

**Office of AIDS  
HIV Prevention Program  
Budget Guidance for  
Fiscal Year 2011–12**

**Office of AIDS  
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## I. INTRODUCTION

### a. Base Funding

Your local health jurisdiction's (LHJ) Master Agreement (MA) contract began on July 1, 2010 and will end on June 30, 2013. This document will address requirements for fiscal year (FY) 2011-12 with special emphasis during the period covering January 1, 2012 through June 30, 2012.

The HIV Prevention Branch allocations for the period covering July 1, 2011 through December 31, 2011, were consistent with the FY 2010-11 allocations. On January 1, 2012, the Office of AIDS (OA) received new Centers for Disease Control and Prevention (CDC) PS12-1201 grant funding. This funding will cover the period of January 1, 2012 through June 30, 2012 and will be allocated to 18 LHJs based on a new formula.

The new base funding allocations were determined via the updated formula that utilizes the percentage of people living with HIV/AIDS (PLWH/A), excluding prison cases. Percentages of African-Americans, Hispanics, and people living below poverty are also part of the formula. The weight of the criteria is as follows:

- 75% Percentage of PLWH/A, excluding prison cases (2009 Surveillance data);
- 15% Percentage of African Americans (2010 Census Data);
- 5% Percentage of Hispanics (2010 Census Data); and
- 5% Percentage of people living below poverty (2010 Census Data).

### b. Partner Services Funding

OA will continue to allocate CDC funding directly to LHJs to support Partner Services (PS) activities. For the first half of FY 2011-12, OA will use the same allocations as in FY 2010-11. During the second half of FY 2011-12, 18 LHJs will receive PS funding using a new formula. The formula was determined and based on a tiered approach that addressed each LHJ's need for technical assistance in the continuation and enhancement of a PS program that is currently in place, or for assistance in establishing a new PS program.

### c. Low Cost Extension Funding

OA also received \$902,600 for one-time funds intended to assist in the transition from CDC's PS10-1001 grant to PS12-1201. This award is an extension of the PS10-1001 grant; therefore, funding will be allocated to 15 LHJs. These 15 LHJs were determined based on the 17 LHJs currently funded but excluding Los

Angeles and San Francisco Counties who were eligible for their own one-time funding. The same formula that was used for the base funding was also used for these one-time funds as indicated in the updated allocation formula.

[Click here](#) for detailed information regarding the HIV Prevention Program allocations. Please refer to the *Total Allocations* column for funding amounts. The *Total Allocations* column includes base funding, low cost extension funding, and PS funding.

## II. HIV Prevention Program

Services are funded by CDC, CFDA No. 93.940.

The allowable services for FY 2011-12 activities are outlined in HIV Prevention Program Allowable Services, Section IV.

While completing the budget documents, LHJs should take into account that this increase in funding must be accounted for and reflected in your budget documents. LHJs will be expected to increase the number of services to reflect the increase in funding. The new services must be consistent with the new California prevention program funded by the CDC PS12-1201 grant funding. The primary focus of CDC's new grant funding is to address the national HIV epidemic through programs that focus on reducing new infections, increasing access to care, and improving health outcomes for people living with HIV.

The new California prevention program is a two-tiered system of prioritized activities. In prioritizing activities, OA is participating in the significant shifts represented by both the National HIV/AIDS Strategy (NHAS) and CDC's approaches to HIV prevention. The tiers represent OA's priorities in HIV prevention, and correspond closely to the required and recommended services identified by the CDC PS12-1201 grant. The new California prevention program stipulates that LHJs must ensure that services designated as Tier I are adequately provided, using any resources available to the LHJ, before funding Tier II services with their prevention allocation from OA (with the exception of hepatitis C virus (HCV) testing). Tier I activities include services and initiatives related to HIV Testing, Linkage to Care, Retention and Re-engagement into Care, Comprehensive Prevention with Positives, PS, HIV Treatment Adherence, and Condom Distribution. Tier II activities include HCV Testing, Behavioral Interventions Targeting High-Risk HIV-Negative Individuals, Social Marketing, Pre-Exposure Prophylaxis program planning and implementation, and incorporation of sexually transmitted diseases, tuberculosis, and HCV screening into HIV screening programs.

During the period covering January 1, 2012 to June 30, 2012, LHJs must use their new base funding allocation to provide applicable services designated as Tier I, or HCV testing (Tier II activity). Other Tier II activities may not be added as an intervention for this period of time. However, LHJs that have current programs in place that include the other Tier II activities may continue these activities while they prepare for the new California prevention program.

LHJs should use the increase in their base funding to enhance and increase the number of current services (Tier I activities and/or HCV testing only). This funding may also be used for planning activities that may be needed to prepare for the implementation of the new California prevention program.

Low cost extension funding is an extension to the CDC PS10-1001 grant. The purpose of the low cost extension funding is to allow LHJs additional time and resources to continue current activities through June 30, 2012, and to close out programs that do not meet the requirements of the new California prevention program. Additionally, through the CDC PS10-1001 grant, syringe exchange program activities may be continued through June 30, 2012, using low cost extension funding. Low cost extension funding may not be used for new activities such as the addition of new sites.

OA is currently developing a comprehensive prevention guidance for 2012–2017 that will provide detailed information and requirements regarding the new California prevention program. The guidance will assist LHJs in prioritizing and implementing CDC and OA required and recommend activities utilizing evidence-base HIV prevention strategies to develop high impact, comprehensive HIV prevention programs that achieve maximum impact on reducing new HIV infections.

### III. Required Documents

In order to prepare the amendment for the HIV Prevention Program Memorandum of Understanding (MOU), OA needs revised budget information for your LHJ. At this time, we need a Five Line-Item budget completed for FYs 2011-12 and 2012-13. The Budget Detail documents for FY 2011-12 are also required to be sent in with your Five Line-Item budgets. OA is requesting that each LHJ submit the documents listed below in the Required Documents, Section III of this guidance.

The following budget documents are [available here](#) as a Microsoft Excel file. Budgets must be prepared using this file. Please note: the Excel file has multiple tabs.

**Note: The budget documents listed in this section all have formulas built in; therefore, please do not delete the formulas when you are entering information. The forms will do the computation.**

- Document Checklist.
- LHJ Contact Information.
- HIV Prevention Program Five-Line Budget for FYs 2011-12 and 2012-13.
- HIV Prevention Program Budget Detail for FY 2011-12.
- HIV Prevention Program Personnel Detail for FY 2011-12.
- HIV Prevention Program Subcontractor Budget Detail for FY 2011-12 (*if applicable*).
- HIV Prevention Program Subcontractor Personnel Detail for FY 2011-12 (*if applicable*).
- HIV Prevention Program Service Category Summary for FY 2011-12.

HIV Prevention Program LHJ Contact Information

This includes a place for the HIV Prevention Program AIDS Director, HIV Prevention Program Coordinator, and the HIV Prevention Program Fiscal Contact. OA uses this information to keep our records up to date so please complete the information for each position and notify us if you have changes during the FY. For the HIV Prevention Program Coordinator, please list the individual that our office can work with on a day to day basis.

HIV Prevention Program Five-Line Budget for FYs 2011-12 and 2012-13

In order to prepare the HIV Prevention Program MOU, OA needs budget information for the Five Line-Item budget. Indirect Expenses are limited to 15 percent of the total Personnel Costs for the Contractor.

HIV Prevention Program Budget Detail Form for FY 2011-12

This form identifies detailed information to support the Five Line-Item budget. Please complete Section 1. In Section 1 list personnel costs, operating expenses, capital expenditures, subcontractors, and indirect costs. The total in your detailed budget (Section 1) must equal the total in your Five Line-Item budget.

HIV Prevention Program Personnel Detail Form for FY 2011-12

This form identifies the LHJ personnel charged to the HIV Prevention Program MOU. The total at the bottom of the form must match the amount entered in the Total Personnel line of the HIV Prevention Five Line-Item budget and the detailed budget.

HIV Prevention Program Subcontractor Budget Detail Form for FY 2011-12

*This form is required for each subcontractor* of the HIV Prevention Program MOU. This form follows the same format as the HIV Prevention Program Budget Detail

form, but displays the subcontractor costs, instead of the contractor costs. Indirect Expenses are limited to 15 percent of the total Personnel Costs for each subcontractor.

Please complete Sections 1 and 2. Section 1 includes subcontractor information. Section 2 includes personnel costs, operating expenses, capital expenditures, other costs (i.e., subcontractor's community-based organizations [CBOs]) and indirect costs for the subcontractor.

HIV Prevention Program Subcontractor Personnel Detail Form for FY 2011-12

*This form is required for each subcontractor* of the HIV Prevention Program MOU. This form follows the same format as the HIV Prevention Program Personnel Detail form, but displays the subcontractor(s) personnel, instead of the contractor's personnel.

HIV Prevention Program Service Category Summary for FY 2011-12

Section 1 is a summary of services, estimated number of clients served, and budgeted amount for LHJs. **Please incorporate any administrative cost and direct service costs into the budgeted amounts. Do not list separate administrative costs.**

Section 2 is a summary of services, estimated number of clients served and budgeted amount for the subcontractor (not subcontractor's CBOs). Complete Section 2 for each subcontractor. Please include any administrative costs and direct service costs into the budgeted amounts. Do not list separate administrative costs.

Section 3 is the totals from Section 1 and 2 combined. Section 3 contains the total for *all* services and costs related to the contract.

Note: LHJs and their subcontractors must adhere to the travel and per diem requirements and rates as established by the State of California.

For questions about completing the budget forms, please contact your assigned Operations Advisor, as noted in Section VI.

**IV. FY 2011-12 HIV Prevention Program Allowable Services**

Service Categories	
<b>HIV Testing (with/without counseling)</b>	The contractor shall administer a HIV testing program (with or without counseling) by providing anonymous and/or confidential HIV testing services, HIV testing services may include: 1) assessment of client needs regarding HIV transmission; 2) assessment of

	<p>personal risk behaviors; 3) client-focused prevention counseling; 4) risk-reduction planning when appropriate; and 5) referral to other services.</p> <p>At a minimum, individuals seeking HIV testing services shall be informed about the validity and accuracy of the HIV antibody test and consent to test. All individuals tested at OA-funded test sites shall be given the results of this test in person. Risk information collected during the client assessment and the counseling session (as appropriate) will be used as a basis for data collection, and program development.</p>
<b>HCV</b>	<p>If a client has been identified as being at risk for HCV, they may be offered a comprehensive HIV/HCV risk assessment session that includes HIV/HCV prevention messages and harm reduction strategies. Co-infection issues are also addressed in the counseling session. LHJs performing HCV testing should continue to provide service referrals to follow-up testing, social support services, and/or medical care for people who test HCV antibody positive, where those services are available.</p> <p>In addition to risks associated with injection drug use, sexual activity is a route for HCV infection in gay men, especially those who are co-infected with HIV. The target populations that are eligible for being tested for HCV may include individuals with a history of injection drug use, and men who have sex with men (MSM).</p>
<b>Behavioral Interventions</b>	<p>CDC's Diffusion of Effective Behavioral Interventions (DEBIs) and non-DEBI behavioral interventions including activities directed at HIV-positive individuals:</p> <ol style="list-style-type: none"> <li>1. Targeted prevention activities (<b>TPA</b>) for high-risk HIV-negative and HIV-positive persons;</li> <li>2. Individual level interventions (<b>ILI</b>);</li> <li>3. Group level interventions (<b>GLI</b>);</li> <li>4. Comprehensive Risk Counseling and Services (<b>CRCS</b>) for individuals with multiple health needs; and</li> <li>5. Health Communication/Public Information (<b>HC/PI</b>) programs for at-risk Behavior Risk Groups (BRGs). HC/PI activities must meet the requirements as outlined in the HC/PI guidance and be approved by the operations advisor prior to implementation of these activities.</li> </ol>
<b>PS</b>	<p>Agencies shall administer HIV PS Programs by offering PS to newly identified HIV-infected individuals and other HIV-positive individuals</p>

	<p>who have engaged in recent risky behaviors. HIV PS includes any of the following strategies: 1) dialogue with an HIV-positive client regarding disclosure to sexual and needle sharing partners; 2) skill-building with the client on how to inform a partner of their potential exposure; and 3) the anonymous notification of the partner(s) of an HIV-positive client by a Disease Intervention Specialist (DIS)/PS staff. Anonymous notification includes confidential counseling of partner(s) regarding their potential exposure to HIV and a referral for HIV testing and prevention services.</p> <p>HIV-positive clients choosing to participate in PS should be referred to LHJ DIS/PS staff for PS counseling offer, partner elicitation, and notification activities. If PS expertise exists at the point of access to care, experienced HIV testing, prevention, and care staff can conduct the following activities: PS counseling offer, elicitation of partner locating information, and dual counseling sessions. All anonymous third-party notifications and field investigations for partner notification are performed by DIS/PS staff.</p>
<p><b>Syringe Exchange Activities</b></p>	<p>LHJs may use allocated low cost extension funding only to support syringe exchange, nonprescription sale of syringes in pharmacies, and syringe disposal programs for injections drug users (IDUs) where locally authorized.</p>

**V. Local Evaluation Online (LEO) Contract/Funding Set Up**

Contract and budget information set up in LEO should be consistent with the budget documents submitted. Specific instructions for doing so are included below. If you have any questions regarding how set-up instructions apply to your specific circumstances, please contact your assigned operations advisor for technical assistance.

- Please indicate the correct funding source for each intervention and/or subcontractor set up in LEO.** If other funding sources such as local funds, direct funds from CDC, or funds from the California Department of Alcohol and Drug Programs (ADP) are being used for activities being recorded in LEO, please consult with your assigned operations advisor to request that a specific funding stream be established for use with these agencies/interventions. Note that in LEO, agencies may be funded by multiple sources, while interventions may only have a single funding source.

- **Testing interventions now require specific target populations to be entered.** Population definitions include the number intended to be reached and the funding amounts planned to be spent testing each target population.
- **Include direct and indirect/other expenses in intervention allocations so the sum of all intervention allocations within a funding stream equals the award amount.** When setting up interventions, each target population requires the estimated number of clients you intend to serve and the amount allocated to this target population. The totals for both of these values should match the information on the Program Service Category Summary in the budget documents for all OA-funded interventions. The amount allocated to each population within the intervention should include all expenses such as administrative costs and program costs so that the total of all intervention costs equals the amount awarded.
- **Match total allocations in LEO to Budgeted Amounts on the Service Category Summary.** The total amount allocated for testing interventions in LEO should equal the combined budgeted amount specified for HIV testing and HCV, since HCV services are provided within HIV testing interventions. The total amount allocated to Health Education/Risk Reduction (HE/RR) interventions should equal the combined budgeted amount specified for HE/RR. The PS budgeted amount does not correspond to any specific dollar amounts set up in LEO, but will be compared to services provided within all programs with PS activities. The following table provides a visual summary of this information.

In LEO	Service Category Budget Amounts
<b>Total \$ for HIV testing interventions</b>	= HIV Testing + HCV
<b>Total \$ for all HE/RR interventions</b>	= HE/RR + Syringe Exchange
<b>Total \$ for HE/RR Syringe Exchange Interventions</b> (indicated by checkbox)	= Syringe Exchange
<b>No corresponding interventions</b>	= Partner Services

- **Activities funded by multiple sources must be set up as distinct interventions, one for each funding source.** For example, if you are funding HIV testing for MSM for \$1,500, using 75 percent OA funds and 25 percent from another grant, enter two interventions:
  - MSM testing (OA funding), n = 75 MSM, \$1,125
  - MSM testing (funding from another grant), n = 25 MSM, \$375
 It is helpful to note funding sources in intervention titles.
- **Budgeted amounts in LEO should be consistent and reasonable estimates for actual costs.** For example, do not enter a budget amount of \$3,000 for the first target population and \$1 for each additional target population. While it may cost more to provide the same service to some target populations compared with others, make sure the cost per encounter does not vary extremely between target populations or interventions of the same type. To assist you, the intervention set-up page in LEO shows the total number of people expected to be

served, the total budgeted amount for the intervention and the anticipated cost per encounter for each target population and the overall intervention.

**Per OA guidance, data is expected to be entered within five business days of the encounter or activity.** Since data is analyzed on a monthly basis, it is our expectation that data is complete and up-to-date. When OA runs data reports, any data not entered cannot be included. This results in a less accurate picture of your work. Delayed data entry also decreases data quality because the longer length of time between the activity and data entry, the less likely errors or omissions can be accurately corrected.

LEO is designed to make it simple to monitor allocation information during the process of setting up interventions and subcontractor allocation amounts. The Contract Annual View Page in LEO provides a view of the amount of your award that has been allocated and the amount of award that has yet to be allocated for your LHJ and for each of your subcontractors.

LHJs have already set-up interventions in LEO for FY 2011-12. This information will need to be updated to reflect the additional services that will be implemented as a result of the LHJs new budgeted amounts. For LEO set-up questions, please contact your assigned operations advisor for technical assistance.

## VI. HIV Prevention Program Contacts

HIV Prevention Program		
HIV Prevention Branch Chief	<a href="mailto:Brian.Lew@cdph.ca.gov">Brian.Lew@cdph.ca.gov</a>	(916) 449-5812
Prevention Operations Section Chief	<a href="mailto:Sandy.Simms@cdph.ca.gov">Sandy.Simms@cdph.ca.gov</a>	(916) 449-5538

Prevention Operations Advisors	Assigned Contracts
<p>Cheryl Austin (916) 449-5810 <a href="mailto:Cheryl.Austin@cdph.ca.gov">Cheryl.Austin@cdph.ca.gov</a></p>	<ul style="list-style-type: none"> <li>• Monterey</li> <li>• Santa Barbara</li> <li>• Santa Cruz</li> <li>• Stanislaus</li> <li>• Ventura</li> </ul>
<p>Clar Rohde (916) 445-4346 <a href="mailto:Clar.Rohde@cdph.ca.gov">Clar.Rohde@cdph.ca.gov</a></p>	<ul style="list-style-type: none"> <li>• Contra Costa</li> <li>• Fresno</li> <li>• Kern</li> <li>• Santa Clara</li> <li>• Sonoma</li> </ul>
<p>Jill Harden (916) 445-2561 <a href="mailto:Jill.Harden@cdph.ca.gov">Jill.Harden@cdph.ca.gov</a></p>	<ul style="list-style-type: none"> <li>• Long Beach</li> <li>• Riverside</li> <li>• San Bernardino</li> <li>• San Joaquin</li> <li>• Solano</li> </ul>

Matthew Willis (916) 449-5797 <a href="mailto:Matthew.Willis@cdph.ca.gov">Matthew.Willis@cdph.ca.gov</a>	<ul style="list-style-type: none"><li>• Alameda</li><li>• Orange</li><li>• San Diego</li></ul>
Yvonne Gaide (916) 650-0573 <a href="mailto:Yvonne.Gaide@cdph.ca.gov">Yvonne.Gaide@cdph.ca.gov</a>	<ul style="list-style-type: none"><li>• Sacramento</li></ul>

## VII. How, When, and Where to Submit Required Documents

Please e-mail the completed budget documents ([Excel file](#)) to:  
[Sandy.Simms@cdph.ca.gov](mailto:Sandy.Simms@cdph.ca.gov), Chief, HIV Prevention Operations Section by **February 29, 2012**.