

Oregon Health Authority  
 CDC-RFA-PS12-120104CONT15, Award # 5U62PS003642-03  
 Comprehensive HIV Prevention Programs for Health Departments  
 Budget Narrative & Justification for the Period  
 January 1, 2015 – December 31, 2015

Category A:

A. Salaries & Wages \$226,592

Position Title & Name	Time	Months
HST Section Manager	N/A	N/A
HST Medical Epidemiologist	5%	12
HIV / STD Prevention Program Manager	50%	12
Technical Consultant	50%	12
Program Development Analyst	100%	12
Technology Intervention Specialist	25%	12
HIV / STD Data Analyst	50%	12
Administrative Operations	100%	12
Total	3.80 FTE	

Job Description: Section Manager / Principal Investigator –

The HST Section Manager provides direction and is responsible for the integration and alignment of activities conducted by the five programs in the HIV / STD / TB (HST) section. The position functions as the overall responsible party (ORP) and maintains fiscal and programmatic oversight. The Section Manager and Principal Investigator participate in workshops, and educational presentations on the implications of the HIV, TB and STD epidemiology for the community.

*Time devoted to the HIV Prevention Program by the Section Manager / Principal Investigator is provided in-kind to the program.*

Job Description: HST Medical Epidemiologist –

The Medical Epidemiologist conducts data analysis and presents and interprets results of HIV / AIDS surveillance and HIV seroprevalence surveys to prevention staff and local health departments; prepares manuscripts for scientific journals and abstracts for scientific meetings, details the results of the surveys and special studies in Oregon that have prevention implications; serves as medical liaison to community leaders representing persons at high risk and for providers of services and provides epidemiological and technical expertise for HIV Prevention projects. The position takes responsibility for making presentations, writing articles, and drafting administrative rules related to the HST program and provides infection control expertise and HIV-related consultation to physicians, other health care providers and AIDS educators.

The Medical Epidemiologist collaborates on and oversees the preparation of fact sheets. Additionally, this position works with program staff and provides assistance with data reports to CDC related to HIV testing and linkage to care through uses of ORPHEUS and Evaluation Web databases.

Job Description: HIV / STD Program Manager –

The HIV / STD Program Manager provides the day-to-day supervision of the HIV program and is responsible for the direction, oversight and accountability for the implementation of the program in accordance with federal and state mandates. The position supervises staff; serves as liaison to local health departments for program related issues; and participates in statewide and national conferences. The HIV / STD Program Manager monitors program goals and objectives and participates in evaluation activities, suggesting revisions when appropriate. The position oversees the state's participation in the Integrated Planning Group (IPG) for HIV / Viral Hepatitis /STI. This position coordinates the completion of funding applications and data reporting while

working collaboratively with other program managers in Data and Analysis, HIV Care and Treatment, Tuberculosis and Viral Hepatitis, and the Oregon State Public Health Lab (OSPHL) for cross program strategic planning, resource allocation and coordinated policy and implementation.

Job Description: Technical Consultant –

The HIV / STD Technical Consultant develops and implements procedures for assuring the provision of HIV prevention services in fidelity with evidence-based models, local county health department plans submitted to and approved by the state HIV Prevention Program and conditions of the CDC Cooperative Agreement. The Technical Consultant works collaboratively with the HIV / STD Data Analyst for data monitoring and reporting for Oregon and National CDC databases. In accordance with the National HIV/AIDS Strategy (NHAS), the person in this position defines quality assurance procedures in public sector sites, establishes standards to assure high quality HIV testing in accordance with CDC guidelines, and oversees the development and implementation of publicly-supported HIV rapid testing programs. This individual provides technical assistance and collaborative problem solving with contractors. The position is responsible for developing and providing training or coordinating trainings for provider partners. The HIV / STD Technical Consultant develops and coordinates completion of grant applications and required reports. The Technical Consultant provides staff support to the HIV / VH / STI Integrated Planning Group. This individual will also create and implement a program communications plan for internal and external partners as well as the general public.

Job Description: Program Development Analyst –

The Program Development Analyst coordinates capacity building plans for funded providers of HIV Testing and other HIV prevention services. This position manages Oregon's Program Review Panel in compliance with CDC's guidance on the distribution

of HIV educational materials. The position provides program planning support for program funded HIV Prevention programs in local county health departments. The Program Development Analyst also provides training, support and technical assistance for partner agencies. This position is the lead in conducting Oregon's triennial review process for the HIV Prevention program. The position participates in and implements initiatives in communities of color, including community-based strategies and faith based efforts with an emphasis on culturally appropriate HIV prevention interventions.

Job Description: Technology Intervention Specialist –

The Technology Intervention Specialist develops uses of Web 2.0 technologies, social media and other available internet resources to enhance the HIV Prevention and STD programs effectiveness; provides technical assistance for contractors electing to use internet strategies; creates operational guidelines and procedures for internet strategies to be used by state program staff, local jurisdictions and community organizations. The position identifies opportunities and implements expanded community partnerships, particularly in digital environments, to enhance testing and prevention with HIV positive and high-risk negative individuals. The Technology Intervention Specialist coordinates and participates in capacity building and other training events that support partners; and explores available technologies for appropriate uses to implement in the program in ways that maximize effectiveness. Finally, the position serves as co-chair of the Integrated Planning Group.

Job Description: HIV / STD Data Analyst –

The HIV / STD Data Analyst position will analyze epidemiologic data and assess factors effecting HIV transmission in Oregon. This position prepares written statistical reports on HIV data for Local Health Departments, health care providers and other stakeholders in addition to preparing informational materials for the general public. Reporting and coordinating data reporting to CDC is a responsibility of this position and includes using SHIVER and ORPHEUS data bases to report via Evaluation Web. This

position will publish and disseminate reports and information on the HST web site and provide informational public presentations. Consultation tasks include work with local health partners regarding data collection and use of the relevant database(s) including sHIVER and ORPHEUS. The Data Analyst will provide summary data reports to support the triennial review process with local health departments. This position will support program evaluation and quality assurance measurements by gathering, analyzing and sharing relevant data. This position works collaboratively with the program technical consultant on communications for internal and external partners as well as the general public.

Job Description: Administrative Operations –

The Administrative Operations staff position for the HIV Prevention program performs functions such as word processing to prepare educational pamphlets, forms, reports and general correspondence; answers phones, screening and referring calls to the HIV technical staff; oversees duplication and printing request, schedules meetings, takes meeting minutes, coordinates audio visual equipment and teleconferencing. The Office Specialist assists with travel arrangements for HIV Prevention staff and volunteers, coordinates administrative aspects of the Integrated Planning Group meetings. This position performs data entry for the Data and Analysis unit as well as basic web site maintenance and posting of HIV Prevention content.

B. Fringe Benefits \$136,341

$$\$226,592 \times 60.17\% = \$136,341$$

The Public Health Division's current average fringe benefit rate is 56.4% and is a blend of variable and fixed costs; however the actual percentage rate varies by employee based on flexible benefits and salary. For greater accuracy, the fringe benefit rate used in this Cooperative Agreement application budget is calculated based on the actual rate for the

HIV Prevention Program staff assigned to this Cooperative Agreement. The rate of 60.17% includes retirement contributions, social security and Medicare, employee relations and health insurance.

- C. Consultant Costs \$0
- D. Equipment \$0
- E. Supplies \$28,780

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
General Office Supplies	Notebooks, toner cartridges, copy paper etc	12 months	\$50 / FTE / month	\$2,280
Test Controls	Test Controls for OraSure OraQuick Rapid Test	50 each	\$30	\$1,500
Condoms	Various – see breakdown below		See Breakdown	\$25,000
<b>Total</b>				<b>\$28,780</b>

Justification:

- General Office Supplies are needed to carry out the day-to-day work of the program.
- Test Controls – controls will be provided at no charge to HIV Prevention funded counties.
- Condoms will be purchased for distribution to both funded and unfunded public health departments according to the HIV Prevention Program 2013 condom Distribution Plan  
<http://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/HIVPrevention/Pages/plan.aspx>

Condom Expenditure Detail:

Type	Qty per Case	Cost Each	Cost per Case	# Cases	Ext Cost
Lifestyles Ultra Sensitive	1008	\$0.088	\$89.00	150	\$13,350
LifeStyles Extra Strength	1008	\$0.092	\$93.00	50	\$4,650
ID Millennium Silicone Lubricant – 2 ml foils	500	\$0.14	\$70.00	100	\$7,000
<b>Total</b>					<b>\$25,000</b>

F. Travel (In-State and Out-of-State) \$4,498

Travel (In-State): Total \$1,104

Number of Trips	Number of People	Cost of Airfare	Number of Total Miles	Cost per Mile	Amount Requested
1	1	N/A	360	\$0.56	\$202
4	1	N/A	360	\$0.56	\$202
24	1	N/A	600	\$0.56	\$336

Per Diem and Lodging	Number of People	Number of Units	Unit Cost	Amount Requested
Lodging	1	2	\$89 + 10% tax = \$97.90	\$196
Per Diem	1	3	\$56	\$168

Justification:

- The Data Analyst will travel to Bend, Oregon in May 2015 to attend and present at Or-Epi, the state epidemiology conference.
- The Program Development Analyst will make 4 trips to the Oregon State Prison in support of staff training and inmate peer education training on HIV prevention

and testing as well as Hepatitis C education and testing, and attendance at health fairs.

- The Program Manager, Program Development Analyst, Data Analyst, Technical Consultant and Technology Intervention Specialist will make an estimated 24 trips of 25 miles on average, to local health departments and CBO's to complete triennial reviews, provide technical assistance in program planning, testing strategies, quality assurance for the use of the sHIVER database and assistance in development of social marketing strategies.

Travel (Out-of-State): Total \$3,394

Number of Trips	Number of People	Cost of Airfare	Number of Total Miles	Cost per Mile	Amount Requested
2	1	\$700 + \$50 bag fee	N/A	N/A	\$1,500

Per Diem and Lodging	Number of People	Number of Units	Unit Cost	Amount Requested
Lodging	1	8 nights	\$133 + 16% tax	\$1,234
Per Diem	1	10 days	\$56	\$560

Ground Transportation?	Number of People	Amount Requested
Yes	2	\$100

Roundtrip cab fare to and from Portland Airport for 1 person, 2 trips

Justification:

- Out-of-State travel will be required for the HIV Prevention Program Manager or the HST Section Manager to attend CDC-required grantee meetings and conferences.



G. Other

\$179,228

Item Requested	Number of Months	Est Cost per Month	# of Staff	Amount Requested
Lab Testing	12	\$8,059.33	N/A	\$96,712
Equipment Leases	12	\$90.00	N/A	\$1,080
Telecommunications	12	\$237.33	N/A	\$2,848
Facilities including Rent	12	\$3,796	N/A	\$45,552
IT Support	12	\$167.75	N/A	\$2,013
Risk Assessment	12	\$256.65	N/A	\$3,080
State Government Service Charges	12	\$1,829	N/A	\$21,948
Integrated Planning Group – Travel Expenses – See detail below	1 meeting	N/A	N/A	\$5,500
Conference Registration	1 meeting	N/A	1	\$495
<b>Total</b>				<b>\$179,228</b>

Justification:

- Lab Testing – the cost represents the cost to complete pooled, and / or confirmatory testing for Local Health Departments at the Oregon State Public Health Laboratory. The annual amount is inclusive of all supplies and will support 7200 tests including confirmatory testing.
- Equipment Leases – copy, fax and shredding equipment are all leased and the charge represents the leasing cost charged to the program.
- Telecommunications – the cost includes desk telephones, fax service, data plans and one cellular telephone all of which are required to carry out the daily program work. The charges are based on the actual charges for the last fiscal year.
- Facilities – includes the costs for space utilization by program staff, building maintenance, supplies and equipment. The charges are based on the actual charges for the last fiscal year.
- IT Support – hardware, desktop software and accessories purchased through the Office of Information Services for program utilization are included in the IT Support charge. The charges are based on the actual charges for the last fiscal year.

- Risk Assessment – the charge includes liability coverage for property, automobiles and general and worker’s compensation insurance. The charges are based on the actual charges for the last fiscal year.
- State Government Service Charges – this charge includes the Secretary of State Rule’s Assessment and archive. The charges are according to the estimated cost of the Secretary of State to review, keep records and assess Oregon Administrative Rules.
- Integrated Planning Group (IPG) – The Oregon HIV / Viral Hepatitis / STD Integrated Planning Group is the advisory group formed to coordinate prevention and care efforts in the state of Oregon and develop a comprehensive plan for HIV within the state. It is comprised of 40 members from throughout the state.. Costs associated are to support the travel and lodging needs of one meeting during the calendar year. The remaining 2-3 meetings are supported by the Ryan White Care and Treatment program and HIV Community Service program.

Number of Trips	Number of People	Number of Total Miles	Cost per Mile	Amount Requested
1	38	5546	\$0.56	\$3,105
Total				\$3,105

Per Diem & Lodging	Number of People	Number of Units	Unit Cost	Amount Requested
Per Diem	2	2.5 days	\$46	\$230
Per Diem	4	2.25 days	\$46	\$414
Per Diem	4	1.5 days	\$46	\$276
Lodging	6	2 nights	\$83 + 11% tax	\$1,106
Lodging	4	1 night	\$83 + 11% tax	\$369
Total				\$2,395

H. Contractual

\$908,086

1. Name of Contractor:

Clackamas County Health Department - \$75,802

2. Method of Selection:

Local Health Departments that meet the funding criterion as established by the state in collaboration with the Conference of Local Health Officials (CLHO), Communicable Disease Committee, will be funded. The funding formula will be based on HIV incidence and prevalence for the period 2010 – 2012 and approved by the Conference's Executive Committee. Currently, the formula is as follows:

- Incidence is weighted at 65%
- Prevalence is weighted at 35%

3. Period of Performance: January 1, 2015 – December 31, 2015

4. Scope of Work:

- Confidential HIV Counseling, Testing and Referral Services including rapid testing, for targeted populations.
- Outreach and engagement that will address health disparities which are present with people of color.
- Prevention with Positives including referral, linkage and retention in care services as well as partner services.
- 75% of funds will be used for core components with 25% available for recommended HIV prevention activities.

5. Method of Accountability:

- The Oregon Health Authority Requires local health departments to file quarterly financial expenditure reports.
- Submission of quarterly program reports that include financial expenditure data specific to each program component.
- Site visits and Triennial Reviews are conducted to review compliance with program requirements.

- Adherence to reporting requirements as defined by the CDC data collection and outcomes guidelines.
- Progress toward deliverables specified in program planning

6. Itemized Budget:

Itemized budgets are received from the local health departments prior to the start of each fiscal year which in Oregon, begins July 1. FY16 budgets will be available approximately March 31, 2015. After that time, the budgets will be available for review by CDC.

1. Name of Contractor:

Deschutes County Health Department - \$19,585

2. Method of Selection:

Local Health Departments that meet the funding criterion as established by the state in collaboration with the Conference of Local Health Officials (CLHO), Communicable Disease Committee, will be funded. The funding formula will be based on incidence and prevalence for the period 2010 – 2012 and approved by the Conference’s Executive Committee. Currently, the formula is as follows:

- Incidence is weighted at 65%
- Prevalence is weighted at 35%

3. Period of Performance: January 1, 2015 – December 31, 2015

4. Scope of Work:

- Confidential HIV Counseling, Testing and Referral Services including rapid testing, for targeted populations.
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- Adherence to reporting requirements as defined by the CDC data collection and outcomes guidelines.
- Progress toward deliverables specified in program planning

6. Itemized Budget:

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1. Name of Contractor:

Jackson County Health Department - \$33,246

2. Method of Selection:

Local Health Departments that meet the funding criterion as established by the state in collaboration with the Conference of Local Health Officials (CLHO), Communicable Disease Committee, will be funded. The funding formula will be based on HIV incidence and prevalence for the period 2010 – 2012 and approved by the Conference's Executive Committee. Currently, the formula is as follows:

- Incidence is weighted at 65%
- Prevalence is weighted at 35%

3. Period of Performance: January 1, 2015 – December 31, 2015

4. Scope of Work:

- Confidential HIV Counseling, Testing and Referral Services including rapid testing, for targeted populations.
- Outreach and engagement that will address health disparities which are present with people of color.
- Prevention with Positives including referral, linkage and retention in care services as well as partner services.
- 75% of funds will be used for core components with 25% available for recommended HIV prevention activities.

5. Method of Accountability:

- The Oregon Health Authority Requires local health departments to file quarterly financial expenditure reports.
- Submission of quarterly program reports that include financial expenditure data specific to each program component.
- Site visits and Triennial Reviews are conducted to review compliance with program requirements.
- Adherence to reporting requirements as defined by the CDC data collection and outcomes guidelines.
- Progress toward deliverables specified in program planning

6. Itemized Budget:

Itemized budgets are received from the local health departments prior to the start of each fiscal year which in Oregon, begins July 1. FY16 budgets will be available approximately March 31, 2015. After that time, the budgets will be available for review by CDC.

1. Name of Contractor:

Lane County Health Department - \$52,300

2. Method of Selection:

Local Health Departments that meet the funding criterion as established by the state in collaboration with the Conference of Local Health Officials (CLHO), Communicable Disease Committee, will be funded. The funding formula will be based on HIV incidence and prevalence for the period 2010 – 2012 and approved by the Conference's Executive Committee. Currently, the formula is as follows:

- Incidence is weighted at 65%
- Prevalence is weighted at 35%

3. Period of Performance: January 1, 2015 – December 31, 2015

4. Scope of Work:

- Confidential HIV Counseling, Testing and Referral Services including rapid testing, for targeted populations.
- Outreach and engagement that will address health disparities which are present with people of color.
- Prevention with Positives including referral, linkage and retention in care services as well as partner services.
- 75% of funds will be used for core components with 25% available for recommended HIV prevention activities.

5. Method of Accountability:

- The Oregon Health Authority Requires local health departments to file quarterly financial expenditure reports.
- Submission of quarterly program reports that include financial expenditure data specific to each program component.
- Site visits and Triennial Reviews are conducted to review compliance with program requirements.
- Adherence to reporting requirements as defined by the CDC data collection and outcomes guidelines.
- Progress toward deliverables specified in program planning

6. Itemized Budget:

Itemized budgets are received from the local health departments prior to the start of each fiscal year which in Oregon, begins July 1. FY16 budgets will be available approximately March 31, 2015. After that time, the budgets will be available for review by CDC.

1. Name of Contractor:

Marion County Health Department - \$66,350

2. Method of Selection:

Local Health Departments that meet the funding criterion as established by the state in collaboration with the Conference of Local Health Officials (CLHO), Communicable Disease Committee, will be funded. The funding formula will be based on HIV incidence and prevalence for the period 2010 – 2012 and approved by the Conference's Executive Committee. Currently, the formula is as follows:

- Incidence is weighted at 65%
- Prevalence is weighted at 35%

3. Period of Performance: January 1, 2015 – December 31, 2015

4. Scope of Work:

- Confidential HIV Counseling, Testing and Referral Services including rapid testing, for targeted populations.
- Outreach and engagement that will address health disparities which are present with people of color.
- Prevention with Positives including referral, linkage and retention in care services as well as partner services.
- 75% of funds will be used for core components with 25% available for recommended HIV prevention activities.

5. Method of Accountability:

- The Oregon Health Authority Requires local health departments to file quarterly financial expenditure reports.



- Submission of quarterly program reports that include financial expenditure data specific to each program component.
- Site visits and Triennial Reviews are conducted to review compliance with program requirements.
- Adherence to reporting requirements as defined by the CDC data collection and outcomes guidelines.
- Progress toward deliverables specified in program planning

6. Itemized Budget:

Itemized budgets are received from the local health departments prior to the start of each fiscal year which in Oregon, begins July 1. FY16 budgets will be available approximately March 31, 2015. After that time, the budgets will be available for review by CDC.

1. Name of Contractor:

Multnomah County Health Department - \$544,211

2. Method of Selection:

Local Health Departments that meet the funding criterion as established by the state in collaboration with the Conference of Local Health Officials (CLHO), Communicable Disease Committee, will be funded. The funding formula will be based on HIV incidence and prevalence for the period 2010 – 2012 and approved by the Conference’s Executive Committee. Currently, the formula is as follows:

- Incidence is weighted at 65%
- Prevalence is weighted at 35%

3. Period of Performance: January 1, 2015 – December 31, 2015

4. Scope of Work:

- Confidential HIV Counseling, Testing and Referral Services including rapid testing, for targeted populations.
- Outreach and engagement that will address health disparities which are present with people of color.

- Prevention with Positives including referral, linkage and retention in care services as well as partner services.
- 75% of funds will be used for core components with 25% available for recommended HIV prevention activities.

5. Method of Accountability:

- The Oregon Health Authority Requires local health departments to file quarterly financial expenditure reports.
- Submission of quarterly program reports that include financial expenditure data specific to each program component.
- Site visits and Triennial Reviews are conducted to review compliance with program requirements.
- Adherence to reporting requirements as defined by the CDC data collection and outcomes guidelines.
- Progress toward deliverables specified in program planning

6. Itemized Budget:

Itemized budgets are received from the local health departments prior to the start of each fiscal year which in Oregon, begins July 1. FY16 budgets will be available approximately March 31, 2015. After that time, the budgets will be available for review by CDC.

1. Name of Contractor:

Washington County Health Department - \$116,591

2. Method of Selection:

Local Health Departments that meet the funding criterion as established by the state in collaboration with the Conference of Local Health Officials (CLHO), Communicable Disease Committee, will be funded. The funding formula will be based on HIV incidence and prevalence for the period 2010 – 2012 and approved by the Conference’s Executive Committee. Currently, the formula is as follows:

- Incidence is weighted at 65%

- Prevalence is weighted at 35%
3. Period of Performance: January 1, 2015 – December 31, 2015
4. Scope of Work:
- Confidential HIV Counseling, Testing and Referral Services including rapid testing, for targeted populations.
  - Outreach and engagement that will address health disparities which are present with people of color.
  - Prevention with Positives including referral, linkage and retention in care services as well as partner services.
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- The Oregon Health Authority Requires local health departments to file quarterly financial expenditure reports.
  - Submission of quarterly program reports that include financial expenditure data specific to each program component.
  - Site visits and Triennial Reviews are conducted to review compliance with program requirements.
  - Adherence to reporting requirements as defined by the CDC data collection and outcomes guidelines.
  - Progress toward deliverables specified in program planning
6. Itemized Budget:
- Itemized budgets are received from the local health departments prior to the start of each fiscal year which in Oregon, begins July 1. FY16 budgets will be available approximately March 31, 2015. After that time, the budgets will be available for review by CDC.

I.	Total Direct Costs	\$1,483,525
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J. Indirect Costs \$258,875

Indirect / Cost Allocation Rate – 17.45%

$\$1,483,525 \times 17.45\% = \$258,875$

The Oregon Health Authority, Public Health Division operates under a federally approved cost allocation plan in lieu of an indirect rate agreement for administrative overhead costs. The agency-level cost allocation plan is approved by the Department of Health and Human Services, Division of Cost Allocation (DHHS-DCA).

For the period July 1, 2014 – June 30, 2015, the assumed rate of indirect cost allocation that Public Health programs have included in grant proposals is 17.45%

K. Total Request \$1,742,400