

County of Santa Clara
Santa Clara Valley Health & Hospital
System
Public Health



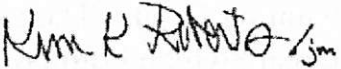
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Director of Public Health

DATE: August 29, 2006

TO: Board of Supervisors

FROM: 
Kim Roberts
Acting Executive Director, Santa Clara Valley Health & Hospital System

SUBJECT: HIV/AIDS Testing Expansion Implementation Plan

RECOMMENDED ACTION

Accept report relating to the Public Health Department's HIV/AIDS Testing Expansion Implementation Plan.

FISCAL IMPLICATIONS

No additional County General Funds are required as result of this action. The Board of Supervisors approved \$375,000 in one-time funds as part of the FY07 budget process. Inventory Item 11(i) on May 24 recommended \$75,000 for necessary Public Health Department administrative and campaign costs, and approximately \$75,000 for each full time testing service location.

REASONS FOR RECOMMENDATION

Increasing rates of HIV infection are posing threat to the public health of Santa Clara County. Both the Center for Disease Control (CDC) and local estimates indicate that about 25% of those living with HIV/AIDS are unaware of their diagnosis. In Santa Clara County, there are an estimated 898 persons who are living with HIV/AIDS who are unaware of their diagnosis. Identifying these individuals through community-based testing and counseling services will increase their ability to seek early treatment and supportive care. Additionally, increasing the numbers of persons tested for HIV infection will increase the Public Health Department's ability to support data-driven funding from state and federal sources.

This implementation work plan for alternative rapid HIV test sites reflects the voice of the community. Public Health has participated in several meetings with representatives of the HIV Planning Council and the HIV Prevention Community Planning Group. Their priorities and concerns are incorporated throughout this implementation plan, which both groups have unanimously approved. The implementation work plan is also consistent with the Santa Clara County Comprehensive Plan for HIV/AIDS Services 2006–2008 and the Santa Clara County HIV Prevention Plan 2006–2008.

BACKGROUND

On June 6, 2006 the Board of Supervisors approved a one-time budget allocation of \$375,000 for FY 2006–07 for expansion of HIV testing and counseling sites for targeted at-risk populations in Santa Clara County. Seventy-five thousand (\$75,000) of this funding was recommended by the Health and Hospital Committee for the Public Health Department to use for administrative and campaign marketing costs. The purpose of this allocation is to address gaps and barriers to the continuum of HIV services in the county by (1) Expanding testing and counseling sites to targeted communities; (2) Expanding availability of Rapid testing sites; (3)

Expanding Outreach and Counseling by increasing the number of certified counselors; and (4) Continuing to work with medical providers regarding reporting requirements via the Department's Surveillance Unit.

The Public Health Department was requested to submit an implementation plan for review by the Health and Hospital Committee. The Health and Hospital Committee accepted this plan at its August 16, 2006 meeting.

Purpose, Goals, and Parameters of Plan

The goal of the HIV/AIDS Testing Expansion program is to reduce the prevalence and incidence of HIV/AIDS through testing, counseling, referral to care and treatment to residents who are at risk of HIV/AIDS by:

- Increasing the number of certified test counselors in the community.
- Conducting a minimum of 6,944 tests in the target population, 2% of which will test positive for HIV antibodies (140 positive results).

Priority Populations for Expanded HIV Alternative Testing Sites are:

- Men who have sex with Men (MSM)
- Female sexual partners of Men who have Sex with Men (FSMSM)
- Transgender persons and Injection Drug Users (IDU)
- (IDU) and MSM/IDU

Groups identified among priority populations for expanded HIV testing are:

- People of Color
- Sex Workers
- Youth

Geographic Area Priorities are:

- The HIV/AIDS epidemic continues to be concentrated in the city of San Jose.
- North County residents (Sunnyvale, Mountain View, Palo Alto and Los Altos) make-up the next highest percentage of reported HIV cases.
- South County residents make-up the smallest number of reported HIV cases to date.
- However, isolation and limited access to services create challenges that need special attention.

Method to Expand HIV Testing

The Public Health Department will use a competitive RFP process to select 3 to 5 community based organizations to provide HIV testing and counseling within the required standards stipulated by the California Department of Health Services (CA DHS) and the CDC. These required standards have been incorporated as necessary "start-up" infrastructure development that selected Community Based Organizations (CBO) will need to have in place prior to beginning the testing. Accordingly, the contract period will be November 1, 2006 to October 31, 2007.

Attachment 1 outlines the timetable for implementing this plan. The specific work plan activities are detailed in Attachment 2.

Included in pages 1 and 2 of this work plan (Attachment 2) are the preferred capacities and requirements for community based organizations.

The detailed activities and timeframe necessary to meet the CA DHS and CDC requirements are delineated on page 3.

To maximize awareness of the availability of the expanded testing sites, the Public Health Department (PHD) will develop a marketing campaign. To complement this new General Fund funding, the PHD has also been able to restructure the availability of its internal testing services by assigning its County staff (2 FTE) during nontraditional hours. The Department is in the process of accomplishing this through the meet and confer process with SEIU 715. In addition, to manage and monitor this expanded program, the PHD will redirect HAP staff to undertake functions listed in Attachment 2.

Finally, the implementation of this program will include an evaluation of the degree to which the outlined goals and objectives have been achieved. The detailed evaluation plan is included in Attachment 3.

CONSEQUENCES OF NEGATIVE ACTION

Failure to accept this report will delay implementation of the plan to expand HIV/AIDS testing sites in the community.

ATTACHMENTS

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- Attachment 1 – RFP Timeline
- Attachment 2– Workplan Table
- Attachment 3 – Evaluation

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**HIV Rapid Testing and Counseling Expansion Program
Implementation Plan and Proposed RFP Process**

June 28	PHD management staff meets with Prevention Community Planning Group (CPG) Chairs to discuss components of Implementation Plan.
June 30	PHD begins drafting Implementation Plan
July 13	Dr. Olivas met with Planning Council Executive Committee – to present 1 st draft Plan and solicit input.
July 19	Dolores Alvarado and Kevin Hutchcroft to meet with HIV/AIDS Providers and CPG to present final draft Plan (inclusive of recommendations by CPG) and solicit further input.
July 20-25	Incorporate CPG recommendations into implementation plan.
August 16	Health & Hospital Committee accepts plan and forwards a positive recommendation to the BOS.
August 29	Board of Supervisors approves Plan.
August 30	Request for Proposals (RFP) is released via posting on county website RFP Depot.
September 8	RFP Information Meeting (Voluntary) 770 S. Bascom, room #136, 3:00 – 5:00 PM
September 20	Applications due to Public Health Administration by 5:00 p.m.
September 27	Review Committee meets to review proposals
October 2	Accepted Proposals are announced.
October 3–31	Contract service agreements are developed, finalized and approved by county.
November 1	12-month Program implementation begins. CBO's begin developing their infrastructure (hiring staff; developing policies & procedures; training staff, etc.)
January 1, 2007- October 2007	Expanded testing services begin and continue at all sites.
November 2007	Evaluation of Program.

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**Building Capacity for Increased HIV Alternative Testing Sites in Santa Clara County:
HIV/AIDS Testing and Counseling Expansion
Implementation Workplan**

Community Agency Role: Preferred Capacities and Requirements

All Community-based Alternative Testing Sites will use Rapid Testing technology to provide voluntary, anonymous and confidential free HIV testing. The goal is to make rapid testing accessible to the most at-risk populations in the county (MSMs—Men who have sex with men, MSM Methamphetamine users, FSMSMs—Females who have sex with MSM, IDUs—Injection drug users, MSM IDUs, and Transgender sex workers & IDUs). Additionally, it is important that the following populations are addressed within each target group: people of color, sex workers, and youth. Part of making testing accessible also means to provide testing in the San Jose area, where the HIV/AIDS epidemic is concentrated, as well as in North County, which has the next highest percentage of reported HIV cases, and in South County, where isolation and access to services is a challenge

Requirements for Alternative Testing Sites:

All testing sites must operate in compliance with relevant state and local regulations and CDC guidelines applicable to HIV Rapid Testing. (HAP will provide technical assistance to CBOs in preparing Alternative Testing Sites.)

Santa Clara County receives an annual allocation of HIV Education and Prevention funds to reduce new HIV infections, the purpose of which is to prevent and interrupt the transmission of HIV through preventive individual, group or community-level interventions to target populations other than test counseling. The Department of Health Services, Office of AIDS directs Local Health Jurisdictions to coordinate closely their HIV test-counseling programs with HIV prevention providers in receipt of State Education and Prevention funding. All HIV Education and Prevention subcontractors receive HIV testing certification training and test kits without charge from the State Office of AIDS.

Thus, given the complexity of setting up and operating an HIV testing site, history as a recipient of HIV Education and Prevention Funding or collaboration with a previous recipient of HIV Education and Prevention Funding will be required for funding. This history and background will facilitate an easier start-up of services and will enhance the CBO's ability to access testing kits and consultation services from the State Office of AIDS.

Preferred Capacities:

- Culturally competent and appropriate outreach, testing and counseling for the county's populations most at-risk and in communities prioritized in this implementation plan.
- Demonstrated access to and established trust with targeted high-risk populations.
- Effective collaboration with care and support services for HIV/AIDS clients.
- Capacity for effective health education dissemination.
- Strategies as cost-effective as possible, such as, making use of community volunteers as test technicians and counselors when they can effectively reach the target population.

Community-Based Organizations Alternative Testing Sites		
Activities	Responsible Party	Timeframe
Meet HIV testing certification requirements: <ul style="list-style-type: none"> Participate in mandatory certification training (60 hours). Participate in annual continuing education training to keep certificate up-to-date. Perform at least 12 tests per month. 	CBO/ATS Staff and Volunteers	11/2006-1/2007
Participate in trainings and meetings as arranged by HAP.	CBO/ATS Staff and Volunteers	Ongoing
Identify coordinator for ATS project.	CBO Administration	11/2006
Select Alternative Testing Sites: <ul style="list-style-type: none"> Identify sites at high-risk venues: bathhouses, gay bars, adult bookstores, head shops, parks or public sex environments, areas frequented by injection drug users, and areas frequented by sex workers—transgender MTF 	CBO/ATS Staff	11/2006-1/2007
(male to female) and heterosexual females—near gas stations, convenience stores, in parks in East San Jose, Needle Exchange Program Sites, homeless shelters, and chemical dependency programs. <ul style="list-style-type: none"> Assess proposed settings for feasibility of implementing rapid HIV testing (e.g., acceptable lighting for test readability, temperature control, and private space for providing test results). Coordinate with the ATS Coordinator to ensure priority risk behavior and geographic coverage (San Jose area plus North and South County). Create a site plan (locations and schedules).		
Develop systems and procedures to ensure client privacy and confidentiality.	CBO/ATS Staff	11/2006-1/2007
Establish procedures for protecting all client-related data.	CBO/ATS Staff	11/2006-1/2007
Develop systems and procedures for informed consent procedures in accordance with local and state requirements and CDC guidelines. <ul style="list-style-type: none"> Establish unambiguous and easy to implement guidelines to define sobriety standards and to identify chronic mental health conditions that may 	CBO/ATS Staff	11/2006-1/2007

interfere with ability to provide informed consent.		
Develop a process to document consent for testing and testing results, and to track specimens sent for confirmatory testing.	CBO/ATS Staff	11/2006-1/2007
Develop a process for obtaining detailed locating information on clients whose test results are preliminary positive so that they can be contacted and encouraged to come in for care if they fail to return for their follow-up appointment.	CBO/ATS Staff	11/2006-1/2007
Develop a plan to ensure compliance with the Clinical Laboratory Improvement Amendment (CLIA) and with relevant state and local regulations applicable to HIV Rapid Testing.	CBO/ATS Staff	11/2006-1/2007
Develop a plan for handling infectious waste, complying with the regulations of the Occupational Safety and Health Administration, and handling potential exposures.	CBO/ATS Staff	11/2006-1/2007
Develop a plan to maintain staff and volunteer safety at settings that may pose a risk to them (e.g., safety training and taking precautions, such as, working in teams).	CBO/ATS Staff	11/2006-1/2007
Participate in site visit by ATS Coordinator.	CBO Staff	On-going
<p>Operate alternative test sites and outreach at high-risk venues, as coordinated with Test Site Coordinator.</p> <ul style="list-style-type: none"> Provide HIV testing and counseling to high-risk clients (MSMs, MSM Methamphetamine users, FSMSMs, IDUs, MSM IDUs, and Transgender sex workers & IDUs). Provide condoms for prevention (harm reduction). 	CBO Staff	2/2007-11/2007
<p>Collect Data:</p> <ul style="list-style-type: none"> Complete the HIV Counseling Information Form (CIF), Lab Slips and Testing Consent Forms for all clients; HIPAA consent for confidential clients; and any additional recordkeeping required by HAP. 	CBO Staff	2/2007-11/2007
<p>Manage Referrals:</p> <ul style="list-style-type: none"> Arrange linkages with medical and social referrals for comprehensive follow-up. Develop procedures for making referrals, assisting clients with getting to referrals, and confirming that referred clients acted on the referrals and 	<p>CBO Staff</p> <p>CBO Staff</p>	2/2007-11/2007

received, or are receiving, services as a result of the referral.		
Participate in Public Health Department evaluation.	CBO Staff	11/2007-12/2007

Public Health Role: Oversight and Technical Assistance

The Public Health Department plays an important role in the implementation of the HIV alternative test sites. Its roles and responsibilities operate within the context of the California Department of Health Services/Office of AIDS (DHS/OA) requirements. DHS/OA requires that each local health jurisdiction (public health department) provide free anonymous and confidential HIV test counseling services at one fixed-site location for persons seeking an HIV test, the Alternative Testing Site (ATS). The Public Health Department's Crane Center serves as Santa Clara County's ATS. The DHS/OA allows each local health jurisdiction to assign this status to other community sites, and, thus, create additional Alternative Testing Sites. These additional ATSS are typically located in specific geographic, ethnic or cultural communities. This FY 06 General Funding will create 3 to 5 ATSS managed by CBOs. The DHS/OA requires the Public Health Department to authorize and monitor ATSS.

Public Health Department Administration		
Activities	Responsible Party	Timeframe
Develop and Implement a Social Marketing Campaign: <ul style="list-style-type: none"> ▪ Develop campaign: <ul style="list-style-type: none"> ○ Develop a common message that will be used with all target audiences (MSMs, MSM Methamphetamine users, FSMSMs, IDUs & MSM IDUs, Transgender sex workers & IDUs). ○ Communicate program goals and strategies to a variety of constituencies. ○ Distribute marketing materials to CBOs. ▪ Implement campaign. 	HIV/AIDS Program Manager w/ consultation from Public Health Information Officer (PIO) and a Marketing Consultant.	8/30/06-1/15/07 8/30/06 – 1/15/07 1/15/07 – 11/2007 1/2007-11/2007
Analyze Data: <ul style="list-style-type: none"> ▪ to Improve HIV Surveillance. ▪ to provide feedback to HAP to assist them in Alternative Testing Site (ATS) coordination. 	Data Management and Statistics	Ongoing

Public Health Department Administration (continued)		
Activities	Responsible Party	Timeframe
Evaluate the Project: <ul style="list-style-type: none"> ▪ Design evaluation. ▪ Implement evaluation. ▪ Report results. 	Division Director, Community Health Promotion, HAP, Data Management and Statistics	6/2006-12/2007
Strengthen relationships between PHD and the Department of Alcohol and Drug Services (DADS) and the Mental Health Department (MH) to facilitate referrals to the county's HIV testing and counseling.	PHD Administration	Ongoing
Finalize agreement with S.E.I.U. Local 715 to be able to assign county staff at strategic locations during non-traditional hours to provide HIV testing and counseling to high-risk populations.	Health Promotion Division Director with PHD Administration	8/15//2006
Work with County Counsel to explore the feasibility of utilizing PHD's Testing Van by CBOs funded through is initiative.	HAP Management	Ongoing
Provide HIV testing for clinic patients' partners and friends at the PACE Clinic: <ul style="list-style-type: none"> ▪ Plan ▪ Oversee implementation 	PACE staff	7/2006-Ongoing
Continue confidential and anonymous HIV testing at the Crane Center.	HAP	Ongoing

Public Health Department HIV/AIDS Prevention and Control Program (HAP)		
Activities	Responsible Party	Timeframe
Administer funds: <ul style="list-style-type: none"> ▪ Implement an RFP process. ▪ Develop selection criteria. ▪ Manage selection process. ▪ Negotiate and finalize contracts... 	PHD with HAP Management	9/2006-11/2006
Manage data collection process.	HAP ATS Coordinator	Ongoing
Monitor CBOs' testing sites: <ul style="list-style-type: none"> ▪ program implementation, ▪ processes, ▪ program performance, ▪ achievement of goals and objectives, and 	HAP Contract Management Staff & ATS Coordinator	Ongoing

▪ resource requirements.		
Provide oversight and coordination to ensure the CBOs are reaching target populations.	ATS Coordinator	Ongoing
Maintain a matrix of CBO testing sites and schedules to provide an overview of all sites.	ATS Coordinator	Ongoing
Provide training and technical support.	ATS Coordinator	Ongoing
Coordinate training and certification for all ATS CTR staff and volunteers.	ATS Coordinator	9/2006-1/2007
Coordinate any additional training, as needed.	ATS Coordinator	Ongoing
Perform a site visit to confirm CBO readiness to begin testing.	ATS Coordinator	12/2006-1/2007
Work with CBOs to identify and correct program issues.	ATS Coordinator	Ongoing
Collect information on what is working and what is not working and share information on “lessons learned” with all Alternative Testing Sites.	ATS Coordinator	Ongoing
Collect data.	ATS Coordinator	Ongoing
Provide routine QA to ensure that the test sites effectively deliver a consistently high level of service to clients.	ATS Coordinator	Ongoing
Review data and assist CBOs in modifying and changing sites and schedules as new data become available to best meet the needs of residents who are most at-risk of acquiring HIV.	ATS Coordinator	Ongoing
Supply Rapid Testing kits (which are supplied by DHS/OA at no cost) to the CBOs funded to manage ATSS: ▪ Assemble Rapid test kits for easy storage and transportation to each testing site. ▪ Link with Public Health Laboratory for confirmatory testing of preliminary positive rapid test specimens.	ATS Coordinator	1/2007-11/2007 8/ 2006 - ongoing
Enter data for the HIV Counseling Information Form completed for all clients at testing sites by CBOs.	HAP clerical staff	1/2007-11/2007

ATTACHMENT 3
HIV Rapid Testing and Counseling Implementation Plan
Program Evaluation Plan FY 08

Program Name	HIV Rapid Testing and Counseling Implementation Plan
Target Population	Residents of Santa Clara County who are High Risk Population for HIV/AIDS: (1) men who have sex with men (MSM), (2) MSM Methamphetamine users, (3) Female partners of MSM (FSMSMs), (4) Intravenous Drug Users (IDUs) and MSM IDUs, (5) Transgender sex workers & IDUs.
Problem Statement	Increasing rates of HIV infection in several identified populations are posing threat to the public health of Santa Clara County. Both CDC and local estimates indicate about 25% of those living with HIV/AIDS are unaware of their diagnosis. In Santa Clara County, there are an estimated 879 persons who are living with HIV/AIDS who are unaware of their diagnosis. The local positive rate for testing at the Public Health Department Laboratory is 1.67%, while the statewide average positive rate is 2.6%. The local positive rate for MSM is 2.4-4.0%, while the statewide MSM rate is 12-20%.
Overall Program Goals	To reduce the prevalence and incidence of HIV/AIDS through testing, counseling, referral to care and treatment to residents who are at risk of HIV/AIDS.
Program Components	<ol style="list-style-type: none"> 1. Assessment 2. Outreach 3. Clinical Health Services (Testing, Health Education, Counseling, Treatment) 4. Community Collaboration
Program Description	Confidential and anonymous testing will be provided at HIV test sites. Rapid testing will be used at locations where populations at greater risk for HIV/AIDS will be more likely to access services. Counseling and referrals are also provided to clients as needed.
Program Theory	<p>Health Belief Model</p> <p>Trans-theoretical model (Stages of change)</p> <p>Harm reduction</p>

Program Component: Outreach, Clinical services

Measurable Objectives	Program Activities to achieve objectives	Evaluation Methodology	Data Source	Reporting Timeframe	Link to ES Indicator
1. By December 2007, at least 2% of people will test positive for HIV antibodies among test sites within Santa Clara County.	a. Targeting high-risk populations such as MSM, transgender, IDUs and their partners, and females having sex with MSM. b. Conducting at least 6944 HIV tests	Data collection – reports from testing sites on number of tests conducted, results and demographics of clients	HIV 6 ELI	Quarterly	Essential Service (ES) 7: Link people to needed health services and assure the provision of health care when otherwise unavailable.

Program Component: Clinical services (counseling and referral)

Measurable Objective	Program Activities to achieve objectives	Evaluation Methodology	Data Source	Reporting Timeframe	Link to ES Indicator
2. By December 2007, 100% of clients who are HIV positive will be referred to care.	a. Training staff on resources available to refer clients b. Providing adequate resources to clients	a. Count number of training sessions and number of staff participating b. Determine percentage of clients referred to care Report from testing site on # of referrals to which providers Record of follow-up activities (phone calls to clients, providers, etc.) Record of referral information provided to client	a. Staff reports & survey staff who received training b. HIV 6	Quarterly	Essential Service (ES) 7: Link people to needed health services and assure the provision of health care when otherwise unavailable.

Program Component: Community collaboration

Measurable objective	Program activities to achieve objectives	Evaluation methodology	Data source	Reporting Timeframe	Link to ES indicator
3. By December 2007, at least 70% of the community providers and partners will report high level of satisfaction with the public health department	a. Conducting focus groups b. Administering the Community Provider and Partner Satisfaction Surveys	a. Conduct 2 to 3 focus groups with community providers and partners b. Analysis of results from satisfaction survey to community providers	a. Notes/ Results from focus groups b. Provider and Partner satisfaction surveys	Annual	Essential Service (ES) 7: Link people to needed health services and assure the provision of health care when otherwise unavailable.

Program Component: Clinical Health Services

Measurable objective	Program activities to achieve objectives	Evaluation methodology	Data source	Reporting Timeframe	Link to ES indicator
4. By the end of December 2007, at least 80% of the clients will report high levels of satisfaction with the Community Based Organizations providing services.	a. Conducting client satisfaction surveys focusing on the quality and accessibility of the services provided	Analysis of survey results (SPSS)	Client satisfaction survey	Quarterly	Essential Service (ES) 7: Link people to needed health services and assure the provision of health care when otherwise unavailable.

Program Component: Community collaboration, clinical services

Measurable objective	Program activities to achieve objectives	Evaluation methodology	Data source	Reporting Timeframe	Links to ES indicators
5. By the end of December 2007, 100% of clients who participate in the risk reduction counseling session will have increased knowledge of personal HIV/AIDS prevention strategies.	a. Include question(s) on the client satisfaction survey to assess whether there was increase in knowledge about HIV prevention	Analysis of survey results (SPSS)	Client satisfaction survey	Quarterly	Essential Service (ES) 7: Link people to needed health services and assure the provision of health care when otherwise unavailable.

* The Centers for Disease Control's (CDC) National Public Health Performance Standards Program's Ten Essential Services of Public Health document presented a method to organize the many diverse programs within the Department and support conclusions about overall department impact. The essential services represent the ten core responsibilities of a local department of public health.