Supplies $0
f) Travel $0
g) Other $840

Item	Rate	Cost
Utilities	$70/month x 12 months	$840

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 $70 per month, and may fluctuate annually based on actual costs of this service.

h)	Contractual	$0
	Total Direct Costs	$126,587
i)	Indirect Costs (12% of total direct costs)	$15,191
	Total Contract	$141,778

3. 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: 01/01/2016 - 12/31/2016

Scope of Work:

i) Service category: Expanded Testing and Linkage
   (1) Award amount: $87,620
   (2) Subcontractors: None.

ii) Services provided: 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, 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: Annual program and fiscal and compliance monitoring

Itemized budget and justification:

a) Salaries $59,257

Position Title and Name	Annual	Time	Months	Amount Requested
Health Worker III	$59,726	100%	12 months	$59,257

Job Description: Health Worker III – (TBD)

The Health Worker III is Linkage to Care/Partner Services Specialist. This position ensures that new HIV cases and early syphilis cases that are co-infected with HIV form medical settings receive partner services and linkage to care; provide case management and third party partner services for sex partners of HIV infected individuals; provides 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.

b) Fringe & Benefits @ 45% $26,666

c) Consultant Costs $0
d) Equipment $0
e) Materials and Supplies $1,697

Item	Rate	Cost
STD Supplies	$141.42/month x 12 months	$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
Total Direct Costs $87,620
i) Indirect Costs $0
Total Contract $87,620

TOTAL DIRECT COSTS: **$487,263**
I. **INDIRECT COSTS**(25% of total salaries) $32,078
TOTAL BUDGET PART B: **$519,341**

DATE: November 14, 2014

TO: Grants Managers
Colleen Chawla
Valerie Inouye

FROM: Nelly Lee
Finance Manager

RE: FY 15-16 Indirect Cost Rate--**REVISED (Less MAA participants)**

Effective immediately, the Indirect Cost rate for Population Health & Prevention-Public Health Division is 25.00% of salaries, wages & fringe benefits. This rate was based on FY 2012-13 costs and includes the COWCAP allocation reported in the OMB A-87 Cost Allocation Plan. Public Health Division Grant Managers should use the maximum capped percentage as instructed per California Department of Public Health. Indirect Cost Rates on all current grants and new or renewal grant applications, unless the grantor has specified a maximum rate lower than 25.00%

Other Divisions in the Health Department should add the following costs to their divisions' internal indirect costs in order to reflect total indirect costs:

	Amount
Mental Health	5,981,143
Substance Abuse	785,388
Primary Care	5,001,702
Health at Home	1,035,403
Jail Health	1,419,783
LHH	1,768,611
SFGH	13,067,822

Attachments

cc:

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 0.1113 (E), Rev. 3/1993, CDC Adobe Acrobat 5.0 Electronic Version, 8/2002

NAME	OCCUPATION	AFFILIATION
Brian Martin	Clinical Lab Technician	Theranos
David Gonzalez	Unemployed	Community Member
Matthew McHale	Graphic Designer	Mark Design Studio
Joseph Imbriani	Retired	Community Member
Jenna Rapues	Program Liaison	Community Health Equity & Promotion Branch **(Health Department Representative)**

Applicant/Grantee Name: SF Department of Public Health	**Grant Number (If Known):** 93.940 (CFDA) PS 12-120105CONT16
Signature: Project Director	**Signature: Authorized Business Official**
Date: 5/18/15	**Date:**

Print Form

Introduction Form

By a Member of the Board of Supervisors or the Mayor

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

2016 SEP -6 PM 3:33

Time stamp or meeting date

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

BY

☒ 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):

Wiener

Subject:

Grant Application - Centers for Disease Control - Comprehensive HIV Prevention Programs Application - $5,704,982

The text is listed below or attached:

Resolution authorizing the Department of Public Health to submit a one-year application for calendar year 2017 to continue to receive funding for the Comprehensive HIV Prevention Programs grant from the Centers for Disease Control and Prevention, requesting $5,704,982 in HIV prevention funding for San Francisco from January 1, 2017, through December 31, 2017.

Signature of Sponsoring Supervisor: Scott Wiener

For Clerk's Use Only:

City and County of San Francisco

Department of Public Health
Grants Administration Unit

Edwin M. Lee
Mayor

TO: Nicole Elliott, Director of Legislative Affairs

FROM: Richelle-Lynn Mojica
Grants Manager

DATE: August 16, 2016

SUBJECT: Grant Application - Centers for Disease Control -
Comprehensive HIV Prevention Programs Application - $5,704,982

Attached, please find the original and 2 copies of the following Accept and Expends:

☒ **Comprehensive HIV Prevention Programs - $5,704,982**

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 2017 to continue to receive funding for the Comprehensive HIV Prevention Programs grant from the Centers for Disease Control and Prevention, requesting $5,704,982 in HIV prevention funding for San Francisco; from January 1, 2017, through December 31, 2017.

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

Thank You.