

**Office of AIDS  
HIV Prevention Program  
Budget Guidance for  
Fiscal Years 2010 – 2013**

**Office of AIDS  
California Department of Public Health  
MS 7700  
P.O. Box 997426  
Sacramento, CA 95899-7426**



## I. Introduction

Your Local Health Jurisdiction's (LHJ) Master Agreement (MA) contract will begin July 1, 2010 and end June 30, 2013. The MA will include, as an exhibit, the Memorandum of Understanding (MOU) for the HIV Prevention Program.

In order to prepare the HIV Prevention Program MOU the Office of AIDS (OA) needs budget information for your LHJ. At this time, we need a Five Line-Item budget completed for each on the three years of the MOU and Program Budget Detail for year 1 (Fiscal Year 2010/11). The Budget Detail documents for Years 2 and 3 will be requested prior to the beginning of each of these years. OA is requesting that each LHJ submit the documents listed below in the Required Documents, Section III of this guidance.

## II. HIV Prevention Program

Services are funded by the Centers for Disease Control and Prevention (CDC), CFDA # 93.940.

The allowable services for the HIV Prevention Program are outlined in HIV Prevention Program Allowable Services, Section IV. Since the December 16, 2009 lifting of the ban on federal funding of syringe exchange programs (SEPs), allowable services now include syringe exchange and satellite syringe exchange activities, where locally authorized. More information about the program will be forthcoming in the HIV Prevention Program Guidance document.

[Click here](#) for detailed information regarding the HIV Prevention Program allocation process. For questions regarding the program or completing the budget forms, please contact your assigned Operations Advisor, as noted in Section VI.

## III. Required Documents

The following budget documents are [available here](#) as a Microsoft Excel file, with a tab for each of the required documents. Budgets must be prepared using this file.

- Document Checklist
- LHJ Contact Information
- HIV Prevention Program Five-Line Budget for Each of Three Years
- HIV Prevention Program Budget Detail for Year 1
- HIV Prevention Program Personnel Detail for Year 1
- HIV Prevention Program Subcontractor Budget Detail for Year 1 *(if applicable)*
- HIV Prevention Program Subcontractor Personnel Detail for Year 1 *(if applicable)*
- HIV Prevention Program Service Category Summary for Year 1

HIV Prevention Program Five-Line Budget for Each of Three Years

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 Year 1

This form identifies detailed information to support the five line-item budget for Year 1. Please complete Section 1. In Section 1 list personnel costs, operating expenses, capital expenditures, indirect costs and each subcontractor in Subcontracts section. The total in Section 1 must equal the total in your five line-item budget.

HIV Prevention Program Personnel Detail Form for Year 1

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 Program Budget.

HIV Prevention Program Subcontractor Budget Detail Form for Year 1

*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 and indirect costs for the subcontractor.

HIV Prevention Program Subcontractor Personnel Detail Form for Year 1

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 personnel, instead of the contractor personnel.

HIV Prevention Program Service Category Summary for Year 1

Section 1 is a summary of services, estimated number of clients served and budgeted amount for the LHJ. Please include any administrative cost such as indirect costs, as well as, direct service costs.

Section 2 is a summary of services, estimated number of clients served and budgeted amount for the subcontractor. Please include any administrative cost such as indirect costs, as well as, direct service costs.

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

**IV. HIV Prevention Program Allowable Services**

<b>Service Categories</b>	
<b>HIV Testing (with/without counseling)</b>	<p>The Contractor shall administer HIV Counseling and Testing (C&amp;T) by providing anonymous and/or confidential HIV C&amp;T services (with or without counseling) Testing services may include assessment of client needs regarding HIV transmission, personal risk behaviors and client-focused prevention counseling and risk reduction planning when appropriate; and referral to other services.</p> <p>At a minimum, individuals seeking C&amp;T services shall be informed about the validity and accuracy of the 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 will be used as a basis for data collection, and program development.</p>
<b>Hepatitis C (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 HCV/HIV 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 risk associated with injection drug use, sexual activity has recently been identified as a route for HCV infection in gay men, especially those who are co-infected with HIV. The target population that is 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 DEBIs and non-DEBI behavioral interventions including activities directed at HIV-positive individuals:</p> <ul style="list-style-type: none"> <li>a. Targeted prevention activities for high-risk HIV-negative and HIV-positive persons (<b>TPA</b>);</li> <li>b. Individual level interventions (<b>ILI</b>);</li> <li>c. Group level interventions (<b>GLI</b>);</li> <li>d. Comprehensive Risk Counseling and Services (<b>CRCS</b>) for individuals with multiple health needs; and</li> <li>e. Health Communication/Public Information (<b>HC/PI</b>) programs for at-risk Behavioral Risk Groups (<b>BRG</b>). (Note HC/PI activities must be pre-approved by OA).</li> </ul>
<b>Partner Services (PS)</b>	<p>Agencies shall administer HIV PS Programs by offering PS to newly identified HIV infected individuals and other HIV positive individuals who have engaged in recent risky behaviors. HIV PS includes: dialogue with an HIV positive client regarding disclosure to sexual</p>

	and needle sharing partners; skill-building with the client on how to inform a partner of their potential exposure; and the anonymous notification of the partner(s) of an HIV positive client by a Disease Intervention Specialist (DIS)/PS staff. Anonymous Notification includes the confidential counseling of partner(s) around their potential exposure to HIV and subsequent offers for HIV testing, prevention services, and referral to medical care. Clients choosing to participate in PS should be referred to local health <u>department</u> (LHD) DIS/PS staff by HIV testing, prevention, and care providers 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.
<b>Syringe Exchange Activities</b>	LHJs may use allocated funding to support syringe exchange and satellite syringe exchange activities, where locally authorized. This is an additional allowable service category due to changes in federal law which as of January 1, 2010 permit federal funding of SEPs.

**V. Allocation of Funds for Services to African-Americans**

LHJs receiving OA prevention funding will be required to certify in the first progress report (without providing documentation) that they spend prevention allocation dollars on prevention interventions focused on African Americans (AA) in proportion greater or equal to two times the proportion of living AA male HIV/AIDS cases in their jurisdiction. LHJs may request a waiver from OA. The waiver request should be no more than two pages and must include a narrative that addresses the means by which the LHJ plans to programmatically fulfill the intent of this requirement, including the data used to support this funding decision. Waiver requests must be submitted to Sandy Simms, Chief, Program Operations Section, at [Sandy.Simms@cdph.ca.gov](mailto:Sandy.Simms@cdph.ca.gov).

**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 Program Section Chief	<a href="mailto:Barbara.Weiss@cdph.ca.gov">Barbara.Weiss@cdph.ca.gov</a>	(916) 449-4790
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>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>• Long Beach</li> <li>• Orange</li> <li>• Riverside</li> <li>• San Bernardino</li> <li>• Santa Clara</li> <li>• Sonoma</li> </ul>
<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>• Alameda</li> <li>• Kern</li> <li>• Los Angeles</li> <li>• Sacramento</li> <li>• San Diego</li> <li>• San Francisco</li> <li>• San Joaquin</li> <li>• San Mateo</li> <li>• Solano</li> </ul>

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

Please email the completed [Excel file](#) by **May 24, 2010** to [MAMOUdocs@cdph.ca.gov](mailto:MAMOUdocs@cdph.ca.gov).