



Request for Proposal

HIV Alternative Testing Site Expansion

The Santa Clara County Public Health Department HIV/AIDS Prevention and Control Program (HAP) is currently seeking proposals to expand HIV alternative testing sites in Santa Clara County. The goal is to make rapid testing accessible to Santa Clara County's most at-risk populations. The Department will fund a maximum of five (5) community-based organizations (CBOs) to provide rapid HIV testing and counseling with the minimum required standards stipulated by the California Department of Health Services (CA DHS) and the Centers for Disease Control and Prevention (CDC). These standards are presented in the CBO HIV Alternative Testing Sites Work Plan (Attachment A). *The standards have been incorporated as necessary "start-up" infrastructure development that selected community-based organizations will need to have in place prior to beginning HIV testing.*

A total of \$300,000 will be made available to those organizations that can most effectively address HIV testing expansion funding priorities, preferred capacities, and requirements in their proposals. The contract period will be November 1, 2006 to October 31, 2007. To be eligible, an organization must be a public or private nonprofit organization that is classified as 501(c)(3) tax exempt under the Internal Revenue Code. *An RFP information meeting is scheduled for September 8, 2006, 3:00 p.m. to 5 p.m., at 770 S. Bascom, Room 136. **The deadline for proposals is 5 p.m. on September 20, 2006.***

This Request for Proposal (RFP) is organized as follows:

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I. Background

Santa Clara County's plan to expand HIV alternative testing sites and identify more residents who are HIV+ is important for many reasons. In the past, an HIV+ diagnosis was a death sentence—typically within five years due to fatal opportunistic infections. This is no longer true. Today, county residents with HIV can expect to live much longer with *appropriate medication and proper care*. As HIV+ status evolves into a more manageable chronic condition and greater numbers of people are living with HIV/AIDS, there is a greater chance of more residents becoming infected. In addition to the number of residents with HIV/AIDS who have currently been identified, the CDC estimates that approximately 25% of persons with HIV/AIDS are not aware of their diagnosis. And, evidence suggests that as many as two-thirds of the new HIV infections each year occur through transmission from persons who are unaware of their HIV+ status.¹ The incidence and spread of the disease will not be curtailed until barriers to early diagnosis are reduced. Expansion of HIV alternative testing sites will address barriers to early diagnosis and provide referrals to HIV+ residents, who will benefit from access to appropriate medication and proper care.

As more residents become aware of their HIV+ status, there will be greater need for appropriate medication and care. The Ryan White Care Act provides critical support for Santa Clara County's continuum of HIV/AIDS care, which includes primary medical care, case management, mental health services, oral health care, food, transportation, substance use/abuse treatment, and other services for county residents diagnosed with HIV/AIDS. At this time, changes in the funding formula are moving toward a formula based on the total number of persons living with HIV/AIDS. Increasing identification of HIV+ individuals in Santa Clara County will protect current funding and will likely result in additional resources for HIV/AIDS services through Ryan White and other similar formula-driven grants. These resources will be needed as more residents are identified as HIV+ through the expansion of HIV alternative testing sites.

Board of Supervisors Budget Allocation and Request for Implementation Plan

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. The purpose of this allocation is to address gaps and barriers to the continuum of HIV/AIDS services in the county by (1) Expanding testing and counseling sites to targeted communities; (2) Expanding availability of rapid testing; (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 Health and Hospital Committee recommended that \$75,000 of the \$375,000 go to the Public Health Department for administrative costs and for campaign marketing costs to maximize awareness of the availability of expanded HIV testing.

¹ CDC, "Advancing AIDS Prevention, AHP Overview, Interim Technical Guidance for Selected Interventions, Introduction," http://www.cdc.gov/hiv/topics/prev_prog/AHP/resources/guidelines/Interim-Guidance.htm (accessed 7/2006).

At that time, the Public Health Department was asked to submit an implementation plan for review by the Health and Hospital Committee. In response, the Public Health Department developed an implementation plan for alternative rapid HIV test sites that reflects the voice of the community. Public Health participated in several meetings with representatives of the HIV Planning Council and Community Planning Group. Their priorities and concerns are incorporated throughout the implementation plan, which was developed in coordination with both groups. The 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*.

Implementation Plan Goal and Priorities for Target Populations and Geographic Areas

The goal of the HIV Testing Expansion program is to reduce the prevalence and incidence of HIV/AIDS through testing, counseling, and referral to care and treatment of residents who are at risk of HIV/AIDS by 1) increasing the number of certified test counselors in the community, and 2) 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)
- Females who have Sex with Men who have Sex with Men (FSMSM)
- Transgender persons who have Sex with Men (TSM) and Transgender 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:

- City of San Jose, where the HIV/AIDS epidemic continues to be concentrated.
- North County (Sunnyvale, Mountain View, Palo Alto and Los Altos), where the next highest percentage of reported HIV cases is.
- South County, which has the smallest number of reported HIV cases to date, but isolation and limited access to services create challenges that need special attention.

Approval of the HIV Alternative Testing Sites Implementation Plan

The implementation plan was submitted to the Health and Hospital Committee on August 16, 2006. The Health and Hospital Committee accepted the plan and forwarded a positive recommendation to the Board of Supervisors. The Board of Supervisors approved the plan on August 29, 2006.

The Public Health Department's HIV/AIDS Prevention and Control Program (HAP) will administer these funds and provide technical assistance to and coordination for the CBO alternative testing and counseling programs.

II. Local HIV Data

From July 2002 through March 2006, 1008 people in Santa Clara County have been diagnosed HIV+. Nine hundred ninety six (996) are alive. The following tables were prepared by the Santa Clara County Public Health Department, Data Management and Statistics.

Gender				
Male		Female		Total*
Number	%	Number	%	
861	86.4	130	13.1	991

Race/Ethnicity								
White		African American		Hispanic		Asian/Pacific Islander		Total*
Number	%	Number	%	Number	%	Number	%	
497	52.0	96	10.1	310	32.5	52	5.4	955

Age Group							
0-12	13-19	20-29	30-39	40-49	50-59	60+	Total*
Number/%	Number/%	Number/%	Number/%	Number/%	Number/%	Number/%	Number
7/0.7%	19/1.9%	276/27.9%	404/40.8%	201/20.3%	68/6.9%	16/1.6%	991

Mode of Exposure and Gender			
Mode of Exposure	Total Number/%	Male Number/%	Female Number/%
MSM	630/63.6%	630/73.2%	0/0.0%
IDU	56/5.7%	39/4.5%	17/13.1%
MSM/IDU	61/6.2%	61/7.1%	0/0.0%
Heterosexual Contact	127/12.8%	47/5.5%	80/61.5%
Risk Not Specified	102/10.3%	80/9.3%	22/16.9%
Other	15/1.5%	4/0.5%	11/8.5%
Total*	991/100%	861/100%	130/100%

Mode of Exposure and Race/Ethnicity					
Mode of Exposure	Total Number/%	White Number/%	African American Number/%	Hispanic Number/%	Asian/Pacific Islander Number/%
MSM	630/63.6%	370/74.4%	32/33.3%	190/61.3%	29/55.8%
IDU	56/5.7%	33/6.6%	11/11.5%	12/3.9%	0/0.0%
MSM/IDU	61/6.2%	33/6.6%	5/5.2%	21/6.8%	2/3.8%
Heterosexual Contact	127/12.8%	28/5.6%	29/30.2%	57/18.4%	12/23.1%
Risk Not Specified	102/10.3%	26/5.2%	16/16.7%	27/8.7%	7/13.5%
Other	15/1.5%	7/1.4%	3/3.1%	3/1.0%	2/3.8%
Total*	991/100%	497/100%	96/100%	310/100%	52/100%

City	HIV Number/%
San Jose	617/64.7%
Santa Clara	60/6.3%
Mountain View	53/5.6%
Sunnyvale	50/5.2%
Campbell	29/3.0%
Palo Alto	29/3.0%
Milpitas	20/2.1%
Gilroy	18/1.9%
Los Gatos	17/1.8%
Missing	17/1.8%
Los Altos	12/1.3%
Cupertino	10/1.0%
Morgan Hill	10/1.0%
Saratoga	8/0.8%
Los Altos Hills	1/0.1%
Stanford	1/0.1%
Total*	954/100%

* The total does not equal 996 in the tables above because information was not recorded or numbers were too small to maintain confidentiality (e.g., for Native Americans).

III. CDC Best Practices Based on Science and Evidence-Based Approaches

The HIV Planning Council, HIV Prevention Community Planning Group, and the HIV/AIDS Prevention and Control Program are committed to promoting and supporting the most promising practices in HIV testing and counseling. All programs funded by the Public Health Department must incorporate promising practices and operate with established standards of care that are consistent with national and local standards.

Advancing HIV Prevention. The Centers for Disease Control and Prevention (CDC) announced a major new initiative to reduce new infections of HIV in the United States in April 2003. This initiative, *Advancing HIV Prevention: New Strategies for a Changing Epidemic (AHP)*, is comprised of four strategies to address and meet the needs of all persons who are at increased risk for HIV. The rationale for this new initiative was that despite much success in the prevention of HIV infection, the current reality is that an estimated 40,000 new HIV infections are still occurring in the United States each year, there has been an increase in racial/ethnic disparities in the last 25 years, and an estimated 25% of persons living with HIV do not know they are infected and are at considerable risk for developing AIDS and unknowingly transmitting HIV.²

One of AHP's four strategies is to *implement new models for diagnosing HIV infections outside medical settings*, the focus of the implementation plan for expansion of HIV testing sites. HIV

² CDC, "Evolution of HIV/AIDS Prevention Programs: United States, 1981-2006," MMWR 55, 21, (June 2, 2006): 597-603.

testing programs in nontraditional settings are more likely to reach some racial/ethnic minorities and persons who report increased risk for HIV, but do not have access to medical care. The rate of positive test results in non-traditional settings is generally higher compared with conventional test sites in medical settings. The recently approved rapid HIV tests can be done outside of a traditional laboratory setting. They reduce the time it takes to process tests from two weeks to 20 minutes.³ This advance in HIV testing technologies provides Santa Clara County with the opportunity to effectively create alternative HIV testing sites to reach residents who are most at risk for being infected with HIV and to increase the number of at-risk residents who know their HIV status. This strategy emphasizes the use of proven public health approaches to reducing the incidence and spread of disease and utilizes the most current HIV testing technologies.

There are two CDC AHP demonstration projects that can serve as models for Santa Clara County's alternative testing sites: *Rapid HIV Testing in Nonclinical Settings* and *Using Social Network Strategies to Reach Persons at High Risk for HIV Infection in Communities of Color*.

For the *Rapid HIV Testing in Nonclinical Settings* demonstration project, CDC provided funding for eight CBOs based in six cities: Boston, Chicago, Detroit, Kansas City, Los Angeles, and Washington, DC. The CBOs provided rapid HIV testing in nonclinical settings, such as parks and bars. As of June 2005, 17,149 persons had been tested for HIV and 249 had received confirmed positive results. The positivity rate was about 1.5%. Further information on this initiative can be found at: http://www.cdc.gov/hiv/topics/prev_prog/AHP/resources/guidelines/Interim-rapidtest.htm.

For the *Using Social Network Strategies to Reach Persons at High Risk for HIV Infection in Communities of Color* demonstration project, CDC funded nine CBOs in seven cities: Boston, Lafayette (LA), New York City, Orlando (FL), Philadelphia and San Francisco. This strategy is based on the concept that individuals are linked together to form large social networks and that infectious diseases often spread through these networks. It is a programmatic, peer-driven, recruitment strategy that is employed in conjunction with HIV testing and counseling. Through October 2005, the CBOs' 408 recruiters had persuaded 2,878 persons in their social, sexual, or drug-using networks to get tested for HIV. 160 of these network associates were confirmed as HIV+ (with a positivity rate of 5.6%), which is five times the average prevalence reported by publicly funded counseling, testing and referral sites. Further information on this initiative can be found in the June 24, 2005, Morbidity and Mortality Weekly Report and at <http://www.cdc.gov/hiv/resources/guidelines/snt/pdf/SocialNetworks.pdf>.

The following are the *Santa Clara County HIV Prevention Plan 2006-2008* program recommendations based on **CDC best practices** for HIV/AIDS prevention that are applicable to the alternative rapid test site funding.

³ CDC, "Questions and Answers: The Science Behind the New Initiative," September 2003, http://www.cdc.gov/hiv/topics/prev_prog/AHP/resources/qa/AHP_Science.htm (accessed 7/2006).

- Use a risk behavior model—targeting populations based on the behavior that puts them at high risk for HIV infection—for HIV prevention and rapid testing. The following are priority populations and sub-populations based on high-risk for HIV infection.

Priority Populations			
MSMs (Men who have Sex with Men)	FSMSM (Females who have Sex with MSM)	TSM & Transgender IDUs (Transgender persons who have Sex with Men)	IDUs and MSM-IDUs (Injection Drug Users)
Priority Sub-Populations for Access to Testing: <ul style="list-style-type: none"> ▪ People of Color ▪ Methamphetamine Users ▪ Sex Workers ▪ Youth 			

- Ensure that alternative test sites provide Counseling, Testing, and Referral (CTR), a risk-reduction counseling model conducted with HIV testing. CTR is a personalized, client-centered encounter in which individuals can learn their HIV status. In addition, the counselor helps the client identify and acknowledge personal HIV risk behaviors and commit to a single, achievable behavior change step that could reduce the client's HIV risk.

With rapid testing, a positive result is considered a preliminary positive. Whenever a client has a preliminary positive result, a confirmatory test is needed and the confirmatory test or a referral for one should be given at that time. When a high degree of trust is developed and tests results indicate a preliminary positive, the counselor should also explore partner notification. Relevant Standards and Guidelines for CTR include:

- CDC's Revised Guidelines for HIV Counseling, Testing, and Referral, 2001 (<http://www.cdc.gov/hiv/testing.htm>)
 - CDC's Quality Assurance Guidelines for Testing Using the OraQuick Rapid HIV-1 Antibody Test, 2003 (http://www.cdc.gov/hiv/rapid_testing/)
 - California Department of Health Services, Office of AIDS, HIV Counseling and Testing Guidelines, 1997 (<http://www.dhs.ca.gov/ps/ooa/>)
 - California Department of Health Services, Office of AIDS, Supplement to the HIV Counseling and Testing Guidelines, 1997 – OraQuick Rapid Testing in Counseling and Testing Settings, 2003 (<http://www.dhs.ca.gov/ps/ooa/>)
- Provide Outreach at community venues where and at times when priority populations and sub-populations are most accessible. The purpose of outreach in context of this funding is to recruit individuals into CTR. Examples of community venues where and times when priority populations and sub-populations are most accessible for outreach and CTR that have been identified are:
 - Venues: 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 (male to female) and heterosexual females—near gas stations, convenience stores, and in parks in East San Jose. Additional venues include

Needle Exchange Program sites, homeless shelters, and chemical dependency programs.

- Times: late night and weekend hours.
- All CTR and Outreach will be culturally competent and appropriate for the intended population. Staff and volunteers should reflect the broad range of languages spoken in Santa Clara County.
- Make free condoms available with all prevention and testing services. CDC and CPG support a harm reduction approach to HIV prevention in which clients and community members are encouraged to engage in safer sexual practices.
- Work collaboratively by providing linkages and referrals, a core component of effective CTR and outreach. The HIV epidemic exists in the context of a host of other health and social issues, including poverty, homelessness, substance abuse, mental health, incarceration, immigration, and sexually transmitted diseases that are compounded by deep-rooted social problems and inequities, such as, racism, homophobia, and gender inequality. HIV alternative test site providers must be familiar with the multiple needs of the individuals and communities they serve and attempt to address these needs through a network of providers to which they can refer and link their clients.
- Design and implement cost-effective programs. Cost-effectiveness is often thought of in terms of cost savings. An example would be the costs that would be avoided if the estimated 25% of persons living with HIV and not knowing they are infected received testing and knew their HIV status so that, if they were HIV+, they could reduce their risk for developing AIDS and of unknowingly transmitting HIV to others. Cost-effectiveness is also making use of community volunteers when they can effectively reach target populations. Successful volunteer testing programs, such as the San Francisco Department of Public Health's, can serve as models for replication.

A copy of the *Santa Clara County HIV Prevention Plan 2006-2008* is available at <http://www.sccgov.org/SCC/docs/SCC%20Public%20Portal/keyboard%20agenda/Committee%20Agenda/2006/February%208,%202006/TMPKeyboard201387529.pdf>.

IV. HIV Testing Expansion Funding Priorities, Preferred Capacities, and Requirements

The Santa Clara County Public Health Department funding for HIV Alternative Testing Site Expansion is a one-time budget allocation to expand rapid HIV testing in Santa Clara County. The goal is to make rapid testing accessible to Santa Clara County's most at-risk populations.

Funding Priorities:

- Rapid testing sites will be accessible to/target the most at-risk populations in the county (MSMs, MSM Methamphetamine users, FSMSMs, IDUs, MSM-IDUs, Transgender IDUs)

and TSMs) and the following sub-populations within each target population (people of color, sex workers, and youth). HIV Outreach and testing sites will be:

- in locations and during hours that will most effectively reach these at-risk populations.
 - 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.
 - implemented on a consistent schedule to capitalize on word-of-mouth as residents become familiar with the service.
- The HIV/AIDS Prevention and Control Program (HAP) will coordinate testing site locations and schedules. CBOs may be asked to change sites and/or locations based on the need for testing of all priority populations or due to changes identified through analysis of HIV/AIDS data by Public Health Department (PHD) epidemiologists.
 - History as a recipient of HIV Education and Prevention Funding within the last three years is preferred due to the complexity of setting-up and operating an HIV alternative testing site.
 - For interested CBOs that do not have a history as a recipient of HIV Education and Prevention Funding, partnership/collaboration with a previous recipient of this funding to apply for these funds is encouraged.
 - Collaboration among agencies in applying for these funds—with the goal of having the most effective staff working with priority populations—is encouraged.

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.

Requirements for Alternative Testing Sites:

- All Alternative Testing Sites operated by funded-CBOs will use Rapid Testing technology to provide voluntary, anonymous and confidential free or low cost (\$5) HIV testing. Test kits will be provided at no cost by HAP.

- All testing sites will 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. Requirements are presented in the CBO Alternative Testing Sites Work Plan (Attachment A).
- All testing and counseling staff will be certified after participating in training provided by the State Office of AIDS, which is available at no cost, and maintain up-to-date certification.
- Collect data as required by HAP (e.g., the HIV Counseling Information Form, Lab Slips, and Testing Consent Forms for all clients; HIPAA consent for confidential clients; and any additional recordkeeping required by HAP and Public Health Laboratory).
- All funded CBOs will commit to participating in the program evaluation. PHD will perform the evaluation based on the HIV Testing Expansion Evaluation Plan (Attachment B).

V. Application Process

1. Complete and attach the "Application Coversheet" (Attachment C).
2. Proposal Narrative: Describe the following in a **maximum** of five (5) double-spaced pages.
 - a. Organization Overview and Capacity. Describe your organization's past experience:
 - Working with HIV/AIDS clients.
 - Working with the priority population(s).
 - Working in the priority geographical area(s) where the priority population(s) are most accessible.
 - Providing health education.
 - Setting-up and operating complex programs relevant to an HIV alternative testing and counseling site.
 - b. Describe how your organization will address funding priorities, preferred capacities, and requirements presented in Section IV, including:
 - Target population(s).
 - Specific location(s) within priority geographic areas.
 - Proposed outreach and testing/counseling sites and schedules with rationale for selection of site(s) and schedule(s).
 - Proposed staffing and why they will be effective in reaching proposed target population(s).
 - Approach to setting-up and operating an HIV alternative test site(s).
3. Complete the Scope of Work Template (Attachment D).
4. Submit budget and budget narrative (Attachment E). Indirect expenses can equal no more than 10% of the total project budget.

Please Note: Successful bidders will not be funded for provision of services that are concurrently funded by other sources.

5. Provide resume(s)/job description(s) of personnel responsible for implementation of the proposal.
6. Provide proof of insurance coverage as required in Section VI of this proposal (Attachment F).
7. Review Confidentiality of Patient Information (Attachment G). You may sign it and include it with your proposal, but this is not required.

VI. County Contract Requirements

A. Contractual Requirements.

Applicants may submit only one (1) proposal. The successful bidder must comply with County contractual requirements, including: indemnification and insurance provisions, County Contracting Principles, non-discrimination provisions, client confidentiality, and other contract provisions included in the "Service Agreement" (Attachment H). **Proof of insurance coverage for requested funding, based on requirements in Attachment F, must be provided with the proposal.**

Requirements for evaluation will be included in the "Service Agreement" and will include collection of all required data (e.g., the HIV Counseling Information Form, Lab Slips, and Testing Consent Forms for all clients; HIPAA consent for confidential clients; and any additional recordkeeping required by HAP) and commitment to participating in the Public Health Department's evaluation of the HIV testing expansion program (Attachment B). All projects will be in effect from the date the Agreement is executed through October 31, 2007.

B. County Rights/Obligations

1. The Santa Clara Valley Health and Hospital System (SCVHHS) reserves the right to reject proposals, as well as the right to cancel this RFP at any time. The County retains the right to open this solicitation to additional bidders at any time prior to execution of the final Agreement.
2. Contractor will not be reimbursed for any costs associated with the preparation or submittal of responses to this RFP.
3. SCVHHS reserves the right to waive any minor irregularities or informalities in any proposal and request clarification of information from any bidder.
4. The California Public Records Act set forth in Government Code sections 6250 *et seq.* governs access to public records. The Act provides that access to information concerning the conduct of the public's business is a fundamental and necessary right of a person in

the state. Consequently, all Proposals, attachments and other materials submitted in response to this RFP are considered public information (except as provided herein) and become the exclusive property of the County.

5. Notwithstanding the foregoing, no Proposal materials will be released to the public nor may the public have access to such Proposal materials during the RFP process. Thereafter, the public will have access to the Proposal materials, as provided in this RFP.

VII. Proposal Deadline

The original plus 10 copies of the completed proposal must be delivered to the Santa Clara County Public Health Department, Attn: HAP, 3003 Moorpark Avenue, San Jose, CA, 95128 no later than **5 p.m., Wednesday, September 20, 2006**. No exceptions will be allowed. Each proposal must be in a secured folder, stapled or otherwise secured, and include completed forms and responses to Attachments C-F. Faxes, electronic copies, incomplete or late submittals will not be accepted and will be returned to bidders.

Contact the HAP Manager, Kevin Hutchcroft, in writing by e-mail with any questions: Kevin.Hutchcroft@hhs.co.santa-clara.ca.us. All questions and responses will be made public to all vendors on the website: www.sccgov.org/rfp_list.

VIII. Selection Criteria

The Public Health Department will conduct a review of the submitted proposals. The review may also include interviews of the prospective bidders. A contract will be negotiated with bidder(s) whose proposal(s) best demonstrates the ability to address funding priorities at a reasonable cost. The Public Health Department *reserves the right to cancel or reopen the RFP process as it deems appropriate*. Notification of the County's decision will be provided to all applicants no later than October 2, 2006.

The following review criteria will be applied in the selection process:

<i>Review Criteria</i>	<i>Points</i>
Proposal Narrative (up to 50 points):	
Organization Overview and Capacity:	0-20
▪ Presentation and clarity.	
▪ Experience and past successes.	
▪ Capacity to work effectively with the target population(s).	
▪ Capacity to work effectively in priority geographic area(s).	
▪ Capacity to set-up and operate an HIV alternative testing site(s).	
▪ Capacity to provide health education.	
Approach to addressing funding priorities, preferred capacities, and requirements:	0-30

- Presentation and clarity.
- Quality of approach/strategies to addressing funding priorities:
 - Target population(s).
 - Locations within priority geographic area(s).
 - HIV Outreach and Testing/Counseling Site(s) and rationale for selection.
 - Proposed staff and ability to reach target population(s).
 - Setting-up and operating an HIV alternative test site(s).

Scope of Work Template (Attachment D) 0-20

Budget: 0-20

- Proposed budget and budget narrative.
- Maximum of 10% for indirect cost(s).

Proposal Attachments: 0-10

- Completed Application Cover Sheet with required signature.
- Job Descriptions/Resumes for key staff.
- Proof of Insurance Coverage (see Section V, VI, and Attachment F).

Local Preference* Bonus Points 5

*When two or more competing vendors are equally qualified, local firms shall be given preference. (Board of Supervisor's policy 5.3.13)

IX. Appeals/Objections

Appeals or objections to a rejection or award under this RFP must be submitted in writing within five (5) business days of the postmarked notice of award or rejection. Such an appeal or objection must be specific, identifying the nature of the protest or objection and stating all the facts that form the basis for the appeal. All reason(s) for the appeal or objection, citing law, rule, regulation or procedures upon which the appeal is based must be specified. Any appeal or objection must be forwarded to the County by certified or registered mail or delivered in person, with proposer obtaining a receipt of delivery, in the time provided herein to the following address:

Dolores Alvarado, MSW, MPH
 Division Director, Community Health Promotion
 Santa Clara County Public Health Department
 3003 Moorpark Avenue
 San Jose, CA 95128

All appeals or objections received after the five (5) business day period described above will be automatically disallowed and the original decision that is the subject of the protest or objection will be upheld. All appeals that are timely will be referred to the Director of the Public Health Department for review and consideration. Applicants submitting appeals or objections will be

notified by the Director of the Public Health Department of the decision on any such appeal. The Public Health Director's decision on any appeal or objection will be final.

X. RFP Attachments

- A. CBO HIV Alternative Testing Sites Work Plan
- B. HIV Testing Expansion Program Evaluation Plan
- C. Application Cover Sheet
- D. Scope of Work Template
- E. Budget and Budget Justification Template
- F. Insurance Requirements for Standard Service Contracts (Insurance Exhibit B-2A)
- G. Confidentiality of Patient Information
- H. Sample Service Agreement Template
- I. RFP Timeline

CBO HIV Alternative Testing Sites Work Plan

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: 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 (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. ▪ Assess proposed settings for feasibility of implementing rapid HIV testing and counseling (e.g., does the setting have acceptable lighting for test readability, temperature control, private space for providing counseling and test results). ▪ Coordinate with the HAP ATS Coordinator to ensure priority risk behavior and geographic coverage (San Jose plus north and south county). ▪ Create a site plan (locations and schedules). 	CBO/ATS Staff	11/2006-1/2007
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 interfere with ability to provide informed consent. 	CBO/ATS Staff	11/2006-1/2007

Activities (cont.)	Responsible Party	Timeframe
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) regulations related to HIV rapid testing (which will be explained in detail at the 9/30 RFP information meeting) and with relevant state and local regulations applicable to HIV Rapid Testing. Refer to : www.cms.hhs.gov/CLIA	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 occupational 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 Public Health staff (HAP and Laboratory staff) to confirm readiness to begin HIV testing <i>(required before testing can begin)</i> .	CBO Staff	1/2007
Operate alternative test sites and outreach at high-risk venues, as coordinated with HAP ATS Coordinator. <ul style="list-style-type: none"> Provide HIV testing and counseling to high-risk clients (MSMs, MSM Methamphetamine users, FSMSMs, IDUs & MSM IDUs, TSMs, and Transgender IDUs). Whenever a client has a preliminary positive test result, have a system in place for confirmatory testing (see OraQuick Guidelines). Provide condoms for prevention (harm reduction). 	CBO Staff	2/2007-11/2007
Collect Data: <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 HAP requirements. 	CBO Staff	2/2007-11/2007

Activities (cont.)	Responsible Party	Timeframe
<p>Manage Referrals:</p> <ul style="list-style-type: none"> ▪ Link with Public Health Laboratory for confirmatory testing of preliminary positive rapid test specimens. ▪ 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 received, or are receiving, services as a result of the referral. 	CBO Staff	2/2007-11/2007
Participate in Public Health Department evaluation.	CBO Staff	11/2007-12/2007

HIV Testing Expansion Program Evaluation Plan FY 08

Program Name	HIV Rapid Testing and Counseling Expansion 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 IDUs and TSMs.
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, TSMs, 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 c. Report from testing site on # of referrals to which providers d. Record of follow-up activities (phone calls to clients, providers, etc.) e. 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	Annual	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, 80% of clients who participate in the risk reduction counseling session will have increased knowledge of personal HIV/AIDS prevention strategies.	a. Include questions(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.



I. APPLICATION COVERSHEET

Fill out completely and include as the front page of the application.

Name of Project: Alternative Testing Site at DeFrank Center

Applicant Name/Organization: The Billy DeFrank LGBT Community Center

Mailing Address: 938 The Alameda

City: San Jose, CA Zip: 95126

Phone: 408.293.3040 Fax: 408.298.8986 Other: _____

Contact Person: Aejaie Sellers

Title: Executive Director Phone: 408.293.3040, ext. 103

Tax Identification Number: 94-2850498

Funding Amount Requested: \$ 90,898

Brief description of the proposed project: The DeFrank Center will create a HIV alternative testing site utilizing rapid test technology at the Center and provide a total of 30 hours of HIV testing. Primary emphasis will be placed on testing MSM, transgender persons who have sex with men (TSM), and MSM who inject drugs (MSM-IDU) and secondary emphasis will be placed on youth, people of color, and methamphetamine users within the primarily emphasized groups. We anticipate testing a minimum of 1600 unique individuals throughout calendar year 2007.

Applicant understands that the submission of this document does not guarantee funding, nor that funding will be allocated at the level requested. Final contract provisions will take precedence over the information contained in the proposal.

The undersigned hereby affirms that they have read the attached County of Santa Clara Contracting Principles, Insurance requirements, Nondiscrimination Policy and other required County Contract provisions provided in the RFP packet. Further, statements contained in the application package are true and complete to the best of the applicant's knowledge. The undersigned recognizes that all proposals, attachments, and other materials submitted in response to this RFP shall be considered public information and open to public inspection. The undersigned further understands that if selected, the contractor will perform all work and services described in the Agreement as an independent contractor and not as an officer, agent, servant or employee of the County of Santa Clara.

Person authorized to sign:

Signature: _____ Date: _____

SCOPE OF WORK Template

CBO Name: _____

Proposed Alternative HIV Outreach and Testing Sites *(add rows to the table as needed to include all proposed sites)*

Target Population(s)	Target Numbers for Testing	Location of Site(s)	Proposed Schedule	Activity (Outreach/ Testing/ Counseling)	Staff Responsible (include strengths re: reaching the target population)

We will work with HAP to perform all activities in the CBO HIV Alternative Testing Site Work Plan (Attachment A) and ensure compliance with State and CDC rules and regulations regarding HIV rapid testing. ☐ Yes ☐ No

We will monitor staff participation in training and maintenance of certification. ☐ Yes ☐ No

We will complete and submit all required data collection, as requested by HAP. ☐ Yes ☐ No

We will work closely with HAP and participate in HIV rapid testing meetings. ☐ Yes ☐ No

We will participate in the Public Health Department's HIV Testing Expansion Evaluation Plan (Attachment B). ☐ Yes ☐ No