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Date: August 16, 2006

To: Supervisor Liz Kniss, Chairperson
Supervisor Blanca Alvarado

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

Subject: HIV/AIDS Testing Expansion Implementation Plan

RECOMMENDED ACTION

Accept and approve 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.

REASONS FOR RECOMMENDATION

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 set aside for the Public Health Department to use for administrative and campaign marketing costs. The purpose of this allocation is to expand HIV testing and counseling sites that 1) use Rapid Testing technologies; 2) are culturally and linguistically appropriate; 3) are provided at locations where, and during hours when, populations most vulnerable and at-risk of acquiring HIV are accessible. The Public Health Department was requested to submit an implementation plan for approval by the Health and Hospital Committee.

Process to Develop Plan

This implementation plan for alternative rapid HIV test sites reflects the use of epidemiological estimates and 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. It 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

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 at least 898 persons who are living with HIV/AIDS who are unaware of their diagnosis.** The local positive rate for all testing is 1.67%, while the local positive rate for MSM is 2.4-4.0%, and the statewide MSM rate is 12-20%.

Purpose, Goals, and Parameters of Plan

The overall purpose is to expand the rapid HIV testing and to connect this testing service with existing HIV prevention and treatment programs and services.

The goals/objectives for the expansion of HIV/AIDS testing are:

- Reduce the prevalence and incidence of HIV/AIDS through testing, counseling, referral to care, and treatment to resident who are at risk of HIV/AIDS.
- Conduct a minimum of 6,944 tests to targeted persons and achieve a seropositivity rate of 2% for HIV antibodies among test sites within Santa Clara County (including the Public Health Department's Crane Center) in order to reach a goal of approximately 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 within the required standards stipulated by the California Department of Health Services (CA DHS) and the Center for Disease Control (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**.

To maximize awareness of the availability of the expanded testing sites, the 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. We are 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.


Included in pages 3 and 4 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 in pages 4 and 5.

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 and Implementation Plan will result in the Public Health Department’s inability to expand HIV/AIDS testing sites in the community.



c: Supervisor Beall
Supervisor McHugh
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