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When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

**OPPORTUNITY & PACKAGE DETAILS:**

Opportunity Number:	HRSA-20-078
Opportunity Title:	Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B
Opportunity Package ID:	PKG00253841
CFDA Number:	93.686
CFDA Description:	Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B
Competition ID:	HRSA-20-078
Competition Title:	Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B
Opening Date:	
Closing Date:	10/15/2019
Agency:	Health Resources and Services Administration
Contact Information:	Contact Heather Hauck at (301)443-1993 or email <a href="mailto:hhauck@hrsa.gov">hhauck@hrsa.gov</a>

**APPLICANT & WORKSPACE DETAILS:**

Workspace ID:	WS00363468
Application Filing Name:	Ending the Epidemic
DUNS:	1063768610000
Organization:	SAN BERNARDINO, COUNTY OF
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	2.1
Requirement:	Mandatory
Download Date/Time:	Oct 03, 2019 02:18:53 PM EDT
Form State:	No Errors

**FORM ACTIONS:**

## Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☒ New  
☐ Continuation  
☐ Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify):**

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

County of San Bernardino

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

95-6002748

**\* c. Organizational DUNS:**

1063768610000

**d. Address:**

**\* Street1:**

172 W. Third St.

**Street2:**

**\* City:**

San Bernardino

**County/Parish:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

92415-0010

**e. Organizational Unit:**

**Department Name:**

Public Health

**Division Name:**

Ryan White Program

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**

Ms.

**\* First Name:**

Shannon

**Middle Name:**

**\* Last Name:**

Swims

**Suffix:**

**Title:** Administrative Supervisor

**Organizational Affiliation:**

**\* Telephone Number:**

9093876492

**Fax Number:**

9093876493

**\* Email:**

shannon.swims@dph.sbcounty.gov

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

Health Resources and Services Administration

### 11. Catalog of Federal Domestic Assistance Number:

93.686

CFDA Title:

Ending the HIV Epidemic: A Plan for America & Ryan White HIV/AIDS Program Parts A and B

### \* 12. Funding Opportunity Number:

HRSA-20-078

\* Title:

Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B

### 13. Competition Identification Number:

HRSA-20-078

Title:

Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

Riverside/San Bernardino, CA TGA - Response to 2020 Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B Notice of Funding Opportunity

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**\* a. Applicant \* b. Program/Project 

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**\* a. Start Date: \* b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="20,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="20,000,000.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

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

☒ \*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative:  \* Date Signed:

## ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

## Project/Performance Site Location(s)

**Project/Performance Site Primary Location** ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

**Project/Performance Site Location 1** ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

**Additional Location(s)**

## Project Narrative File(s)

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\* Mandatory Project Narrative File Filename:

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

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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

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## CERTIFICATION REGARDING LOBBYING

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### \* APPLICANT'S ORGANIZATION

County of San Bernardino

#### \* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: Mr.

\* First Name: Curt

Middle Name:

\* Last Name: Hagman

Suffix:

\* Title: Chairman of the Board of Supervisors

\* SIGNATURE: Completed on submission to Grants.gov

\* DATE: Completed on submission to Grants.gov

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## Budget Narrative File(s)

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\* Mandatory Budget Narrative Filename:

Add Mandatory Budget Narrative

Delete Mandatory Budget Narrative

View Mandatory Budget Narrative

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

Add Optional Budget Narrative

Delete Optional Budget Narrative

View Optional Budget Narrative

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

<b>SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</b>	<b>TITLE</b>
Completed on submission to Grants.gov	Chairman of the Board of Supervisors
<b>APPLICANT ORGANIZATION</b>	<b>DATE SUBMITTED</b>
County of San Bernardino	Completed on submission to Grants.gov

## Key Contacts Form

**\* Applicant Organization Name:**

County of San Bernardino

Enter the individual's role on the project (e.g., project manager, fiscal contact).

**\* Contact 1 Project Role:** Project Director

Prefix: Ms.

**\* First Name:** Shannon

Middle Name:

**\* Last Name:** Swims

Suffix:

Title: Administrative Supervisor I

Organizational Affiliation:

San Bernardino County Department of Public Health

**\* Street1:** 172 W. 3rd Street

Street2: Basement

**\* City:** San Bernardino

County: San Bernardino

**\* State:** CA: California

Province:

**\* Country:** USA: UNITED STATES

**\* Zip / Postal Code:** 92415-0000

**\* Telephone Number:** 9093876492

Fax: 9093876493

**\* Email:** shannon.swims@dph.sbcounty.gov

Next Person

## i. Project Abstract

**Project Summary:** The RSBTGA will utilize funding from HRSA-20-078 to expand its capacity to have people out in the community working closely with Persons with HIV (PWH) to ensure improved linkage to care from HIV/STD testing facilities. These persons will form the crux of the Rapid StART initiative, which will link newly diagnosed PWH to HIV primary care the day they are diagnosed and deliver Antiretroviral Therapy (ART) within 72 hours of that diagnosis. The Department of Health and Human Services (DHHS) Guidelines currently recommend universal ART for all PWH, regardless of CD4 count, as soon as possible after diagnosis. Increasing data show a medical benefit to the client when immediate ART is initiated, particularly during acute/early stages of HIV infection.

- A description of the intended impact (e.g. how the activities will engage people with HIV who are not in care and/or not virally suppressed and provide rapid access to a comprehensive continuum of high quality care and treatment services for people with HIV who are newly diagnosed and re-engaged in care).

**Intended Impact:** In addition to the patient benefits, there is also a community-level public health benefit of reduced HIV transmission using Treatment as Prevention (TaP). Many clients report that the decision to start ART and the rapid achievement of viral suppression provides them with the first experience of empowerment to live successfully with HIV. Studies showing that undetectable status virtually eliminates transmission of HIV (Undetectable = Untransmittable or U=U), means that rapid viral suppression is vital to achieving Pillar Two (P2) of the Ending the Epidemic (EtE) Plan.

To address Pillar Four (P4) of the EtE Plan, the RSBTGA will deliver peer navigation and outreach for high-risk individuals to access Pre-Exposure Prophylaxis (PrEP). In its June 22, 2016 letter to Ryan White HIV/AIDS Program (RWHAP) providers, DHHS noted, “As community leaders in HIV prevention, care, and treatment, RWHAP recipients and providers are: 1) connected to people most at risk for contracting HIV; 2) knowledgeable about barriers to accessing HIV care and prevention services; and 3) experts in antiretroviral medications used for HIV. These are just a few of the skills that make RWHAP recipients and providers especially equipped to support, establish, and implement PrEP programs.” The RSBTGA will utilize community health workers, outreach workers, and peer navigators to guide high-risk HIV negative individuals to PrEP resources and improve linkage to HIV Prevention programs.

- The funding amount requested for the five-year period of performance. The request should project, over the period of performance, how much funding will be needed to identify and bring into and retain in care a substantial number of new or re-engaged clients. These projections should include sufficient resources to address social determinants of health such as housing and behavioral health for the newly diagnosed, not virally suppressed, or not yet engaged in HIV care.

**Requested Funding:** The RSBTGA is seeking the maximum amount available under this funding opportunity announcement, \$4 million per year for each of the five project years.

## ii. Project Narrative

### Introduction

**PROPOSED PROJECT:** The Riverside/San Bernardino Transitional Grant Area (RSBTGA) will utilize program funding to begin a TGA-wide Rapid StART program that will link newly diagnosed persons with HIV (PWH) to HIV primary care the day they are diagnosed, and deliver Antiretroviral Therapy (ART) within 72 hours of diagnosis. The Department of Health and Human Services (DHHS) Guidelines currently recommend universal ART for all PWH, regardless of CD4 count, as soon as possible after diagnosis. Increasing data show a medical benefit to the client when immediate ART is initiated, particularly during acute/early stages of HIV infection. The Ward 86 Rapid ART Program study in San Francisco (2013<sup>1</sup>) concluded *"...immediate ART provided through a RAPID program resulted in viral suppression at last viral load measurement for more than 90% of patients over a median of 1.09 years. RAPID ART for vulnerable populations is acceptable, feasible, and successful with multidisciplinary care and municipal support."*

In addition to the patient benefits, there is also a community-level public health benefit of reduced HIV transmission using Treatment as Prevention (TaP). Many clients report that the decision to start ART and the rapid achievement of viral suppression provides them with the first experience of empowerment to live successfully with HIV. Studies showing that undetectable status virtually eliminates transmission of HIV (Undetectable = Untransmittable or U=U), means that rapid viral suppression is vital to achieving Pillar Two (P2) of the Ending the Epidemic (EtE) Plan.

To address Pillar Four (P4) of the EtE Plan, the RSBTGA will deliver peer navigation and outreach for high-risk individuals to access Pre-Exposure Prophylaxis (PrEP). In its June 22, 2016 letter to Ryan White HIV/AIDS Program (RWHAP) providers, DHHS noted, *"As community leaders in HIV prevention, care, and treatment, RWHAP recipients and providers are: 1) connected to people most at risk for contracting HIV; 2) knowledgeable about barriers to accessing HIV care and prevention services; and 3) experts in antiretroviral medications used for HIV. These are just a few of the skills that make RWHAP recipients and providers especially equipped to support, establish, and implement PrEP programs."* The RSBTGA will utilize community health workers, outreach workers, and peer navigators to guide high-risk HIV negative individuals to PrEP resources and improve linkage to HIV Prevention programs.

**TARGET POPULATION:** There were 4,622,361 people living in the RSBTGA in 2018 according to 2018 US Census Bureau Estimates, a 9.4% increase from the 2010 Census. This is a much higher increase compared to 6.1% growth in California's population overall. Persons of LatinX descent comprise 51.3% of the population, 8.2% are African American, 31.5% are White, 7.4% are Asian, and the remaining 1.6% are other races combined. Women comprise 50.2% of the population, and 61.2% are aged 35-64. Persons under the age of 18 make up one quarter of the population. The US Census Bureau also estimates that 14.4% of the RSBTGA lived below 100% of the federal poverty level in 2018 compared to 13.3% for California. These percentages represent over 650,000 persons in the RSBTGA living in poverty.

In 2018, there were 14,301 people with HIV in the RSBTGA. Based on these data, the RSBTGA estimates there are approximately 2,000 people with HIV living in the RSBTGA who are unaware of

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<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pubmed/30585846>

their status. The demographics of the RSBTGA's PWH are predominantly White (51.0%), male (89.1%), aged 45-64 years (56.1%), and the primary mode of HIV transmission is male-to-male sexual contact (70.4%).

**COLLABORATION/COORDINATION WITH PARTS A & B:** The RSBTGA is the Ryan White Part A Administrative Agent, and a sub-recipient for Ryan White Part B. The three providers currently committed to implementing EtE programs are also Ryan White Part A sub-recipients through contractual arrangements with the San Bernardino County Department of Public Health (SBCDPH). The sub-recipients and Administrative Agency (AA) staff evaluated the RWHAP activities, identified gaps, and determined the EtE program funding would best be served in the community through these specific efforts, using TaP and PrEP to ensure a 75% reduction in new HIV diagnoses by 2025.

If funding is received, the RSBTGA will offer the funding through a Request for Proposal (RFP) process to the community, including the collaborating sites, and candidates best suited to provide effective care will be selected from those applicants.

## Needs Assessment

**TARGET POPULATIONS:** The target populations for the Rapid StART program will include two of the three current target populations identified by the Inland Empire HIV Planning Council (IEHPC) for Part A:

1. Black PWH – while the incidence rates for Black PWH have decreased 13.5% from 2016 to 2018, the viral suppression rate and other outcomes remain lower than average for this population, depicting a need for care-level interventions to help them achieve outcomes commensurate with the general population. See Figure 1 for specifics on outcome achievement;
2. Youth PWH aged 13-24 – incidence rates have fallen 24.1% from 2016 – 2018, but their outcomes are not on par with the overall population.

In addition to these populations, Rapid StART will target the following emerging populations identified through data review of 2016-2018 surveillance data:

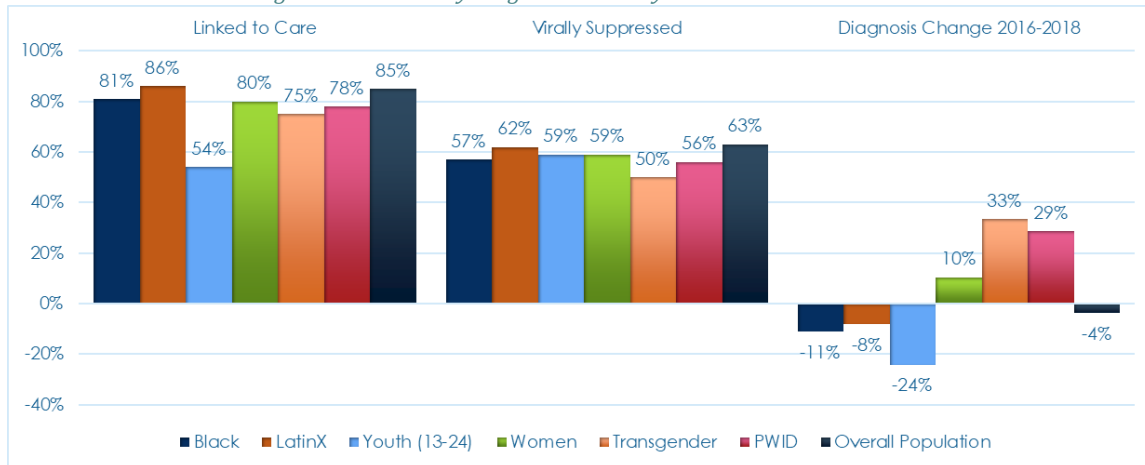
1. Women, whose HIV incidence increased 10.4% from 2016 to 2018, and whose viral suppression rates slipped to 59% in 2018, compared to 63% overall.
2. Transgender PWH, whose viral suppression rates slipped to 50% in 2018 compared to 63% overall; and
3. People who inject drugs, whose HIV incidence increased 24.6% from 2016 to 2018, and whose viral suppression rates slipped to 56% in 2018 compared to 63% overall.

Figure 1 shows the comparison of the proposed target demographics to the general population in the RSBTGA for visual reference to the need for interventions on behalf of these populations<sup>2</sup>. The RSBTGA takes great pride in noting the performance of its LatinX demographic, which is meeting all goals for linkage, viral suppression, and reduced infection rates after years of intensive outreach to, and focus on, this priority population.

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<sup>2</sup> California Office of AIDS electronic HIV/AIDS Reporting System (eHARS)

Figure 1: 2018 Newly Diagnosed PWH by Selected Characteristics



**SERVICE GAPS:** There are two ongoing service gaps that plague the RSBTGA that virtually no amount of RWHAP funding can fill: affordable housing and transportation. The state of California is undergoing a state-wide housing shortage, with new housing construction unable to meet the demands of a growing population. The Los Angeles Times recently published an article noting that *“At a time when California desperately needs to be building a lot more housing to ease the statewide shortage that is driving up prices and fueling homelessness, the pace of residential construction is going down instead of up.”*<sup>3</sup> Experts say California should be building 180,000 new units per year to keep up with demand, but in the past 12 months, only 93,000 permits were issued for residential units.

This housing crisis is real for middle-class Californians, but even harder for the population served by the RWHAP, where 90% of PWH are living at or below 100% of the Federal Poverty Level. In 2018, there were approximately 130,000 homeless Californians – that figure is almost 25% of the national total. The 2019 Point-In-Time count for San Bernardino County showed a 23% increase in homelessness from 2018, and in Riverside County showed a 22% increase.<sup>4</sup> Surrounding counties, from which the RSBTGA sees a significant in-migration, also experienced sharp increases in homelessness in 2019; Los Angeles County +39%; Orange County +43%.

In addition to the housing crisis, there is a significant gap in the RSBTGA for patient transportation. Neither San Bernardino nor Riverside County has an adequate public transportation system, and proposed changes to the Inland Empire Health Plan (IEHP – the TGAs Medicaid program) will mean even fewer options are available to patients seeking transportation to get to appointments, the pharmacy, or other necessary services.

Public transportation options are planned for urban areas of the RSBTGA in coming years. However, it should be noted that the RSBTGA spans 27,407 square miles; larger than New Jersey, Hawaii, Delaware, Connecticut, Rhode Island, and half of Massachusetts combined. A significant portion of the RSBTGA encompasses the Mojave Desert, known locally as the “high desert” area. Roughly 400,000 persons live in the high desert, 100,000 of those in remote, frontier areas of the

<sup>3</sup> <https://www.latimes.com/opinion/story/2019-08-02/housing-crisis-permits-california>

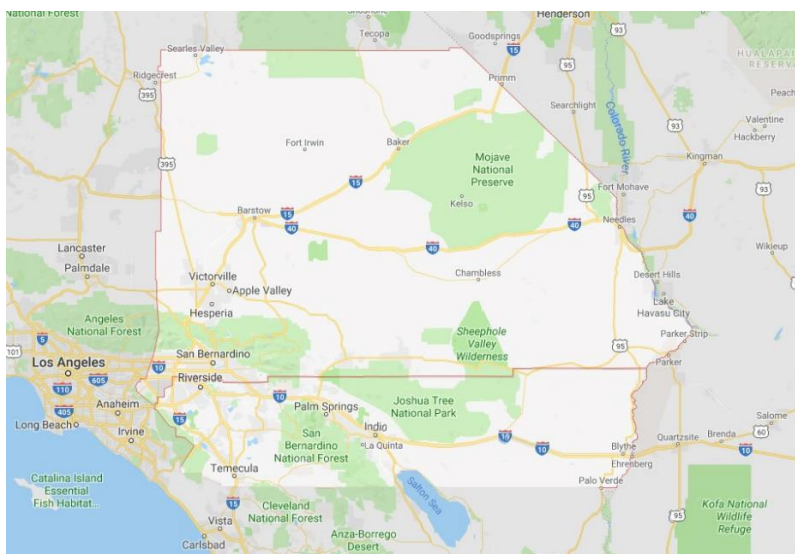
<sup>4</sup> <http://iebusinessdaily.com/%EF%BB%BFInland-empire-homeless-population-rises/>



Mojave. Approximately 300 PWH are estimated to live in the rural areas of the Mojave based on the RSBTGAs 309.4 per 100,000 prevalence rates in 2018.

Travel distances between populated areas throughout the RSBTGA can exceed 200 miles one way, making access to healthcare for PWH in the remotest areas of the RSBTGA highly vulnerable to adverse outcomes, adherence issues, and opportunistic infection. Getting care to these vulnerable populations is vital to meeting program goals. The map of the RSBTGA in Figure 2 demonstrates the size (pale area) of the service area.

*Figure 2: Riverside/San Bernardino TGA Map*



There are no major capacity issues in the RSBTGA, but there are infrastructure issues regarding access to healthcare, for the reasons cited above. Patients who cannot get to their healthcare provider cannot achieve the health outcomes needed to meet the 2030 objectives for EtE. The RWHAP has been helpful in providing transportation to persons who need access to care, but those transportation methods are often expensive, and if funded as fully as needed, would exceed \$1 million per year in program costs.

To mitigate the infrastructure issues involved with access to care, one solution of the proposed program would be the purchase a full-service Mobile Medical Unit (MMU), which would travel regularly to the most remote areas of the RSBTGA, bringing state-of-the-art HIV primary care to persons who otherwise lack access to services.

**PROJECT COLLABORATIONS:** The main collaborations needed to execute P2 and P4 will be with local HIV Prevention programs and the RWHAP. If funding is awarded, the RSBTGA expects to execute a cooperative agreement to increase collaboration with the State of California Office of AIDS (COA), DHHS, and the Centers for Disease Control and Prevention (CDC) in order to execute the objectives outlined in the Ending the HIV Epidemic: A Plan for America 10-year initiative (EtE).

The proposed program will work with local HIV Prevention and RWHAP recipients and sub-recipients to increase the capacity for “warm hand-offs” of newly diagnosed PWH to HIV primary care sites to reduce or eliminate the frequency of persons who are lost to follow up immediately after diagnosis. Increased collaboration with the CDC, COA, and DHHS will guide the program in

responding to new diagnostic clusters in the service area as well as identify those persons who have fallen out of care to ensure retention in care for PWH in the HIV Care Continuum.

The RSBTGA has solicited input for this initiative from three RWHAP providers; Desert AIDS Project (DAP), AIDS Healthcare Foundation (AHF), and Riverside University Health System-Public Health (RUHS-PH). Each of these organizations submitted briefs on efforts to undertake the recommended program and will be collaborating partners on the project. Please see Attachment 4 for the letters of support and commitment from these RWHAP sub-recipients.

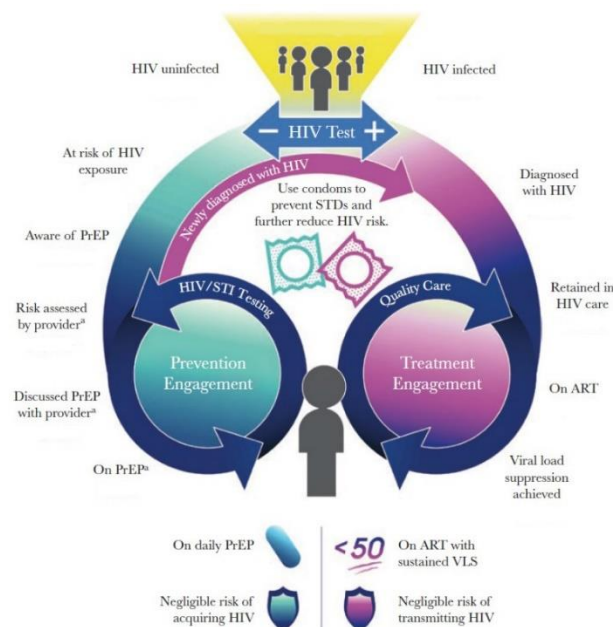
Specific details on the proposed program follow in Methodology.

## Methodology

The proposed project will integrate with existing RWHAP services to round-out the model of care for PWH, putting staff in prolonged contact with patients to ensure warm hand-offs at crucial transfer points in their care to reduce or eliminate failed referrals to necessary services. In a 2011 study<sup>5</sup>, The University of California San Francisco (UCSF) reviewed the cases of 3,628 persons newly initiating ART and found that 829 (22.9%) were lost to follow-up, defined as dropping out of care for 180 days or longer. The study concluded, *“This study indicates that structural and social factors, particularly related to transportation and child- and work-related responsibilities, often determine whether patients return to HIV care and treatment, perhaps more than their clinical status. Alternative methods of providing care in rural settings, such as satellite clinics or home-based programs, should be explored.”*

Specific components of the proposed program to help ensure patients enter and remain in HIV primary care and achieve desired outcomes include:

- Community Health Workers (CHWs) – CHWs serve as liaisons/links/ intermediaries between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs in the Rapid StART Program will be a primary link to the target populations described in the Needs Assessment. The CHWs will closely work with:
- Peer/Patient Navigators – the HIV healthcare landscape can be daunting to newly diagnosed individuals who rely on public assistance for their healthcare. Peer and patient navigators are a key component to ensure that PWH have access to the services they need in their community, and will guide them, often in person, to ensure access and



<sup>5</sup> <http://hivinsite.ucsf.edu/InSite?page=jl-59-02>

attainment of those services and care. Navigators will be key to ensure patients begin ART within 72 hours of their diagnosis, in conjunction with:

- Testing & Outreach: HIV Testing and Outreach teams will play a key role in developing a support system for persons newly diagnosed with HIV and PWH who are lost-to-care, while introducing them to the Status Neutral Prevention and Treatment Cycle<sup>6</sup>, outlined in Figure 3. Outreach will seek out persons who have been lost to care for 180 days or longer to bring them back in to care, and Testing will link high-risk HIV-negative persons to existing HIV Prevention programs, including PrEP providers, and/or Ryan White Early Intervention Services (EIS) programs, including:
- Community Health Educators – Early Intervention Services – CHE-EIS staff are front-line staff who provide crucial HIV Prevention and Treatment education to newly diagnosed PWH and serve as a primary point of patient contact to ensure linkage and retention in HIV primary care and access to HIV Prevention services, including PrEP.

The above interdisciplinary teams will work together to provide coordinated linkage and access to existing RWHAP HIV services as well wrap-around support for PWH who receive their HIV care through a private physician or clinic, ensuring promotion of the concepts outlined in P2. The agile nature of the teams will ensure they can respond quickly to new HIV clusters identified by the COA or the CDC, to promote the concepts of P4.

In addition to the interdisciplinary team, the acquisition of a mobile medical unit will help address the transportation and access to care issues outlined in the Needs Assessment. It is estimated that up to 300 PWH live in the rural high desert areas of the RSBTGA. Clinical care for these remote locations is virtually inaccessible and requires innovative solutions to combat the lack of resources within a reasonable distance. The solution offered by the RWHAP, to bring patients to the necessary care, has proven to be challenging, as patients often miss appointments, or cite reasons beyond transportation for non-attendance. Through EtE funding, the RSBTGA plans to bring care *to the patient*, to help reduce barriers that would otherwise prevent them from receiving treatment.

The RSBTGA MMU will have the same capabilities as a brick-and-mortar outpatient clinic, and include a multidisciplinary team of staff, including doctors, dentists, hygienists, nurses, case managers, HIV counseling & testing, and the some or all of the positions previously listed in this section. The concept behind bringing care to the patient is not new, but it is not something that has not been possible under the RWHAP due to funding constraints and competing service needs in the community.

**COLLABORATION AND COORDINATION:** As previously noted, the RSBTGA has gathered core providers in the community to collaborate on the Rapid StART program. The Desert AIDS Project (DAP) located in Palm Springs, the Riverside University Health System-Public Health (RUHS-PH) located in downtown Riverside, and AIDS Healthcare Foundation (AHF) located in San Bernardino County in nearby Rancho Cucamonga have provided letters of commitment and support (Attachment 4), and submitted briefs on how they will implement the Rapid StART program throughout the service area. The interdisciplinary teams responsible for providing wrap-around care to PWH will be hired by these organizations, and the RSBTGA AA will assist in coordinating efforts to avoid duplication of services and identify areas of greatest need. The teams at each site will work in conjunction with

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<sup>6</sup> <https://www1.nyc.gov/site/doh/health/health-topics/hiv-status-neutral-prevention-and-treatment-cycle.page>

existing state and federal HIV Prevention programs to ensure the warm hand-off protocol for persons newly diagnosed with HIV. The three medical providers will staff the mobile medical unit interchangeably at alternate intervals, ensuring an array of services to ensure PWH have regular access to HIV primary care.

The estimated allocation to each of these providers is just over \$1 million each. These funds will cover personnel, fringe, local travel for staff, the cost of the mobile medical unit and upkeep/maintenance of same, ART medications, miscellaneous supplies, patient transportation funding, and administrative costs.

The RSBTGA, as part of SBCDPH and working under an Intergovernmental Agreement with Riverside County, will maintain strong strategic partnerships with existing HIV Prevention programs, and seek to develop functional collaborations with the following HIV testing locations throughout the RSBTGA: TruEvolution; Community Health Systems Inc.; Riverside Community Health Foundation; Planned Parenthood of the Pacific Southwest; Riverside/San Bernardino County Indian Health Inc.; and Borrego Health. The RSBTGA already has strong collaboration with Foothill AIDS Project (FAP) and Desert AIDS Project (DAP), who perform HIV testing in San Bernardino and Palm Springs.

Individual RWHAP providers have strong existing partnerships with these testing sites. Through this proposal, the RSBTGA will formalize the relationships with Point of Entry agreements to ensure a referral partnership beneficial to PWH who are newly diagnosed and entering care.

The RSBTGA has identified two SAMHSA-funded programs in the area – Sweet Dreams Offender Reentry Program in San Bernardino and the Riverside-San Bernardino County Indian Health Services. The RSBTGA will develop Point of Entry agreements with these providers to ensure access to HIV primary care for recently released incarcerated individuals and persons enrolled in Indian Health Services (IHS) programs.

The RSBTGA already has strong collaborative relationships with the state AIDS Drug Assistance Program (ADAP), as well as the administrative offices of the Housing Opportunities for Persons with AIDS (HOPWA) recipient. Building future collaborations and strengthening existing collaborations to give direction and purpose to the work being conducted across the region for PWH will help ensure the desired reduction in HIV diagnoses by 2025.

In one of its most important collaborations, the RSBTGA will build on its relationship with the Inland Empire HIV Planning Council (IEHPC) for Ryan White Part A to solicit guidance, tools, evaluations, and consumer input on the design of services intended to be a wrap-around of the existing RWHAP.

The IEHPC currently has 18 members including nine (50%) who are consumers and hold voting positions on multiple IEHPC committees. In 2019, the IEHPC hosted three Consumer Caucuses in the three distinct regions of the RSBTGA; the High Desert region of San Bernardino County, downtown San Bernardino with neighboring Riverside consumers included, and in Palm Springs, in Riverside County. Having consumers on the committees and the council to inform decisions and provide immediate context to other consumer feedback is invaluable, and a core tool in the community input process for HIV services. The RSBTGA also ensures community input on program design, implementation, and quality through methods such as surveys, and through live

participation opportunities like town halls, consumer caucus groups, and consumer participation in local and state planning coalitions.

**SUSTAINABILITY:** For front-line service providers, programs will be sustained after funding ends through program income generated by the services provided and paid by third party payers such as Medicare, Medicaid, Private Insurance, and other resources. Throughout the new five-year project period, the RSBTGA and providers will seek to maximize program income for this project by leveraging a non-revenue generating funded program through Ryan White, ensuring ongoing availability of EtE services.

The Administrative Agency (AA) will work with county officials to identify additional AA staff needs for oversight of the new programs and hire positions judiciously to ensure sustainability through Maintenance of Effort from San Bernardino and Riverside Counties.

## Work Plan

Please see Attachment 1 for the Work Plan for the Rapid StART Program.

## Resolution of Challenges

Resolution of Challenges			
Challenge	Proposed Resolution	Intended Outcome	Current Status
<b>Housing: Housing is a challenging need to meet for individuals living with HIV. There is a lack of affordable housing in general and very limited long-term transitional housing for individuals with substance abuse issues.</b>	One sub-recipient has a five-year expansion plan that includes the development of additional, on-site housing units designated for individuals living with HIV. This development will double the capacity of the agency's on-site housing. <i>(Update: The housing complex has been purchased, and the plan is moving forward.)</i> Additionally, other sub-recipient agencies have launched robust housing programs to help provide affordable housing. Case managers and referral coordinators work together to build relationships with community partners who can meet the unmet needs of people with HIV.	To increase the availability of housing and improve the linkage between Ryan White providers and other community resources thereby improving clients' linkage, retention, and viral suppression outcomes.	The number of persons with HIV who report they are stably housed increased to 87% in 2018 compared to 85% in 2017.
<b>Transportation: Many clients in the TGA experience transportation barriers that prevent them from linking to care and make it difficult for them to remain in consistent care.</b>	Sub-recipients have implemented emergency Lyft transportation to clients who may have exceeded the \$40 per month budget limitation for RW transportation services and who have a medical transportation need. One sub-recipient has secured other funding for a van to address transportation challenges of those residing in	To improve the linkage between Ryan White providers and other grant and community resources thereby improving clients' linkage, retention, and viral suppression outcomes.	Fully implemented and ongoing.



<b>The Inland Empire Health Plan (IEHP) has been a provider of transportation but is moving away from providing this service.</b>	remote areas of the San Bernardino high desert. This agency has applied for another grant to provide services in San Bernardino County.		
<b>With lower uninsured rates, persons accessing Ryan White program services tend to have higher acuity levels, often with multiple co-morbidities, such as mental health, substance abuse, and other complex issues. These patients often require more intense care coordination.</b>	Sub-recipient agencies frequently provide their staff with trainings related to HIV management, trauma care, crisis intervention, and other evidence-based interventions to support the staff in dealing with the unique challenges faced by many individuals living with HIV.	To increase the capacity of funded staff to successfully engage, retain, and treat persons of higher acuity thereby improving clients' linkage, retention, and viral suppression outcomes.	Fully implemented and ongoing.

## Evaluation and Technical Support Capacity

**PROGRAM INFRASTRUCTURE:** The RSBTGA uses the AIDS Regional Information and Evaluation System (ARIES) for all client-level data collection, reporting and data management. ARIES is utilized by the RWHAP and has the capability to produce data for the annual Ryan White Services Report (RSR). The system also has built-in quality management reports that allow for the monitoring and tracking of goals and objectives outlined in the Work Plan.

The RSBTGA's Statistical Analyst (Moore, L.) has 2.5 years of experience working with ARIES and she has mastered reporting on and analysis of the targeted populations.

**SYSTEMS & PROCESSES:** As previously described. ARIES has the capability to monitor the local continuum of care as well as all aspects of the federal outcome measures recommended for monitoring by Ryan White programs. Additionally, each of the key collaborators in the project utilizes electronic health records that store all components of data necessary for monitoring;

1. The RSBTGA will begin annual monitoring of key provider sites for performance and adherence to required rules and regulations in spring and summer of Project Year 2. A team of monitors from the RSBTGA will visit each collaborator site and perform chart abstractions to ensure patient outcomes are meeting the benchmarks set, that all program policies and procedures are adhered to, and that all financial systems are in order to support the program objectives;
2. The RSBTGA requires collaborating sites to enter all data into ARIES for ongoing remote monitoring and follows up on the accuracy and timeliness of that data while on-site for the annual review. Trends in data reviewed during the project, and prior to on-site monitoring, are addressed with collaborators as they are identified to avoid over-investment in ineffective interventions.

#### DATA REPORTING CAPABILITIES:

- a. The RSBTGA anticipates partnering with the California Office of AIDS (COA) to receive monthly, or at a minimum quarterly, eHARS data that includes zip codes for PWH newly diagnosed in the service area. These data will be based on Viral Load and genotype testing data to provide information on molecular clusters in the RSBTGA. Surveillance data from the Riverside Department of Health as well as the San Bernardino Department of Health will augment the state data with the most recently received information. These data then will be used to pinpoint those areas of new clusters, and the development of a rapid response plan to get HIV testing, prevention, and treatment to the affected areas will be implemented to address the new infections and persons at high-risk for infection.
- b. Additionally, the local data, in particular, will assist with addressing time-space clusters in the RSBTGA, which are found primarily through HIV testing and Viral Load testing, and their existence can precede the available data on molecular clusters, allowing the RSBTGA to respond to new infections rapidly.

#### REFERRALS, RETENTION, AND HEALTH OUTCOMES REPORTING:

- c. Referrals: The RSBTGA has a broad existing network of RWHAP providers, as well as community providers, that provide wrap-around services for PWH. Through the existing relationships with these organizations, the RSBTGA already has a robust referral system in place that ensures PWH and persons newly diagnosed can reach necessary services to help them stay focused on their HIV care.
- d. Retention: The RSBTGA already has a 79% retention in care rate (2018, California Office of AIDS), and will ensure existing protocols are followed for persons identified and linked to care through this project. The RWHAP and efforts undertaken by this funding will be integrated fully. The RSBTGA views the newly available funding as a necessary complement to the RWHAP, as it has fewer restrictions, and creates a broader scope of services available to a broader community of PWH.
- e. Health Outcomes: The RSBTGA has existing automated reports that demonstrate progress toward achieving goals for health outcomes among PWH and can differentiate between persons served prior to the implementation of the new protocols and procedures described in this application as well as after they are initiated. The RSBTGA will use this baseline/current methodology to review the outcomes of persons served through the new funding to evaluate the efficacy of program interventions and methods.

### Data Collection and Management

**DATA COORDINATION AND COLLECTION:** The RSBTGA already has strong relationships with partner sites and the County disease intervention services that coordinates the RSBTGAs HIV surveillance system. Further, the data collection system, ARIES, already collects and shares client-level data with stakeholders. If a patient agrees to share their data with multiple sites, each partner site would have direct access to the data. If the patient does not agree to share, the data are aggregated by the county and disseminated to each provider.

**ASSESSING QUALITY:** The RSBTGA has existing policies and procedures in place to ensure data quality and to address data clean-up when errors are found. The staff analyst that reviews data quality has two- and one-half years of experience monitoring and ensuring the quality of data in the ARIES data system. These activities involve the routine monitoring of data completeness through

pre-designed reports in ARIES that show the percentage of missing or incomplete required data, data duplication, and the date the data were last updated, and by whom. These reports provide an overview of the condition of the data collected so the analyst may use additional specific reports and tools to drill down into the data to find the source of errors, and make corrections to data, processes, or procedures that caused the error.

**DATA COLLECTION, REVIEW, AND SUBMISSION:** Currently, the RSBTGA has the full capability to successfully collect and submit all data required by the Ryan White Services Report (RSR), which includes approximately 60 client-level data elements and up to 20 provider-level data elements. There are numerous supporting data elements within each of those ~80 data points. The 2018 RSR was submitted successfully with minimal missing or incomplete data.

The RSBTGA does not anticipate any need for capacity building or technical assistance needs with data collection requirements.

**PROJECT EVALUATION:** Beyond the routine monitoring of patient outcomes aligning with the HIV Care Continuum (diagnosis, linkage, retention, ART administration, viral suppression) for PWH targeted by the initiative, the RSBTGA is also going to monitor the following metrics:

Process Metrics:

- i. Work Plan implementation activities against proposed timeline;
- ii. Staff training requirements;

Outcome Metrics:

- iii. Community viral load suppression versus program viral load suppression;
- iv. Evaluation/comparison of Continuum of Care for Mobile Medical Unit (MMU) patients with baseline prior to implementation of the MMU.

**MEASURING PROGRAM IMPACT:** Program impact will be measured through HIV surveillance (eHARS) data that show decreases in HIV diagnoses in the RSBTGA moving toward the objective of a 75% reduction by the end of the project. The RSBTGA has existing data agreements in place as a sub-recipient of Ryan White Part B with the COA, and will pursue a data sharing agreement that would provide specific data necessary to monitor the efficacy of the proposed program with a frequency that allows for quick remediation of weak focus areas. The data requested will include zip code analyses of molecular level clusters in the RSBTGA, new HIV diagnoses, and information on Stage-three HIV (AIDS) diagnoses. These data will be analyzed by the RSBTGA to review targeted areas of need, areas of insufficiency, and areas of focus for HIV efforts.

**COMPLETION OF STATED GOALS:** The project goals beyond implementation processes begin in PY2 with an evaluation of PY1 and the program's implementation. If the implementation process allows for the commencement of project activities before year's end, then the roll-out of those processes will be evaluated to look for opportunities for technical assistance or further training needs.

The goal for PY2-5 are to reduce new diagnoses:

- 1. PY2: by 10% by 2/28/2022;
- 2. PY3: by an additional 20% by 2/28/2023; for an overall 30% reduction in new diagnoses;
- 3. PY4: by an additional 25% by 2/28/2024, for an overall 55% reduction in new diagnoses;
- 4. PY5: by an additional 20% by 2/28/2025, for an overall 75% reduction in new diagnoses;



The RSBTGA will utilize the data and methodologies previously described in this section to monitor progress of work plan goals.

**POTENTIAL OBSTACLES:** The RSBTGA anticipates no obstacles in the addition of program data and performance evaluation for these efforts to the existing framework of Ryan White data collection and evaluation.

## Organizational Information

Please see Attachment 5 for the Project Organizational Chart.

**ORGANIZATIONAL PROFILE:** The San Bernardino County Department of Public Health (SBCDPH) is the agency that serves as the Administrative Agent for the Ryan White HIV/AIDS Program in the Riverside/San Bernardino TGA. SBCDPH administers Part A formula and supplemental funds, including MAI funds, on behalf of the recipient of record, the San Bernardino County Board of Supervisors' Chief Elected Official.

Because the RSBTGA encompasses two counties (Riverside and San Bernardino), there is an Intergovernmental Agreement (IGA) that guides the administration of funds. This is reviewed on a regular basis.

## Collaborative Partners:

**KEY PERSONNEL:** The following are key personnel working in the Ryan White Program at the SBCDPH, including Management and Staffing Expertise/Experience.

- Division Chief of Clinical Health and Prevention Services (0.20 FTE, J. Baptiste-Smith): Provides overall administrative support and oversees program aspects of the Part A and MAI request for proposal (RFP) process and procurement of services. Ms. Baptiste-Smith has 26 years' experience overseeing public health initiatives.
- The Administrative Supervisor I (0.30 FTE, S. Swims): Supervises staff and oversees the day-to-day operations of the Ryan White (RW) program, including CQM activities. Ms. Swims has 1.5 years' experience supervising public health service programs.
- Staff Analyst II (0.30 FTE, J. Olagunju) Monitors program quality, provides technical assistance with fiscal support and program monitoring for Ryan White. Develops and tracks Ryan White Program budget and CQM reports and policies. Mr. Olagunju has 20 years' experience providing technical assistance with fiscal support, program monitoring, and working with the Ryan White Program budget and CQM reports and policies.
- Statistical Analyst (0.30 FTE L. Moore); Monitors program client-level data and quality, develops policy and training materials, and oversees local administration of the ARIES data management system. Ms. Moore has 2.5 years' experience analyzing processes and data for public health service programs.
- Fiscal Specialist (0.40 FTE, J. Korsak): Provides fiscal processing support and provides technical assistance to sub-recipients related to administrative functions. Ms. Korsak has 1.5 years' experience managing budgets and funding for public health service programs.
- Secretary I (0.30 FTE, W. Hawley): Provides secretarial support to meet county operating requirements, support CQM clerical needs, and ensure critical state/federal

deadlines are met. Ms. Hawley has .5 years' experience providing support to public health service programs.

- Epidemiologist (0.10, vacant): Provides statistical analysis of reported HIV/AIDS data and other data relevant to CQM and coordinates Epi staff to secure data to inform CQM activities.
- Supervising Accountant III (In Kind, E. Meily): Oversees fiscal monitoring staff for the program.
- Accountant III, Public Health Auditor (0.40 FTE, E. Williams): Conducts onsite monitoring and fiscal technical assistance for the program. Ms. Williams has 7 years' experience providing monitoring and technical assistance to public health service programs.
- Automated Systems Analyst (0.10 FTE, Various): Provides management information systems support/technical assistance to all grant administration staff. The Systems Analysts have a combined 10 years' experience providing data analysis and systems administration supporting public health service programs.
- Administrative Support Program (0.25 FTE, S. Carso and Various): Responsible for administration of Ryan White contracts and their monitoring. The Administrative Support staff have a combined 3 years' experience providing administrative support and guidance to grant-funded public health service programs.

**KEY PERSONNEL TO BE HIRED:** Because the RSBTGA will be putting these services out for public bid, the potential staff listed on the work plan will be hired by sub-recipients contracted to perform the program activities. RSBTGA anticipates that existing Ryan White staff will be adequate at the Administrative Agency level to effectively monitor and oversee these programs.

**BUDGET:** Please see Attachments 6 and 7 for the Program Specific Line Item Budget and the 5<sup>th</sup> Year Budget.

**OTHER RESOURCES:** Please see Key Personnel earlier in this section for information on RSBTGA staff.

**KEY PARTNERSHIPS:** Due to the impending release of an RFP for collaborators upon receipt of funding, the RSBTGA can only report on the initial collaborators' management and staffing expertise.

- Desert AIDS Project (DAP): DAP has been providing HIV primary care and supportive services to PWH in the Palm Desert area of the RSBTGA for 15 years, and serves, on average, 2,425 patients annually with an array of RWHAP services.
- Riverside University Health System-Public Health (RUHS-PH): RUHS has been providing HIV primary care and supportive services to PWH in the RSBTGA for 15 years, and serves, on average, 755 patients annually with an array of RWHAP services.
- AIDS Healthcare Foundation (AHF): AHF has been providing HIV primary care and supportive services to PWH in the RSBTGA for 13 years, and serves, on average, 133 patients annually with an array of RWHAP services.

In addition to the close collaboration with RSBTGA staff, these partners also have close working relationships with innumerable community resources that will be brought to bear on the proposed programs.

The RSBTGA Administrative Agency has 17 years' experience administering state and federal grant funding for HIV services, and has the full support of not only the San Bernardino County Department of Health but also of San Bernardino County administrators, finance, legal, and other departments whose in-kind contributions to HIV service programs in the community is immeasurable and thoroughly supported by the Board of Supervisors.

The RSBTGA oversees the execution of multiple work plans for multiple funders, and the work plan outlined in this program will be implemented alongside those work plans to ensure there is no duplication of effort and that the work plans thoroughly complement one another. The staff listed in Key Personnel are the staff who will oversee the implementation of individualized work plans at collaborating sites, to ensure the overall goal of reducing new HIV infections by 75% is achieved by 2025.

**Riverside/San Bernardino County Transition Grant Area**  
**HRSA 20-078 Ending the HIV Epidemic: A Plan for America Work Plan**  
**March 2020 - February 2025**

Year One - March 1, 2020 - February 28, 2021				
Activity: Organize and create the infrastructure necessary to begin delivering the proposed program by 6/1/2020				
Goal 1: Interdisciplinary team organization and implementation.				
Objective: Develop program-wide roles and responsibilities for new staff at each care site that promotes community action				
Action Steps:	Timeline	Persons Responsible	Evaluation Methods	Estimated Funds Requested:
1. Develop standardized job descriptions for CHW, CHE-EIS, Navigators, and Testing/Outreach interdisciplinary teams	By 3/1/2020	AHF, DAP, RUHS, AA	Completion of necessary materials	\$ 10,000
2. Establish discrete responsibilities for interdisciplinary teams to ensure expertise is utilized while redundancy is available.	By 4/1/2020	AHF, DAP, RUHS, AA	Completion of comprehensive policies & procedures	\$ 10,000
3. Post job positions for new staff	By 4/1/2020	AHF, DAP, RUHS	Postings widely available	N/A
4. Staff hired, trained, and assigned to grant program	By 6/1/2020	AHF, DAP, RUHS	Staff budgeted and included on grant general ledgers	\$ 2,500,000

Goal 2: Mobile Medical Unit Acquisition				
Objective: Acquire and outfit a Mobile Medical Unit for HIV outpatient care to meet the needs of rural populations in the high desert and other remote locations.				
Action Steps:	Timeline	Persons Responsible	Evaluation Methods	Estimated Funds Requested:
1. Utilize the purchasing power of the County of San Bernardino to find three bids for a new or used Mobile Medical Unit (MMU)	By 4/1/2020	AA	Unit selection made	N/A
2. Utilize the purchasing power of the County of San Bernardino to establish maintenance and fueling contracts for the MMU	By 5/1/2020	AA	Executed contracts	N/A
3. Completed purchase and delivery of MMU to RSBTGA	By 7/1/2020	AA	Charges on General Ledger by 7/1/2020	\$ 500,000
4. Necessary insurance, releases, and other miscellanea obtained by partner sites	By 7/1/2020	AHF, DAP, RUHS	Copies of same received by RSBTGA AA	N/A
5. Supplies to outfit MMU for activities for 12-month period	By 7/1/2020	AHF, DAP, RUHS	Charges on General Ledger by 7/1/2020	\$ 200,000

Goal 3: Program Implementation				
Objective: Provide Rapid START, lost-to-care re-engagement, HIV Prevention referrals and education, and improve access to care for PWH.				
Action Steps:	Timeline	Persons Responsible	Evaluation Methods	Estimated Funds Requested:
1. Link 90% of newly diagnosed persons to HIV primary care within 24 hours of diagnosis.	By 6/1/2020	AHF, DAP, RUHS	ARIES Data Report Denominator = Newly Diagnosed Numerator = 1st Visit within 1 day	\$ 40,000
2. Prescribe ART to 100% of linked newly diagnosed persons within 72 hours of HIV diagnosis	By 6/1/2020	AHF, DAP, RUHS	Denominator = Newly Diagnosed with 1 visit within 24 hours Numerator = ART received within 72 hours	\$ 300,000
3. Provide Patient Transportation eligible patients to/from medical, dental, and other medical and support visits	By 6/1/2020	AHF, DAP, RUHS	ARIES Data Report Denominator = All Eligible Patients Numerator = Patients Provided Transport	\$ 100,000
4. Provide Mobile Medical Care to eligible PWH living in rural/frontier areas of the high desert and other remote locations in the TGA	By 7/1/2020	AHF, DAP, RUHS	ARIES Data Report Denominator = All Eligible Patients Numerator = Mobile O/P Units of Service	\$ 300,000
5. Provide in-person linkage and warm-handoffs to 100% of newly diagnosed persons to ensure linkage to and retention in care.	By 6/1/2020	AHF, DAP, RUHS	Patient Chart Abstraction	\$ 40,000
6. Establish and execute evaluation activities to ensure efficacy of adopted methodologies.	By 9/1/2020	AHF, DAP, RUHS, AA	ARIES Data Reports, Patient Chart Abstractions	N/A

Year 2 - March 1, 2021 - February 28, 2022				
Activity: Year One Program Evaluation				
Goal 1: Refine and fine-tune interventions to ensure maximum efficacy to reach 75% reduction of new diagnoses by year 5.				
Objective: Review mechanisms at 12 months to evaluate efficacy of Rapid START, lost-to-care activities, HIV Prevention referrals and education, access to care for PWH against year 0 baselines.				
Action Steps:	Timeline	Persons Responsible	Evaluation Methods	Estimated Funds Requested:
1. Finalize evaluation of Year 1	By 10/1/2021	AHF, DAP, RUHS	ARIES Data Reports, Patient Chart Abstractions	TBD
2. Stakeholder meeting to provide guidance on effective interventions to focus efforts on methodologies that demonstrate the best outcomes.	By 11/1/2021	AHF, DAP, RUHS	Denominator = Newly Diagnosed with 1 visit within 24 hours Numerator = ART received within 72 hours	TBD

3.	Implement new methodologies and strengthen maintained methodologies to improve patient access, retention, and outcomes.	By 6/1/2020	AHF, DAP, RUHS	ARIES Data Report Denominator = All Eligible Patients Numerator = Patients Provided Transport	TBD
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Activity: Sustain Momentum of Year 1 Activities, Implement Modified/Changed Interventions					
Goal 2: Program Continuation - Achieve a 10% reduction in new diagnoses by 2/28/2022					
Objective: Provide Rapid START, lost-to-care re-engagement, HIV Prevention referrals and education, and improve access to care for PWH.					
Action Steps:	Timeline	Persons Responsible	Evaluation Methods	Estimated Funds Requested:	
1. Link 90% of newly diagnosed persons to HIV primary care within 24 hours of diagnosis.	3/1/2021 - 2/28/2022	AHF, DAP, RUHS	ARIES Data Report Denominator = Newly Diagnosed Numerator = 1st Visit within 1 day	TBD	
2. Prescribe ART to 100% of linked newly diagnosed persons within 72 hours of HIV diagnosis	3/1/2021 - 2/28/2022	AHF, DAP, RUHS	Denominator = Newly Diagnosed with 1 visit within 24 hours Numerator = ART received within 72 hours	TBD	
3. Provide Patient Transportation eligible patients to/from medical, dental, and other medical and support visits	3/1/2021 - 2/28/2022	AHF, DAP, RUHS	ARIES Data Report Denominator = All Eligible Patients Numerator = Patients Provided Transport	TBD	
4. Provide Mobile Medical Care to eligible PWH living in rural/frontier areas of the high desert and other remote locations in the TGA	3/1/2021 - 2/28/2022	AHF, DAP, RUHS	ARIES Data Report Denominator = All Eligible Patients Numerator = Mobile O/P Units of Service	TBD	
5. Provide in-person linkage and warm-handoffs to 100% of newly diagnosed persons to ensure linkage to and retention in care.	3/1/2021 - 2/28/2022	AHF, DAP, RUHS	Patient Chart Abstraction	TBD	

Year 3 - March 1, 2022 - February 28, 2023					
Activity: Sustain Program Momentum					
Goal 2: Program Continuation - Achieve a 30% reduction in new diagnoses by 2/28/2023					
Objective: Provide Rapid START, lost-to-care re-engagement, HIV Prevention referrals and education, and improve access to care for PWH.					
Action Steps:	Timeline	Persons Responsible	Evaluation Methods	Estimated Funds Requested:	
1. Link 90% of newly diagnosed persons to HIV primary care within 24 hours of diagnosis.	3/1/2022 - 2/28/2023	AHF, DAP, RUHS	ARIES Data Report Denominator = Newly Diagnosed Numerator = 1st Visit within 1 day	TBD	
2. Prescribe ART to 100% of linked newly diagnosed persons within 72 hours of HIV diagnosis	3/1/2022 - 2/28/2023	AHF, DAP, RUHS	Denominator = Newly Diagnosed with 1 visit within 24 hours Numerator = ART received within 72 hours	TBD	
3. Provide Patient Transportation eligible patients to/from medical, dental, and other medical and support visits	3/1/2022 - 2/28/2023	AHF, DAP, RUHS	ARIES Data Report Denominator = All Eligible Patients Numerator = Patients Provided Transport	TBD	
4. Provide Mobile Medical Care to eligible PWH living in rural/frontier areas of the high desert and other remote locations in the TGA	3/1/2022 - 2/28/2023	AHF, DAP, RUHS	ARIES Data Report Denominator = All Eligible Patients Numerator = Mobile O/P Units of Service	TBD	
5. Provide in-person linkage and warm-handoffs to 100% of newly diagnosed persons to ensure linkage to and retention in care.	3/1/2022 - 2/28/2023	AHF, DAP, RUHS	Patient Chart Abstraction	TBD	
6. Ongoing evaluation of program efficacy and quality improvement.	3/1/2022 - 2/28/2023	AHF, DAP, RUHS	Patient Chart Abstraction	TBD	

Year 4 - March 1, 2023 - February 28, 2024					
Activity: Sustain Program Momentum					
Goal 2: Program Continuation - Achieve a 55% reduction in new diagnoses by 2/28/2024					
Objective: Provide Rapid START, lost-to-care re-engagement, HIV Prevention referrals and education, and improve access to care for PWH.					
Action Steps:	Timeline	Persons Responsible	Evaluation Methods	Estimated Funds Requested:	
1. Link 90% of newly diagnosed persons to HIV primary care within 24 hours of diagnosis.	3/1/2023 - 2/28/2024	AHF, DAP, RUHS	ARIES Data Report Denominator = Newly Diagnosed Numerator = 1st Visit within 1 day	TBD	
2. Prescribe ART to 100% of linked newly diagnosed persons within 72 hours of HIV diagnosis	3/1/2023 - 2/28/2024	AHF, DAP, RUHS	Denominator = Newly Diagnosed with 1 visit within 24 hours Numerator = ART received within 72 hours	TBD	
3. Provide Patient Transportation eligible patients to/from medical, dental, and other medical and support visits	3/1/2023 - 2/28/2024	AHF, DAP, RUHS	ARIES Data Report Denominator = All Eligible Patients Numerator = Patients Provided Transport	TBD	
4. Provide Mobile Medical Care to eligible PWH living in rural/frontier areas of the high desert and other remote locations in the TGA	3/1/2023 - 2/28/2024	AHF, DAP, RUHS	ARIES Data Report Denominator = All Eligible Patients Numerator = Mobile O/P Units of Service	TBD	
5. Provide in-person linkage and warm-handoffs to 100% of newly diagnosed persons to ensure linkage to and retention in care.	3/1/2023 - 2/28/2024	AHF, DAP, RUHS	Patient Chart Abstraction	TBD	
6. Ongoing evaluation of program efficacy and quality improvement.	3/1/2023 - 2/28/2024	AHF, DAP, RUHS	Patient Chart Abstraction	TBD	

Year 5 - March 1, 2024 - February 28, 2025					
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Activity: Sustain Program Momentum					
Goal 2: Program Continuation - Achieve a 75% reduction in new diagnoses by 2/28/2025					
Objective: Provide Rapid StART, lost-to-care re-engagement, HIV Prevention referrals and education, and improve access to care for PWH.					
Action Steps:	Timeline	Persons Responsible	Evaluation Methods	Estimated Funds Requested:	
1. Link 90% of newly diagnosed persons to HIV primary care within 24 hours of diagnosis.	3/1/2024 - 2/28/2025	AHF, DAP, RUHS	ARIES Data Report Denominator = Newly Diagnosed Numerator = 1st Visit within 1 day	TBD	
2. Prescribe ART to 100% of linked newly diagnosed persons within 72 hours of HIV diagnosis	3/1/2024 - 2/28/2025	AHF, DAP, RUHS	Denominator = Newly Diagnosed with 1 visit within 24 hours Numerator = ART received within 72 hours	TBD	
3. Provide Patient Transportation eligible patients to/from medical, dental, and other medical and support visits	3/1/2024 - 2/28/2025	AHF, DAP, RUHS	ARIES Data Report Denominator = All Eligible Patients Numerator = Patients Provided Transport	TBD	
4. Provide Mobile Medical Care to eligible PWH living in rural/frontier areas of the high desert and other remote locations in the TGA	3/1/2024 - 2/28/2025	AHF, DAP, RUHS	ARIES Data Report Denominator = All Eligible Patients Numerator = Mobile O/P Units of Service	TBD	
5. Provide in-person linkage and warm-handoffs to 100% of newly diagnosed persons to ensure linkage to and retention in care.	3/1/2024 - 2/28/2025	AHF, DAP, RUHS	Patient Chart Abstraction	TBD	
6. Ongoing evaluation of program efficacy and quality improvement.	3/1/2024 - 2/28/2025	AHF, DAP, RUHS	Patient Chart Abstraction	TBD	

## Attachment 2: Staffing Plan and Job Descriptions for Key Personnel

Staff Name:	Position/Role:	Qualifications:	Responsibilities/Position Description	Rationale for Time Requested
Jennifer Baptiste-Smith	Division Chief	MPA, with more than 26 years of Public sector experience.	Monitors budget, approves Conditions of Award; lead staff supervision; purchasing authority; negotiates contracts.	0.20 FTE is necessary to provide the RW Program with overall admin support. The Division Chief provides a critical role in oversight and administration of RW Grant.
Shannon Swims	Administrative Supervisor I (ASI)	BA-Biochemistry and working on MA-Public Administration.	Provides staff supervision and oversight of QM and Administrative functions.	0.30 FTE is needed to supervise the day-to-day operations of the program and its associated staff and develop policy.
Joshua Olagunju	Staff Analyst II (SAII)	<i>PhD</i> ; Public Administration and Finance.	Develops budgets, monitors program expenditures; coordinates and provides technical assistance to contracted agencies.	0.30 FTE is needed to provide the RWP with Staff Analyst support. The SAI fills a critical role in RWP budget development/ tracking and CQM reporting and policy development.
Laura Moore	Statistical Analyst (SA)	<i>MS – Criminal Justice/ Criminology</i> ; 8 years doctoral work in Statistics.	Monitors program quality; develops policy and training materials related to the ARIES data management system; analyzes data and develops reports utilized for quality improvement and program planning.	0.30 FTE is needed to provide the RWP with Statistical Analyst support. The SA fills a critical role in the RWP by monitoring and analyzing client-level data for the program as well as CQM reporting and policy development.
Jacqueline Korsak	Fiscal Specialist I (FSI)	20+ years of experience with County fiscal operations.	Processes subcontractor invoices and program purchases. Tracks service expenditures and provides technical assistance to contracted agencies.	0.40 FTE is needed to provide the RWP with fiscal processing support and to assist team in providing QM program TA to sub-recipients.
Whitney Hawley	Secretary I (Sec I)	1+ years with County of San Bernardino.	General secretarial support to program staff for day-to-day operating needs and to ensure the program meets admin goals.	0.30 FTE is needed to provide the RWP admin and QM teams with support to meet county operating requirements and critical state/federal deadlines.
Esila Williams	Accountant III, Auditor	<i>BA – Accounting</i> .	Provides fiscal auditing support to the contract monitoring process and fiscal compliance.	0.40 FTE is needed to provide support to the contract monitoring process.
Benita Ramsey	Health Planner/Planning Council Support Liaison	20+ years of experience in nonprofit and program management.	Analytical and programmatic support to all Planning Council. Serves as primary liaison to PC in the coordination of its legislatively mandated functions.	0.20 FTE is needed to provide analytical and programmatic support to the Planning Council and provide liaison support between the Planning Council and the RWP recipient.

## Attachment 2: Staffing Plan and Job Descriptions for Key Personnel

Staff Name:	Position/Role:	Qualifications:	Responsibilities/Position Description	Rationale for Time Requested
Rafael Gonzalez	Health Planner Support	12+ years of experience in HIV Prevention and Care.	Provides administrative support to the PC and Health Planner to meet their mandated roles including Coordinating Consumer Outreach and Leadership Development activities	0.20 FTE is needed to provide administrative support to the PC, Consumer Empowerment and the Health Planner.

**Note:** A more detailed description of roles and responsibilities is provided in the Organizational Information section of the response narrative.



### Attachment 3: Biographical Sketches of Key Personnel

Staff Name:	Position:	Biographical Sketches (Knowledge, Skills, Abilities):	Position Description
Jennifer Baptiste-Smith	Division Chief	MPA, with more than 26 years of Public sector experience. Serve as Division Chief of Clinical Health & Prevention Services/ Chief Executive Officer for Federally Qualified Health Centers.	Monitors budget, approves Conditions of Award; lead staff supervision; purchasing authority; negotiates contracts.
Shannon Swims	Administrative Supervisor I (ASI)	BA-Biochemistry and working on MA-Public Administration. 14+ years of experience with San Bernardino County with experience in Behavioral Health, Public Works, and Child Support programs.	Provides staff supervision and oversight of QM and Administrative functions.
Joshua Olagunju	Staff Analyst II (SAII)	<i>PhD</i> ; Public Administration and Finance. 20+ years with SB County DPH, with experience in the RWP and other PH programs.	Develops budgets, monitors program expenditures; coordinates and provides technical assistance to contracted agencies.
Laura Moore	Statistical Analyst (SA)	<i>MS – Criminal Justice/ Criminology</i> ; 8 years doctoral work in Statistics; experience in quantitative and qualitative collection and analysis, descriptive and multivariate analytics, database management/design/aggregation, and interview techniques with sensitive populations.	Monitors program quality; develops policy and training materials related to the ARIES data management system; analyzes data and develops reports utilized for quality improvement and program planning.
Jacqueline Korsak	Fiscal Specialist I (FSI)	20+ years of experience with County fiscal operations including contract payment management and purchasing procedures.	Processes subcontractor invoices and program purchases. Tracks service expenditures and provides technical assistance to contracted agencies.
Whitney Hawley	Secretary I (Sec I)	1+ years with County of San Bernardino providing administrative support.	General secretarial support to program staff for day-to-day operating needs and to ensure the program meets admin goals.
Esila Williams	Accountant III, Auditor	<i>BA - Accounting</i> ; 7 years with San Bernardino County providing fiscal, budget, and accounting support.	Provides fiscal auditing support to the contract monitoring process and fiscal compliance technical assistance to contracted agencies.
Benita Ramsey	Health Planner/Planning Council Support Liaison	20+ years of experience in nonprofit and program management; 6+ years as a former, Non-Elected Community Member on Planning Council	Analytical and programmatic support to all Planning Council. Serves as primary liaison to PC in the coordination of its legislatively mandated functions. Defines immediate and long-range

### Attachment 3: Biographical Sketches of Key Personnel

Staff Name:	Position:	Biographical Sketches (Knowledge, Skills, Abilities):	Position Description
			goals; establishes and revises program policies and procedures according to program.
Rafael Gonzalez	Health Planner Support	12+ years of experience in HIV Prevention and Care, Social Services Program Coordination 3+ years managing Get Tested Coachella Valley and participation on HIV Planning Council.	Provides administrative support to the PC and Health Planner to meet their mandated roles including Coordinating Consumer Outreach and Leadership Development activities
Jaclyn Jones	Administrative Assistant (PC)	30+ years of experience providing administrative leadership and support in a public government agency setting; 5+ years in a Public Health/HIV Prevention support role.	Secretarial and clerical support to the Planning Council.

**Note:** A more detailed description of roles and responsibilities is provided in the Organizational Information section of the response narrative.

September 18, 2019

Heather Hauck, MSW, LICSW  
Deputy Associate Administrator  
Telephone 301-443-19993

Dear Ms. Hauck

AIDS Healthcare Foundation has submitted a brief to the Ryan White Administrative Agency on the need for funding in the RSBTGA to initiate a rapid start program for antiretroviral therapy, as well as improving access to pre-exposure prophylaxis. AIDS Healthcare Foundation commits to working with the RWHAP to achieve a 75% reduction in new HIV diagnoses in the TGA by 2025, and to achieving the goals of Pillar Two, to effectively and immediately treat PWH, and Pillar Four, to rapidly respond to new HIV diagnosis clusters in the service area.

For this reason, AIDS Healthcare Foundation fully supports the RSBTGA application for funding through Notice of Funding Opportunity HRSA-20-078 "Ending the HIV Epidemic: Plan for America – Ryan White HIV/AIDS Program Parts A and B, and encourages funding of this initiative.

Sincerely,



Michael Weinstein  
President  
AIDS Healthcare Foundation



# Desert AIDS Project

1695 North Sunrise Way  
Palm Springs, CA 92262

September 17, 2019

Heather Hauck, MSW, LICSW  
Deputy Associate Administrator  
San Bernardino Department of Public Health  
Ryan White HIV/AIDS Program  
172 W. Third Street  
San Bernardino, CA 92415

Re: Riverside/San Bernardino, CA Transitional Grant Area (RSBTGA) –  
HRSA-20-078

Dear Ms. Hauck,

Desert AIDS Project has submitted a brief to the Ryan White Administrative Agency on the need for funding in the RSBTGA to initiate a rapid start program for antiretroviral therapy, as well as improving access to pre-exposure prophylaxis. Desert AIDS Project commits to working with the RWHAP to achieve a 75% reduction in new HIV diagnoses in the TGA by 2025, and to achieving the goals of Pillar Two, to effectively and immediately treat PWH, and Pillar Four, to rapidly respond to new HIV diagnosis clusters in the service area.

For this reason, Desert AIDS Project fully supports the RSBTGA application for funding through Notice of Funding Opportunity HRSA-20-078 "Ending the HIV Epidemic: Plan for America – Ryan White HIV/AIDS Program Parts A and B, and encourages funding of this initiative.

Thank you for your commitment to the citizens of the Riverside and San Bernardino TGA service area.

Sincerely,

David Brinkman  
Chief Executive Officer



September 16, 2019

Heather Hauck, MSW, LICSW  
Deputy Associate Administrator  
Department of Health and Human Services,  
Health Resources and Services Administration

RE: Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B

Dear Ms. Hauck,

It is our pleasure to provide a letter of support for San Bernardino's proposal to the HRSA 20-078. Riverside University Health System – Public Health HIV/STD program recognizes the need for funding in the Riverside/San Bernardino Transitional Grant Area (RSBTGA) to initiate a rapid start program for antiretroviral therapy, as well as improving access to pre-exposure prophylaxis.

Riverside University Health System – Public Health HIV/STD program commits to working with the Ryan White HIV/AIDS Program to achieve a 75% reduction in new HIV diagnoses in the Transitional Grant Area by 2025, and to achieving the goals of Pillar Two, to effectively and immediately treat people living with HIV, and Pillar Four, to rapidly respond to new HIV clusters in the service area.

Riverside University Health System – Public Health HIV/STD program fully supports the RSBTGA application for funding through Notice of Funding Opportunity HRSA-20-078 "Ending the HIV Epidemic: Plan for America – Ryan White HIV/AIDS Program Parts A and B," and encourages funding of this initiative.

Sincerely,

A handwritten signature in black ink that reads "Kim Saruwatari". The signature is fluid and cursive, with the first name "Kim" and last name "Saruwatari" clearly legible.

Kim Saruwatari, MPH  
Director of Public Health

Kim Saruwatari, M.P.H., Director

Cameron Kaiser, M.D., Public Health Officer



Inland Empire HIV Planning Council  
First Congregational United Church of Christ  
3041 North Sierra Way, San Bernardino California 92405  
(909) 229-4399  
Website: [www.iehpc.org](http://www.iehpc.org)

Riverside/San Bernardino California Transitional Grant Area

Maxwell Ohikhuare, MD  
County Health Officer Co-Chair

Curtis Smith  
Community Co-Chair

September 16, 2019

Division of Metropolitan HIV/AIDS  
Programs HIV/AIDS Bureau  
Health Resources and Services  
Administration 5600 Fishers Lane  
Rockville, Maryland 20857

**Letter of Support: Notice of Funding Opportunity HRSA-20-078 “Ending the HIV Epidemic: Plan for America – Ryan White HIV/AIDS Program Parts A and B**

To Whom It May Concern:

The Inland Empire HIV Planning Council is providing this letter of support for the Riverside/San Bernardino, CA TGA's response to the Notice of Funding Opportunity HRSA-20-078 “Ending the HIV Epidemic: Plan for America.

The Planning council supports this request for additional funding to RSBTGA to initiate a rapid start program for antiretroviral therapy, as well as improving access to pre-exposure prophylaxis. The Inland Empire Planning Council will continue working with the RWHAP through its planning apparatus to support a 75% reduction in new HIV diagnoses in the TGA by 2025, and to achieving the goals of Pillar Two, to effectively and immediately treat PWH, and Pillar Four, to rapidly respond to new HIV diagnosis clusters in the service area.

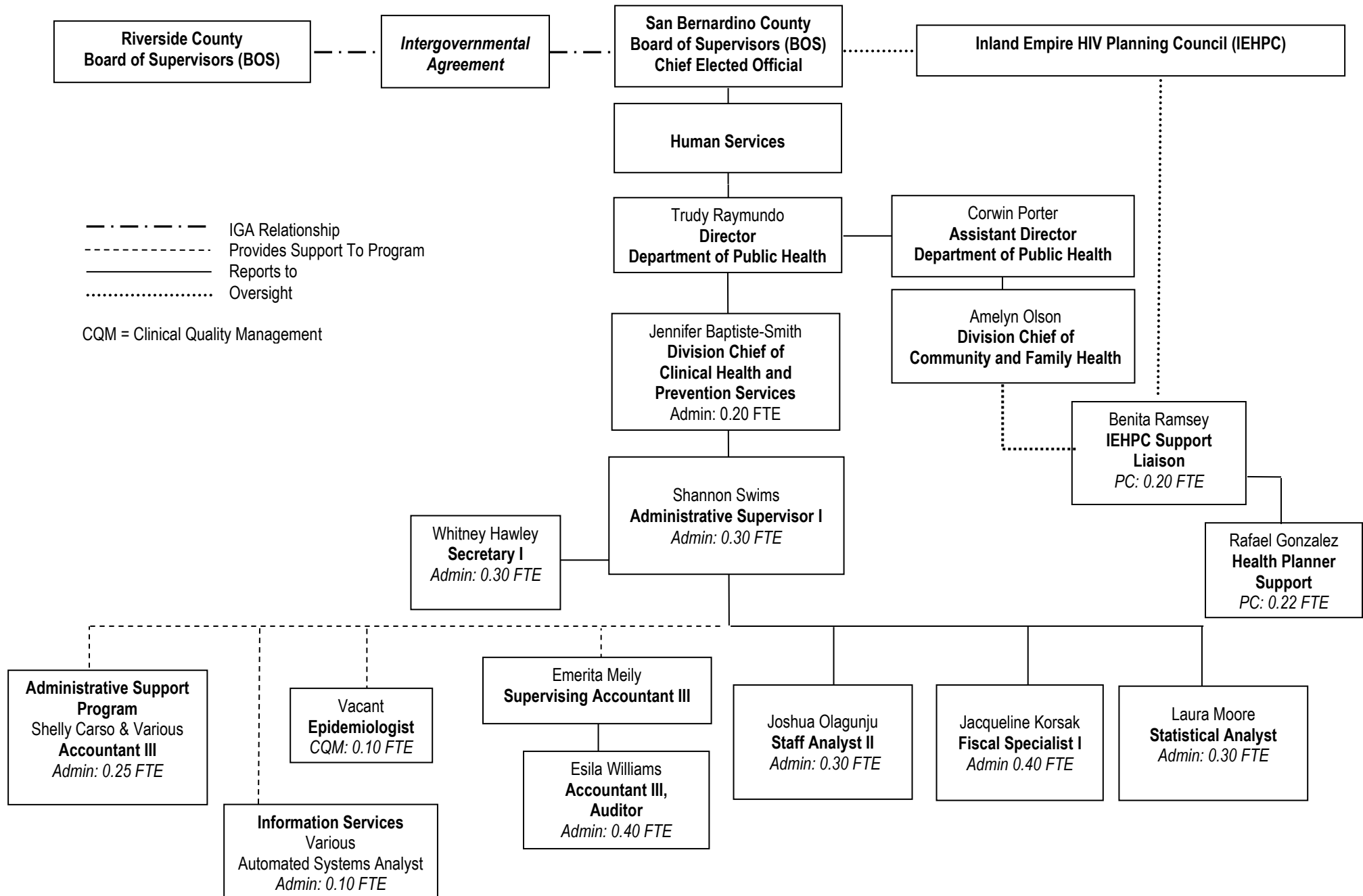
For this reason, Inland Empire HIV Planning Council fully supports the RSBTGA application for funding through Notice of Funding Opportunity HRSA-20-078 “Ending the HIV Epidemic: Plan for America – Ryan White HIV/AIDS Program Parts A and B, and encourages funding of this initiative.

*Curtis E. Smith*

Sincerely,  
Inland Empire HIV Planning Council - Community Co-Chair

BAR:jj

## Attachment 5: Project Organizational Chart





**RWHAP PROGRAM SPECIFIC LINE ITEM BUDGET SUMMARY: ENDING THE HIV EPIDEMIC**  
**APPLICANT: RIVERSIDE/SAN BERNARDINO, CA TGA**  
**GRANT YEAR: 2020-24**

Object Class Categories	Ending the HIV Epidemic (EtHE)					Total
	GY 2020	GY 2021	GY 2022	GY 2023	GY 2024	
<b>a. Personnel</b>	\$ 203,287	\$ 203,287	\$ 203,287	\$ 203,287	\$ 203,287	\$ <b>1,016,435</b>
<b>b. Fringe Benefits</b>	\$ 98,309	\$ 98,309	\$ 98,309	\$ 98,309	\$ 98,309	\$ <b>491,545</b>
<b>c. Travel</b>	\$ 24,900	\$ 24,900	\$ 24,900	\$ 24,900	\$ 24,900	\$ <b>124,500</b>
<b>d. Equipment</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ <b>-</b>
<b>e. Supplies</b>	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ <b>150,000</b>
<b>f. Contractual</b>	\$ 47,000	\$ 47,000	\$ 47,000	\$ 47,000	\$ 47,000	\$ <b>235,000</b>
<b>g. HIV Services with Providers</b>	\$ 3,400,000	\$ 3,400,000	\$ 3,400,000	\$ 3,400,000	\$ 3,400,000	\$ <b>17,000,000</b>
<b>h. Other</b>	\$ 151,440	\$ 151,440	\$ 151,440	\$ 151,440	\$ 151,440	\$ <b>757,200</b>

<b>Direct Charges</b>	\$ <b>3,954,936</b>	\$ <b>3,954,936</b>	\$ <b>3,954,936</b>	\$ <b>3,954,936</b>	\$ <b>3,954,936</b>	\$ <b>19,774,680</b>
<b>Indirect Charges</b>	\$ <b>45,064</b>	\$ <b>45,064</b>	\$ <b>45,064</b>	\$ <b>45,064</b>	\$ <b>45,064</b>	\$ <b>225,320</b>
<b>TOTALS</b>	\$ <b>4,000,000</b>	\$ <b>4,000,000</b>	\$ <b>4,000,000</b>	\$ <b>4,000,000</b>	\$ <b>4,000,000</b>	\$ <b>20,000,000</b>
<b>Program Income</b>						\$ <b>-</b>



# BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006  
Expiration Date: 02/28/2022

## 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. Grant Year 20-21: Services & Admin	93.686	\$	\$	\$ 4,000,000.00	\$	\$ 4,000,000.00
2. Grant Year 21-22: Services & Admin	93.686			4,000,000.00		4,000,000.00
3. Grant Year 22-23: Services & Admin	93.686			4,000,000.00		4,000,000.00
4. Grant Year 23-24: Services & Admin	93.686			4,000,000.00		4,000,000.00
5. Totals		\$	\$	\$ 16,000,000.00	\$	\$ 16,000,000.00

# SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Grant Year 20-21: Services & Admin	(2) Grant Year 21-22: Services & Admin	(3) Grant Year 22-23: Services & Admin	(4) Grant Year 23-24: Services & Admin	
a. Personnel	\$ 203,287.00	\$ 203,287.00	\$ 203,287.00	\$ 203,287.00	\$ 813,148.00
b. Fringe Benefits	98,309.00	98,309.00	98,309.00	98,309.00	393,236.00
c. Travel	24,900.00	24,900.00	24,900.00	24,900.00	99,600.00
d. Equipment	0.00	0.00	0.00	0.00	0.00
e. Supplies	30,000.00	30,000.00	30,000.00	30,000.00	120,000.00
f. Contractual	3,447,000.00	3,447,000.00	3,447,000.00	3,447,000.00	13,788,000.00
g. Construction	0.00	0.00	0.00	0.00	0.00
h. Other	151,440.00	151,440.00	151,440.00	151,440.00	605,760.00
i. Total Direct Charges (sum of 6a-6h)	3,954,936.00	3,954,936.00	3,954,936.00	3,954,936.00	\$ 15,819,744.00
j. Indirect Charges	45,064.00	45,064.00	45,064.00	45,064.00	\$ 180,256.00
k. TOTALS (sum of 6i and 6j)	\$ 4,000,000.00	\$ 4,000,000.00	\$ 4,000,000.00	\$ 4,000,000.00	\$ 16,000,000.00
7. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Grant Year 20-21: Services & Admin	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
9. Grant Year 21-22: Services & Admin	0.00	0.00	0.00	0.00	0.00
10. Grant Year 22-23: Services & Admin	0.00	0.00	0.00	0.00	0.00
11. Grant Year 23-24: Services & Admin	0.00	0.00	0.00	0.00	0.00
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
14. Non-Federal	\$ 0.00	0.00	0.00	0.00	0.00
15. TOTAL (sum of lines 13 and 14)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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. Grant Year 20-21: Services & Admin	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
17. Grant Year 21-22: Services & Admin	0.00	0.00	0.00	0.00	0.00
18. Grant Year 22-23: Services & Admin	0.00	0.00	0.00	0.00	0.00
19. Grant Year 23-24: Services & Admin	0.00	0.00	0.00	0.00	0.00
20. TOTAL (sum of lines 16 - 19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

# BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006  
Expiration Date: 01/31/2019

## 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. Grant Year 2024-25: Ending the HIV Epidemic Services and Administration	93.686	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="4,000,000.00"/>	\$ <input type="text"/>	\$ <input type="text" value="4,000,000.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Totals		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="4,000,000.00"/>	\$ <input type="text"/>	\$ <input type="text" value="4,000,000.00"/>

# SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Grant Year 2024-25: Ending the HIV Epidemic Services and Administration				
a. Personnel	\$ 203,287.00	\$ 0.00	\$ 0.00	\$ 0.00	203,287.00
b. Fringe Benefits	98,309.00	0.00	0.00	0.00	98,309.00
c. Travel	24,900.00	0.00	0.00	0.00	24,900.00
d. Equipment	0.00	0.00	0.00	0.00	
e. Supplies	30,000.00	0.00	0.00	0.00	30,000.00
f. Contractual	3,447,000.00	0.00	0.00	0.00	3,447,000.00
g. Construction	0.00	0.00	0.00	0.00	
h. Other	151,440.00	0.00	0.00	0.00	151,440.00
i. Total Direct Charges (sum of 6a-6h)	3,954,936.00	0.00	0.00	0.00	3,954,936.00
j. Indirect Charges	45,064.00	0.00	0.00	0.00	45,064.00
k. TOTALS (sum of 6i and 6j)	\$ 4,000,000.00	\$ 0.00	\$ 0.00	\$ 0.00	4,000,000.00
7. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	

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SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	Grant Year 2024-25: Ending the HIV Epidemic Services and Administration	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00
9.		0.00	0.00	0.00	0.00	0.00
10.		0.00	0.00	0.00	0.00	0.00
11.		0.00	0.00	0.00	0.00	0.00
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	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00
14.	Non-Federal	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00
15. TOTAL (sum of lines 13 and 14)		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00
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.	Grant Year 2024-25: Ending the HIV Epidemic Services and Administration	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00
17.		0.00	0.00	0.00	0.00	0.00
18.		0.00	0.00	0.00	0.00	0.00
19.		0.00	0.00	0.00	0.00	0.00
20. TOTAL (sum of lines 16 - 19)		\$	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks:						



KAREN SMITH, MD, MPH  
Director & State Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

February 11, 2019

Joshua Dugas  
Chief Financial Officer  
San Bernardino County  
351 N. Mountain View Avenue  
San Bernardino, CA 92415-0010

Dear Joshua Dugas:

Thank you for submitting your Indirect Cost Rate (ICR) documentation to the California Department of Public Health (CDPH). CDPH utilizes a standardized process that allows each Local Health Department (LHD) to use the negotiated ICR for all contracts, unless the ICR is otherwise designated by state or federal statutes, regulations, or specific grant guidelines, with CDPH.

For Fiscal Year 2019-2020, CDPH has accepted the documentation you have provided and, on a one-year basis, will approve your ICR proposal as follows:

**14.942% calculated based on Salaries, Wages and Fringe Benefits**

Please note, the rate you provided was approved up to the maximum allowed by CDPH policy (up to 25% for ICR calculated based on Salaries, Wages and Fringe Benefits and up to 15% for ICR calculated based on Allowable Total Direct Costs).

We look forward to working with you to document your approved ICR in CDPH contracts with a start date of July 1, 2019 or later.

If you have any questions, contact CDPH at [CDPH-ICR-Mailbox@cdph.ca.gov](mailto:CDPH-ICR-Mailbox@cdph.ca.gov).

Sincerely,

Eric Lau, Accounting Section Chief  
California Department of Public Health

**RWHAP BUDGET NARRATIVE AND JUSTIFICATION: ENDING THE HIV EPIDEMIC**  
**APPLICANT: RIVERSIDE/SAN BERNARDINO, CA TGA**  
**GRANT YEAR: 2020-24**

<b>Personnel</b>									
<b>Salary</b> <i>[Insert total annual salary]</i>	<b>FTE</b> <i>[Insert as decimal]</i>	<b>Name, Position</b> <i>[Insert name, position title]</i>	<b>Budget Impact Justification</b> <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE]</i>	<b>GY 2020</b>	<b>GY 2021</b>	<b>GY 2022</b>	<b>GY 2023</b>	<b>GY 2024</b>	<b>Total</b>
\$ 142,423	0.200	Jennifer Baptiste-Smith, Division Chief, Community Health	Division Chief, Community Health is necessary to provide the RW Program with overall admin support. The Division Chief provides critical role in oversight and administration of RW Grant. The remaining .8 FTE is paid by county general funds.	\$ 28,485	\$ 28,485	\$ 28,485	\$ 28,485	\$ 28,485	\$ 142,425
\$ 85,691	0.300	Shannon Swims, Administrative Supervisor I	Administrative Supervisor I; Supervises day to day operation of the program, including oversite of QM and administrative functions and develop policy. The remaining .7 FTE is paid by Ryan White Part A & B grant funds.	\$ 25,707	\$ 25,707	\$ 25,707	\$ 25,707	\$ 25,707	\$ 128,535
\$ 75,612	0.300	Joshua Olagunju, Staff Analyst II	Staff Analyst II; Monitors program quality, provide technical assistance with fiscal support and program monitoring for Ryan White. RWP budget development tracking and CQM reporting and policy development. The remaining .7 FTE is paid by Ryan White Part A grant funds.	\$ 22,684	\$ 22,684	\$ 22,684	\$ 22,684	\$ 22,684	\$ 113,420
\$ 62,144	0.300	Laura Moore, Statistical Analyst	Statistical Analyst; Monitors program quality, develops policy and training materials, and oversees local administration of the ARIES data management system. The remaining .7 FTE is paid by Ryan White Part A grant funds.	\$ 18,643	\$ 18,643	\$ 18,643	\$ 18,643	\$ 18,643	\$ 93,215
\$ 46,265	0.300	Whitney Hawley, Secretary I	Secretary I; Provides general secretarial support to admin and CQM program staff to meet administrative goals. The remaining .7 FTE is paid by Ryan White Part A grant funds.	\$ 13,880	\$ 13,880	\$ 13,880	\$ 13,880	\$ 13,880	\$ 69,400
\$ 48,004	0.400	Jacqueline Korsak, Fiscal Specialist	Fiscal Specialist; Processes subcontractor invoices and contractor payments for RWP and monitors expenditures. Assists with contract monitoring and technical assistance related to administrative and CQM functions provided to contracted agencies. The remaining .6 FTE is paid by Ryan White Part A & B grant funds.	\$ 19,202	\$ 19,202	\$ 19,202	\$ 19,202	\$ 19,202	\$ 96,010
\$ 68,258	0.100	Vacant: Epidemiologist	Epidemiologist; Provides statistical analysis of HIV/AIDS and other data related to CQM and QI programs, activities, projects, etc. Coordinates epidemiological staff to secure data to inform CQM and QI activities and plans. The remaining .9 FTE is paid by county general funds.	\$ 6,826	\$ 6,826	\$ 6,826	\$ 6,826	\$ 6,826	\$ 34,130
\$ 67,727	0.100	IT, Various, Automated System Analyst	Automated System Analyst; Provides IT support to staff by troubleshooting computer issues and providing computer and communication system repair/maintenance. The remaining .9 FTE is paid by county general funds.	\$ 6,773	\$ 6,773	\$ 6,773	\$ 6,773	\$ 6,773	\$ 33,865
\$ 70,903	0.250	Shelly Carso, Admin Support Program	Admin Support Program; Responsible for fiscal administration of Ryan White contracts and monitoring. The remaining .75 FTE is paid by county general funds.	\$ 17,726	\$ 17,726	\$ 17,726	\$ 17,726	\$ 17,726	\$ 88,630
\$ 70,903	0.400	Esila Williams, Accountant III, Auditor	Accountant III, Auditor; Provides auditing support to the contract monitoring process and follows up with fiscal technical assistance. The remaining .6 FTE is paid by county general funds.	\$ 28,361	\$ 28,361	\$ 28,361	\$ 28,361	\$ 28,361	\$ 141,805
\$ 50,000	0.20	Benita Ramsey, Health Planner IEHPC Support Liaison	Health Planner IEHPC Support Liaison; is a Legislatively mandated functions. Serves as primary liaison to PC in the coordination of its legislatively mandated functions.	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 50,000
\$ 24,000	0.22	Rafael Gonzalez, Health Planner Support	Health Planner Support (IEHPC Liaison); provides administrative support to the PC, Consumer Empowerment, and Health Planner.	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 25,000
<b>Personnel Total</b>				<b>\$203,287</b>	<b>\$203,287</b>	<b>\$203,287</b>	<b>\$203,287</b>	<b>\$203,287</b>	<b>\$1,016,435</b>



RWHAP BUDGET NARRATIVE AND JUSTIFICATION: ENDING THE HIV EPIDEMIC									
APPLICANT: RIVERSIDE/SAN BERNARDINO, CA TGA									
GRANT YEAR: 2020-24									
Fringe Benefits									
Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate]</i>			Amount	Amount	Amount	Amount	Amount	Total
48.36%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation.			\$ 98,309	\$ 98,309	\$ 98,309	\$ 98,309	\$ 98,309	\$ 491,545
Fringe Benefit Total				\$ 98,309	\$ 98,309	\$ 98,309	\$ 98,309	\$ 98,309	\$ 491,545
Travel									
Local									
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]</i>	Amount	Amount	Amount	Amount	Amount	Total
0.580	15,517	All program staff	Mileage; Represents miles for staff member's travel related to contract monitoring, attendance to meetings and conferences, and provision of on-site TA at the rate of 58.00	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 45,000
0.580	1,724	PC staff members	Mileage; Represents miles for PC staff member's travel related to PC and related meetings at the rate of 58.00 cents per mile.	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	5,000
0.580	3,448	IEHPC Consumer members	PC consumer member reimbursement for mileage/meals for IEHPC and other related meetings.	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	10,000
Local Travel Sub-Total				\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 60,000
Long Distance									
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]</i>	Amount	Amount	Amount	Amount	Amount	Amount	Total
Air & Other Travel	4 Employees: Shannon Swims, Administrative Supervisor; Joshua Olagunju, Staff Analyst; Laura Moore, Statistical Analyst; Esila Williams, Auditor	Air/Other Travel: United States Conference on AIDS, HRSA Workshops, California STD/HIV Controllers Association Conference, State Office of AIDS Conference and other functions that help to support and improve grant administration capacity.	\$ 9,900	\$ 9,900	\$ 9,900	\$ 9,900	\$ 9,900	\$ 9,900	\$ 49,500
Air & Other Travel	IEHPC Health Planner and Consumer members	IEHPC Health Planner and Consumer members reimbursement for mileage/meals for IEHPC and other related meetings. (HRSA approved travel)	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 15,000
Long Distance Travel Sub-Total				\$ 12,900	\$ 12,900	\$ 12,900	\$ 12,900	\$ 12,900	\$ 64,500
Travel Total				\$ 24,900	\$ 24,900	\$ 24,900	\$ 24,900	\$ 24,900	\$ 124,500

<b>RWHAP BUDGET NARRATIVE AND JUSTIFICATION: ENDING THE HIV EPIDEMIC</b> <b>APPLICANT: RIVERSIDE/SAN BERNARDINO, CA TGA</b> <b>GRANT YEAR: 2020-24</b>								
<b>Equipment</b> <i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]</i>								
List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals]</i>	Amount	Amount	Amount	Amount	Amount	Amount	Total
<b>Equipment Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Supplies</b> <i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.]</i>								
List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals]</i>	Amount	Amount	Amount	Amount	Amount	Amount	Total
General office supplies such as paper, pens, folders, and other miscellaneous	Supplies; Includes costs associated with purchase of general office supplies such as paper, pens, folders, and other miscellaneous items needed to fulfill administrative duties.	\$ 18,000	\$ 18,000	\$ 18,000	\$ 18,000	\$ 18,000	\$ 18,000	\$ 90,000
General office supplies such as paper, pens, folders, and other miscellaneous	Office supplies to support daily Council (i.e.: paper, related copy supplies, pens pencils, tablets, paper clips, desk/office supplies & other miscellaneous items).	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 60,000
<b>Supplies Total</b>		<b>\$ 30,000</b>	<b>\$ 30,000</b>	<b>\$ 30,000</b>	<b>\$ 30,000</b>	<b>\$ 30,000</b>	<b>\$ 30,000</b>	<b>\$ 150,000</b>
<b>Contractual</b>								
List of Contract	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]</i>	Amount	Amount	Amount	Amount	Amount	Total
Consultant Services	Development Grant Application and Special Projects	Consultant Services; Consultant services to include development of grant application as well as special program projects to evaluate administrative functions and develop relevant reports.	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 150,000
Consultant Services	Development and Assessments, Policies and Bylaws for PC	Consultant services provided to PC Support Staff and IEHPC for assistance in developing assessments, policies, procedures, bylaws, trainings, etc. necessary to fully support the mandated functions of PC.	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 50,000
PC Webmaster Services	PC website up date	Webmaster; Cost of maintaining contract with agency tasked with keeping the PC website up to date & functioning.	\$ 7,000	\$ 7,000	\$ 7,000	\$ 7,000	\$ 7,000	\$ 35,000
<b>Contracts Total</b>			<b>\$ 47,000</b>	<b>\$ 47,000</b>	<b>\$ 47,000</b>	<b>\$ 47,000</b>	<b>\$ 47,000</b>	<b>\$ 235,000</b>

**RWHAP BUDGET NARRATIVE AND JUSTIFICATION: ENDING THE HIV EPIDEMIC**  
**APPLICANT: RIVERSIDE/SAN BERNARDINO, CA TGA**  
**GRANT YEAR: 2020-24**

Other								
[List all costs that do not fit into any other category]								
List of Other	Budget Impact Justification [Impact on the program's objectives/goals]	Amount	Amount	Amount	Amount	Amount	Amount	Total
Rental and Lease Maintenance color copy machine and fax machine	Rental and Maintenance; Cost of annual lease/maintenance associated with a color copy machine, and fax machine to ensure communications with stakeholders in administration of the grant.	\$ 7,000	\$ 7,000	\$ 7,000	\$ 7,000	\$ 7,000	\$ 7,000	\$ 35,000
Four Computers refresh	Purchase computers; Refresh computers for four employees.	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 60,000
Communication	Communication; Telephones, e-mail, internet, and other devices to support admin staff in communicating Ryan White expectations and updates with stakeholders and providers.	\$ 8,000	\$ 8,000	\$ 8,000	\$ 8,000	\$ 8,000	\$ 8,000	\$ 40,000
Postage	Postage; Costs associated with mailing letters, contracts, progress reports, RFPs, bids, and other materials related to the grant and its requirements.	\$ 5,638	\$ 5,638	\$ 5,638	\$ 5,638	\$ 5,638	\$ 5,638	\$ 28,190
Printing	Printing; Special Projects, Costs for re-printing brochures and other sundries printing for admin functions.	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 30,000
PSRA; Cost of room reservation	PSRA; Projected cost of room reservation, materials and food for RWP & PSRA meetings.	\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ 20,000
Shredding	Shredding; Costs associated with shredding administrative records to ensure compliance with HIPAA regulations.	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 15,000
HS Contracts	HS Contracts; Costs associated with support provided by HS contracts for development of contracts, RFPs, bids, and the oversight of such related to administration of the grant.	\$ 34,379	\$ 34,379	\$ 34,379	\$ 34,379	\$ 34,379	\$ 34,379	\$ 171,895
County Counsel	County Counsel; Review legal documents and contracts related to admin functions.	\$ 14,000	\$ 14,000	\$ 14,000	\$ 14,000	\$ 14,000	\$ 14,000	\$ 70,000
Special Projects	Special Projects; Potential consulting projects to improve contractor performance (admin policy/process/compliance).	\$ 19,973	\$ 19,973	\$ 19,973	\$ 19,973	\$ 19,973	\$ 19,973	\$ 99,865
PC Rental and Maintenance	Rental and Maintenance; Cost of annual lease/maintenance associated with a color copy machine, and fax machine to ensure communications with PC members and other	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 15,000
PC Three Computers refresh	Computers for three new PC Support staff needed to fulfill support functions for Planning Council	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500	\$ 17,500
PC HS Contracts	HS Contracts; Costs associated with support provided by HS contracts for development of contracts, RFPs, bids, and the oversight of such related to Planning Council functions.	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500	\$ 17,500
PC County Counsel	County Counsel Support; Review legal documents and contracts. IEHPC = Review legal documents and contracts, and attend certain IEHPC meetings.	\$ 5,500	\$ 5,500	\$ 5,500	\$ 5,500	\$ 5,500	\$ 5,500	\$ 27,500
PC Communication	Communication; Includes phones, internet & other devices to support PC Staff and PC Meeting, including PolyCom system.	\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ 20,000
PSRA; Cost of room reservation PC	PSRA; Projected cost of room reservation, materials and food for PC PSRA meetings.	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 25,000
Registration fees for outreach membership PC	Marketing; Costs associated with registration fees for outreach endeavors to build IEHPC membership.	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 12,500
PC meetings space rental	Rent/Lease; Costs associated with rental of meeting space for PC meetings and PC Support staff offices.	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 25,000
PC meetings costs associated with utilities	Utilities; Costs associated with water, electric, gas for meeting space for PC meetings and PC Support staff offices.	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 2,250
PC Postage	Postage; Postage stamps, postage meter or bulk mail costs as they relate to the provision of service to ensure that meeting agendas, minutes, training materials and IEHPC materials are communicated with IEHPC members.	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 7,500
PC Printing	Printing; Costs of printing & copying materials for standing committees, PC meetings/retreat, and brochures.	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500	\$ 17,500
<b>Other Costs Total</b>		<b>\$151,440</b>	<b>\$151,440</b>	<b>\$151,440</b>	<b>\$151,440</b>	<b>\$151,440</b>	<b>\$151,440</b>	<b>\$ 757,200</b>
<b>Total Direct Cost</b>								
		<b>\$554,936</b>	<b>\$554,936</b>	<b>\$554,936</b>	<b>\$554,936</b>	<b>\$554,936</b>	<b>\$554,936</b>	<b>\$2,774,680</b>
<b>Indirect Cost</b>								
Type of Indirect Cost	Rate	Insert Base	Total	Total	Total	Total	Total	Total
Fixed	14.942%	Indirects Charges	\$ 45,064	\$ 45,064	\$ 45,064	\$ 45,064	\$ 45,064	\$ 225,320
<b>Part A Administrative Total</b>								
		<b>\$600,000</b>	<b>\$600,000</b>	<b>\$600,000</b>	<b>\$600,000</b>	<b>\$600,000</b>	<b>\$600,000</b>	<b>\$3,000,000</b>

**RWHAP BUDGET NARRATIVE AND JUSTIFICATION: ENDING THE HIV EPIDEMIC**  
**APPLICANT: RIVERSIDE/SAN BERNARDINO, CA TGA**  
**GRANT YEAR: 2020-24**

HIV Services with Providers								
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]</i>	GY 2020	GY 2021	GY 2022	GY 2023	GY 2024	Total
Various Outsider Providers	Various Healthcare Services	Various Providers: AIDS Healthcare Foundation, Desert AIDS Project, Foothill AIDS Project, Riverside University Health System-Public Health, Social Action Community Health Systems, and Loma Linda University Medical Center.	\$ 3,400,000	\$ 3,400,000	\$3,400,000	\$3,400,000	\$3,400,000	\$17,000,000
Contracts Total			\$ 3,400,000	\$ 3,400,000	\$3,400,000	\$3,400,000	\$3,400,000	\$17,000,000
RWHAP Ending the HIV Epidemic Services: Total								
			\$ 3,400,000	\$ 3,400,000	\$3,400,000	\$3,400,000	\$3,400,000	\$17,000,000