

Centers for Disease Control and Prevention (CDC)
National Center for HIV, Viral Hepatitis, STD and TB Prevention
Division of HIV/AIDS Prevention
Prevention Program Branch (PPB)

**PS12-1201:
Comprehensive Human Immunodeficiency Virus (HIV) Prevention
Programs for Health Departments**

Comprehensive Program Plan

Reporting Period:
January 1, 2012 – December 31, 2016

HEALTH DEPARTMENT CONTACT INFORMATION				
Award Number:	1U62PS003642-01			
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HEALTH DEPARTMENT FUNDED CATEGORIES
Please select the required core components and recommended program components implemented with the jurisdiction:
Category A: HIV Prevention Programs for Health Departments
Required core components (<i>required for all funded grantees</i>):
<input checked="" type="checkbox"/> HIV Testing <input checked="" type="checkbox"/> Comprehensive Prevention with Positives <input checked="" type="checkbox"/> Condom Distribution <input checked="" type="checkbox"/> Policy Initiatives
Recommended program components:
<input checked="" type="checkbox"/> Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk <input checked="" type="checkbox"/> Social Marketing, Media and Mobilization <input checked="" type="checkbox"/> Pre-Exposure Prophylaxis and Non Occupational Post-Exposure Prophylaxis Services
Category B: Expanded HIV Testing for Disproportionately Affected Populations
<input checked="" type="checkbox"/> <i>Not Applicable/Not Funded</i>
Program components:
<input type="checkbox"/> HIV Testing in Healthcare Settings (required) <input type="checkbox"/> HIV Testing in Non-Healthcare Settings (optional) <input type="checkbox"/> Service Integration (optional)
Category C: Demonstration Projects for Innovative, High-Impact Prevention
<input type="checkbox"/> <i>Not Applicable/Not Funded</i>
Program focus areas:

- Structural, Behavioral, and/or Biomedical Interventions
- Innovative HIV Testing Activities
- Enhanced Linkage to and Retention in Care
- Advanced Use of Technology
- Programmatic use of CD4, viral load and other surveillance data

PS12-1201 Resource Allocation

One of the goals of this FOA is to reduce HIV transmission by building capacity of health departments to focus HIV prevention efforts in communities and local areas, where HIV is most heavily concentrated, to achieve the greatest impact in decreasing the risks of acquiring HIV. Grantees should monitor the HIV/AIDS epidemic within the jurisdiction for program planning, resource allocation and monitoring and evaluation purposes. Grantees should utilize the most current epidemiological and surveillance data and other available data sources to assist in program planning and evaluation.

To ensure that resources are reaching the areas of greatest need, grantees will be required to report annually to CDC on the amount of funding allocated to the areas with 30% or greater of the HIV epidemic and how the funds were used.

Please identify each city/MSA with at least 30% of the HIV epidemic within the jurisdiction. For directly-funded cities, please report areas or zip codes within the MSA with at least 30% of the HIV epidemic within the jurisdiction. If no area represents at least 30% of the HIV epidemic, then identify the top three MSA/MDs, cities, or areas within the jurisdiction that have the greatest burden of disease.

MSA/CITY	Percentage of HIV Epidemic	Percentage of PS12-1201 Funds Allocated	Components and Activities Funded
Multnomah County	48%	57% of funding to counties went to Multnomah. 37% of the entire award amount.	HIV Testing, Comprehensive Prevention for Positives, Condom Distribution, Evidence-based Interventions for HIV Negative Populations at Highest Risk

Note: If a state with a directly-funded city funds programs within that city with PS12-1201 funds, then the state should include the directly-funded city within this reporting. If a state with

a directly-funded city does not fund any programs within the directly-funded city with PS12-1201 funds, the state should exclude cases attributable to directly-funded cities and recalculate the areas that represent 30% or greater of the HIV disease burden for the remainder of the jurisdiction.

PS12-1201 Category A
HIV Prevention Programs for Health Departments (*core funding*)

Required Component: HIV Testing

The following are the National-Level Objectives and Performance Standards that will be used for HIV testing and linkage to care activities funded under Category A. Category A goals and objectives should be developed in relation to the National-Level Objectives and Performance Standards while also addressing elements of each program component as listed in the FOA.

National Goal: CDC expects approximately **two** million HIV tests will be provided annually, among all funded jurisdictions, when the program is fully implemented.

Performance Standards: CDC expects each funded jurisdiction to achieve the following performance standards, when the program is fully implemented:

- For targeted HIV testing in non-healthcare settings or venues, achieve at least a 1.0% rate of newly-identified HIV-positive tests annually.
- At least 85% of persons who test positive for HIV receive their test results.
- At least 80% of persons who receive their HIV-positive test results are linked to medical care and attend their first appointment (within 90 days of the positive HIV test).
- At least 75% of persons who receive their HIV-positive test results are referred to and interviewed for Partner Services (within 30 days of having received a positive test result).

Required Elements for HIV Testing:

- A. Implement and/or coordinate opt-out HIV testing of patients ages 13-64 in healthcare settings.
- B. Implement and/or coordinate HIV testing in non-healthcare settings to identify undiagnosed HIV infection using multiple strategies and the most current recommendations for HIV counseling, testing and referral.
- C. Support HIV testing activities in venues that reach persons with undiagnosed HIV infections.
- D. Ensure the provision of test results, particularly to clients testing positive.
- E. Promote routine, early HIV screening for all pregnant women, according to current CDC recommendations.

- F. Encourage and support health department and non-health department providers to increase the number of persons diagnosed with HIV through strengthening current HIV testing efforts or creating new services.
- G. Facilitate voluntary testing for other STDs (e.g., syphilis, gonorrhea, chlamydial infection), HBV, HCV, and TB, in conjunction with HIV testing, including referral and linkage to appropriate services, where feasible and appropriate and in accordance with current CDC guidelines and recommendations. *(This activity may be implemented in collaboration with STD, hepatitis, and/or TB programs).*
- H. Ensure that testing laboratories provide tests of adequate quality, report findings promptly, and participate in a laboratory performance evaluation program for testing. *(This activity may be done in conjunction with surveillance and/or laboratory services).*
- I. Incorporate new testing technologies, where feasible and appropriate.

HIV Testing Goals:
 Reach 1.0% rate of newly identified HIV-positive tests among Oregon’s targeted populations of MSM, PWID and partners of PLWH by 2014.

HIV Testing Objectives and Annual Targets						
In an effort to monitor progress toward meeting the PS12-1201 Category A national objectives, please submit your jurisdictional proposed objectives for number of HIV test events, number of newly-identified HIV-positive test results, and new HIV-positive test rate for years 1-5 of the project period. For each year, enter the projected number of HIV test events that will be conducted and the anticipated new HIV-positive test rate.						
Objectives	Targets Per Year					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
# of HIV testing events	12,650	11,385	10,247	10,247	10,247	54,776
# of HIV positive test results	105	115	125	125	125	595
# of newly-identified HIV-positive test results	95	105	115	115	115	545
New HIV-positive test rate (%)*	.8%	.9%	1.0%	1.0%	1.0%	Average .9%
# of newly identified HIV-positive test results returned to clients	90	100	110	110	110	520

**# of newly-identified HIV-positive test results (numerator)/ # of HIV testing events (denominator) = Target rate for new HIV positivity.*

Outcome Objective(s)	Responsible for implementation
<p>Process Objective: Ensure LHD partners progress towards 70% of the CDC grant funded HIV tests being targeted towards Oregon’s high risk populations of MSM, PWID, and partners of PLWH and reach that goal by 2014. This will be monitored and measured in reports submitted to OHA quarterly. OHA feedback is provided during on-going technical assistance. This will contribute towards identifying Oregon’s 1,300 unknown positive cases and, ultimately, towards NHAS efforts to lower the annual number of new infections by 25%.</p> <p>Outcome Objective: Seventy percent of all CDC grant funded HIV tests in Oregon are specifically targeted towards Oregon’s high risk populations of MSM, PWID, partners of PLWH by 2015.</p> <p>Process Objective: Ensure LHD partners progress towards a positivity rate of at least 1.0% for newly identified HIV-positive tests through 2014, monitored and measured in reports submitted to OHA quarterly. OHA feedback is provided during on-going technical assistance. This will contribute towards NHAS efforts to increase from 79 to 90% of people living with HIV who know of their infection.</p> <p>Outcome Objective: From grant funded testing events in Oregon, 1.0% or results will be newly identified HIV-positive tests by 2014.</p>	<p>OHA HIV Prevention Program Staff</p>

Capacity Building Activities Planned for HIV Testing:
HIV Testing is one of the core components of the HIV Essentials training that is offered to new and existing health service providers that conduct HIV Counseling, Testing and Referral in Oregon. These trainings will occur throughout each calendar year based on demand. Contractors also have an option of requesting trainings to support HIV Testing activities through the Capacity Building Assistance Request Information System (CRIS).

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
Are 70% of HIV tests focused on high risk populations each quarter?	# HIV tests among partners of HIV+ # HIV tests among MSM # HIV tests among IDUs #HIV tests among other populations	Oregon HIV Prevention Program Plan and Report Workbook	The status of each county’s progress will be measured on a quarterly basis through 2016.
Are all funded counties progressing towards maintaining at least 1% positivity rate for newly identified HIV-positive tests?	Percentage of positivity rate for newly identified HIV positive tests, reflected in each quarterly report submitted to Oregon HIV	Oregon HIV Prevention Program Plan and Report Workbook	The status of each county’s progress will be measured on a quarterly basis through 2016.

Required Component: Comprehensive Prevention with Positives**Required Elements for Comprehensive Prevention with Positives:**

- A. Provide linkage to HIV care, treatment, and prevention services for those persons testing HIV-positive or currently living with HIV/AIDS.
- B. Promote retention or re-engagement in care for HIV-positive persons.
- C. Offer referral and linkage to other medical and social services such as mental health, substance abuse, housing, safety/domestic violence, corrections, legal protections, income generation, and other services as needed for HIV-positive persons.
- D. Provide ongoing Partner Services (Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection, 2008. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5709a1.htm>) for HIV-positive persons and their partners: Collaborate and coordinate with STD programs, and HIV and/or STD surveillance programs to utilize data to maximize the number of persons identified as candidates for Partner Services. (2) Partner with non-health department providers, including CBOs and private medical treatment providers, to identify more opportunities to provide Partner Services.
- E. Assure that HIV-positive pregnant women receive the necessary interventions and treatment for the prevention of perinatal transmission.
- F. Conduct sentinel event case review and community action to address local systems issues that lead to missed perinatal HIV prevention opportunities by utilizing the Fetal and Infant Mortality Review (FIMR)-HIV Prevention Methodology, including CDC's web-based data system (see www.fimrhiv.org), where appropriate and based on local need and the availability of resources.
- G. Support behavioral and clinical risk screening followed by risk reduction interventions for HIV-positive persons and HIV-discordant couples at risk of transmitting HIV.
- H. Support implementation of behavioral, structural, and/or biomedical interventions (including interventions focused on treatment adherence) for HIV-infected persons.
- I. Support and/or coordinate integrated hepatitis, TB, and STD screening (STD Treatment Guidelines, 2010), and Partner Services for HIV-infected persons, according to existing guidelines.
- J. Support reporting of CD4 and viral load results to health departments and use of these data for estimating linkage and retention in care, community viral load, quality of care, and providing feedback of results to providers and patients, as deemed appropriate.
- K. Promote the provision of antiretroviral therapy (ART) in accordance with current treatment guidelines. (CDC funds may not be used to purchase antiretroviral therapy).

Comprehensive Prevention with Positives Goals:

Ensure 85% of newly HIV-positive people are linked to care within 3 months from diagnosis by 2014.

Comprehensive Prevention with Positive Objectives and Annual Targets						
Objectives	Targets					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Newly-identified HIV-positives						
# HIV-diagnosed clients (new and previous positives) linked to HIV medical care	80	90	100	100	100	470
# of clients with a newly-identified HIV-positive test result linked to medical care and attended their first medical appointment	80	90	100	100	100	470
# of newly-identified HIV-positive clients who were referred and linked to prevention services	80	90	100	100	100	470
# of clients with a newly-identified HIV-positive test result referred to and interviewed for Partner Services	80	90	100	100	100	470

Outcome Objective(s)	Responsible for implementation
<p>Process Objective: By 2014, ensure funded county partners are working towards establishing seamless systems to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV. Progress of processes/procedures are monitored and measured in reports submitted to OHA quarterly. Final procedural document is provided to OHA by 2014. OHA feedback is provided during on-going technical assistance. This will contribute towards the NHAS anticipated results of increasing the proportion of RW HIV/AIDS Program clients who are in continuous care from 73% to 80%.</p> <p>Outcome Objective: By 2014, all funded county health departments will have a procedural document that describes their established seamless system to immediately link people to continuous and coordinated quality care for individuals who are diagnosed with HIV.</p>	<p>OHA HIV Prevention Program Staff</p>

Capacity Building Activities Planned for Prevention with Positives:
A CBA request has been submitted and approved to secure Motivational Interview training in the fall of 2012. HIV prevention, care, and case management staff will attend the training. Contractors also have an option of requesting trainings to support Prevention with Positives activities through the Capacity Building Assistance Request Information System (CRIS).

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
Has the % of diagnosed	# HIV diagnosed clients	Oregon HIV	The status of each

people linked to care within 3 months increased to 85% among funded counties?	who participated in a program or activity designed to link them to HIV medical care, to increase ART adherence, or retain/re-engage them in HIV medical care -timeframe of lab tests indicate when client was linked to care	Prevention Program Plan and Report Workbook and local database called Orpheus	county's progress will be measured on a quarterly basis through 2016.
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Required Component: Condom Distribution

Required Elements for Condom Distribution:

- A. Conduct condom distribution to target HIV-positive persons and persons at highest risk of acquiring HIV infection.

Condom Distribution Goals:

Increase condom use among Oregon's high-risk populations of MSM, PWID, and PLWH by identifying at least 60 different CD sites to distribute condoms by 2013. Out of the 60 different CD sites, 35 sites will be maintained as regular sites by 2016.

Condom Distribution Objectives and Annual Targets						
Objectives	Targets					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
# of condoms to be distributed (overall)	80k	70k	60k	50k	40k	300k
# of condoms to be distributed targeted to HIV-positive individuals	56k	49k	42k	35k	28k	210k
# of condoms to be distributed targeted to high-risk negatives/HIV unknown status	24k	21k	18k	15k	12k	90k

Outcome Objective(s)	Responsible for implementation
Process Objective: Sixty CD sites targeting Oregon's high-risk populations of MSM, PWID and PLWH will be identified among 11 county partners by 2013. Updates on viable CD sites will be made on a quarterly basis through 2016, monitored and measured in reports submitted to OHA quarterly. OHA feedback is provided during on-going technical assistance. This strategy	Oregon HIV Prevention

<p>adheres to NHAS’ recommended action to intensify HIV prevention efforts in the communities where HIV is most heavily concentrated.</p> <p>Outcome Objective: Among 11 CDC funded counties for condom distribution, 35 sites will be identified and maintained to distribute condoms to MSM, PWID and PLWH by 2016.</p>	Program Staff
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Capacity Building Activities Planned for Condom Distribution:
 No trainings are currently scheduled. Agencies can formally request technical assistance/capacity-building services from OHA staff.

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
Are all funded counties progressing towards identifying stable CD sites in their communities which focus on high risk populations?	# Distribution locations	Oregon HIV Prevention Program Plan and Report Workbook	The status of CD sites in each county will be tracked on quarterly basis through 2016.
Are all funded counties maintaining at least 70% of their CD sites focused on high risk populations (MSM, PWID, and PLWH), with 30% on other populations, each quarter?	# Condoms distributed overall # Condoms distributed to high-risk HIV persons/unknown populations # Condoms distributed to general populations	Oregon HIV Prevention Program Plan and Report Workbook	The status of each county’s gradual progress will be measured on a quarterly basis through 2016.

Required Component: Policy Initiatives

Required Elements for Policy Initiative Strategies:

A. Support efforts to align structures, policies, and regulations in the jurisdiction with optimal HIV prevention, care, and treatment and to create an enabling environment for HIV prevention efforts. Policy efforts should aim to improve efficiency of HIV prevention efforts where applicable, and are subject to lobbying restrictions under federal law.

- Policy Initiative Goals:**
- 1) Oregon Administrative Rule to change informed consent for HIV testing
 - 2) Implement data sharing among partners
 - 3) Meet with the Oregon Board of Pharmacy to assess and discuss info and guidance available to pharmacist on selling syringes to IDUs
 - 4) Expand infrastructure for internet and text-based Partner Services (PS) statewide
 - 5) Convene stakeholders to assess the feasibility and interest in having traditional and mail-

- order pharmacies distribute condoms to RW clients with medications
- 6) Explore legislation on CD in businesses offering public sex environments
- 7) Meet with Oregon Department of Corrections Health Services Administration to propose a CD pilot project in at least 1 prison
- 8) Develop a risk reduction counseling training for HIV case managers and housing case managers
- 9) Recommend to Oregon's Coordinated Care Organization Criteria Workgroup that Oregon's state sponsored insurance program add routine HIV testing of persons ages 13-64 as an essential (covered) service
- 10) Eliminate anonymous testing

Note: When providing the Policy Initiatives objectives, please indicate at what stage the jurisdiction expects to be for each of their policy initiatives for each year, using the following categories: *Identification* (i.e., Identification/recognition of need, review of existing policies); *Planning* (i.e., policy formulation/preparation/development); *Implementation*; or *Evaluation*.

Outcome Objective(s)	Responsible for implementation
<p>1) <u>Oregon Administrative Rule (OAR) to change informed consent for HIV testing</u> Process Objective: OHA will identify the process to change an OAR, plan steps to be taken and a means to evaluate the activities to reduce barriers of informed consent for HIV testing by 6/2013. Outcome Objective: A revised OAR is in place to reduce barriers of informed consent for HIV testing by streamlining it into a general medical consent by 12/2013.</p> <p>2) <u>Implement data sharing among partners</u> Process Objective: OHA will identify means to implement the removal of duplicated confidential test data via unique IDs by 6/2013. Outcome Objective: OHA can make testing histories for people who test confidentially, which allows OHA to have a better sense of testing patterns by 9/2012. This contributes towards the NHAS goal of developing improved mechanisms to monitor and report on progress toward achieving national goals.</p> <p>3) <u>Meet with the Oregon Board of Pharmacy to assess and discuss info and guidance available to pharmacist on selling syringes to IDUs</u> Process Objective: OHA staff will meet with CAREAssist/AIDS Drug Assistance Program Manager and Oregon Board of Pharmacy contacts to identify the need and feasibility of structural initiatives on identified pharmacies selling syringes to IDUs by 5/2013. Process Objective: An implementation strategy will result from decisions made for guidelines and timelines for the selling of syringes to IDUs by identified pharmacies by 8/2013. Continued discussions will take place during bi-weekly OHA team meetings, thereafter.</p>	<p>OHA HIV Prevention Program Staff</p>

Process Objective: A monitoring and evaluation process will be defined, along with the guidelines, and made available to participating pharmacies by 2/2014.

Outcome Objective: IDUs will not experience barriers in purchasing syringes among identified pharmacies that use the guidance provided by OHA by 6/2014.

4) Expand infrastructure for internet and text-based Partner Services (PS) statewide

Process Objective: Met with Multnomah County PS staff and the OHA STD Lead, to discuss expanding Multnomah County's internet and text-based Partner Services statewide by 7/2012.

Process Objective: Based on decisions, plans will be made accordingly to develop policies/procedures, evaluation process, trainings, implementation and timelines by 12/2012 – to be monitored and documented during bi-weekly OHA team meetings.

Process Objective: Expansion of PS infrastructure will be underway by 2/2013, monitored and measured in reports provided by Evaluation Web.

Outcome Objective: PS staff are able to contact potential partners of PLWH via internet and text-based services by 6/2013. These services allow the expansion of PS, supporting the NHAS to expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches.

5) Convene stakeholders to assess the feasibility and interest in having traditional and mail-order pharmacies distribute condoms to Ryan White (RW) clients with medications

Process Objective: Met with CAREAssist/AIDS Drug Assistance Program Manager, to identify stakeholders and needs of traditional and mail-order pharmacies distribution of condoms by 8/2011.

Process Objective: Based on decisions made during initial meeting, plans will be made accordingly with stakeholders to develop guidelines and timelines by 1/2013. Implementation activities will be discussed monthly bi-weekly OHA team meetings, thereafter.

Process Objective: Guidelines, including a monitoring and evaluation process, will be ready for distribution to pharmacies to distribute condoms to RW clients by 2/2013.

Outcome Objective: RW clients will have the option to receive condoms with their traditional and mail-order medications by 5/2013.

6) Explore legislation on CD in businesses offering public sex environments

Process Objective: Meet with stakeholders to develop a workgroup on CD in businesses offering public sex environments by 6/2013.

Process Objective: The workgroup will convene quarterly, starting 8/2013, to explore resources, timelines, M&E processes, partnerships, collaborations and assess the feasibility of legislative action to distribute condoms in businesses offering public sex environments.

Outcome Objective: Condoms will be offered in public sex environments

of business due to legislation that supports CD by 2015.

7) Meet with Oregon Department of Corrections Health Services Administration to propose a Condom Distribution (CD) pilot project in at least 1 prison

Process Objective: OHA will prepare proposal for CD pilot project, identifying potential prisons to participate by 2/2014.

Process Objective: OHA will meet with Oregon Department of Corrections Health Services Administration to introduce pilot project and determine next steps in planning/timelines, implementation, and evaluation by 6/2014.

Outcome Objective: A CD pilot project will be conducted in an Oregon prison by 3/2015. This will coordinate with on-going Oregon prison interventions, including Reach One Teach One – a peer education program on blood borne pathogens done at 5 prisons, and increase the coordination of HIV programs across the Federal government and between federal agencies and state, territorial, tribal, and local governments as stated in the NHAS.

8) Develop a risk reduction counseling training for HIV case managers and housing case managers

Process Objective: OHA HIV Prevention and Care/Treatment staff meets to identify needs of a risk reduction counseling training and will initiate plan for implementation by 3/2014.

Process Objective: OHA will meet with stakeholders to get feedback on training/webinar draft and make changes accordingly by 7/2014.

Process Objective: Risk reduction counseling training for HIV case managers and housing case managers is accessible via webinar by 10/2014.

Process Objective: Use of training is encouraged for all new HIV case managers and housing case managers throughout Oregon through reminder communications (newsletters, emails, technical assistance, etc.) in 2015-2016.

Outcome Objective: A risk reduction counseling training for HIV case managers and house case managers by 10/2014, which contributes towards NHAS' recommended action to educate all Americans about the threat of HIV and how to prevent it.

9) Recommend to Oregon's Coordinated Care Organization Criteria Workgroup that Oregon's state sponsored insurance program add routine HIV testing of persons ages 13-64 as an essential (covered) service

Process Objective: OHA will prepare recommendation statement for CCO workgroup and meet with CCO leaders by 7/2014 to discuss how OHA can support adding this routine essential testing service.

Process Objective: OHA, along with CCO partners, will define next steps in planning/timelines, implementation, and evaluation of state sponsored insurance program adding routine HIV testing as a covered service by 10/2014.

Outcome Objective: Persons ages 13-64 can take home a routine HIV test at Coordinated Care Organization clinics throughout Oregon, which will be

<p>covered via the state's sponsored insurance program by 2016.</p> <p>10) <u>Eliminate anonymous testing</u> Process Objective: OHA will meet with stakeholders to develop a workgroup eliminating anonymous testing by 1/2015. Process Objective: The workgroup will convene quarterly in 2015 to explore resources, M&E processes, partnerships, collaborations, assess the feasibility and implementation strategy of eliminating anonymous testing in Oregon. Outcome Objective: Anonymous testing will be eliminated by 2016, in order to meet NHAS' goal of developing improved mechanisms to monitor and report on progress toward achieving national goals.</p>	
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Capacity Building Activities Planned for Policy Initiative:
OHA staff will provide technical assistance, capacity building and training opportunities to support the following policy and structural initiatives once they are operational:
1) Required trainings for HIV case managers, 2) HIV test consent process, 3) OHA access to HIV testing data, 4) Billing procedures for HIV testing, 5) Infrastructure for implementing Internet-based Partner Services statewide, 6) Guidance and information available to pharmacy staffs about interacting with persons who inject drugs, and 7) Online promotion of HIV prevention (Category C)

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
1) Has the Oregon Administrative Rule (OAR) changed to remove barriers of informed consent for HIV testing?	Steps to make a change to an OAR according to policy and protocol,	Oregon Administrative Rule Blue Book	The objective will be completed by 6/2013. The status of this goal will be tracked on a quarterly basis during OHA team meetings until accomplished by 12/2013.
2) Is confidential test data being shared between OHA and partners?	Confidential test data/ reports, available by OHA partners	Local Oregon database: sHIVer	The objective has been completed as of 9/2012.
3) Are IDUs able to purchase syringes from Oregon pharmacies?	A completed implementation document will include M&E process, including how to track indicators.	To be determined	The objectives will be completed by mid-2014. The status of this service will be tracked on

			quarterly basis through 2016.
4) Are partners of high-risk populations being tracked via expansion for internet and text-based PS statewide?	# of partners contacted via internet and text based PS	Evaluation Web	The objectives will be completed by 2014. The status of this service will be tracked on quarterly basis through 2016.
5) Are RW clients who receive medications from pharmacists able to receive condoms via traditional and mail-order methods?	% participating pharmacies in program % RW clients participating in program	Local Oregon databases: HIV CAREAssist and Ramsell Corporation/ Pharmacy Benefits Management	The objectives will be completed by 1/2012. The status of this service will be tracked on quarterly basis through 2016.
6) Are condoms available in businesses that offer public sex environments?	# of businesses participating in program # of condoms being distributed	To be determined	The objectives will be completed by 2015. The status of this service will be tracked on quarterly basis through 2016.
7) Is there a CD pilot project in an Oregon prison?	# of prisons participating # of condoms being distributed	To be determined	The objectives will be completed by 3/2015. The status of this service will be tracked on quarterly basis through 2016.
8) Is there a Risk Reduction Training available for HIV case managers and housing case managers in Oregon?	The completion of the training # of case managers who have completed the training	To be determined	The objectives will be completed by 10/2014. The status of this service will be tracked on quarterly basis through 2016.
9) Are Medicaid clients ages 13-64 able to get a routine HIV test through CCO clinics via Oregon's sponsored insurance program?	# of CCO clinics offering routine HIV testing # of persons ages 13-64 utilizing this service	To be determined	The objectives will be completed by 2016. The status of this service will be tracked on quarterly basis through 2016.
10) Does anonymous	# of tests that are		The objectives will

testing still exist?	anonymous	Local Oregon database: sHIVer	be completed by 2016. The status of this service will be tracked on quarterly basis through 2016.
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Recommended Component: Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk of Acquiring HIV

Not applicable

Recommended Elements for Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk:

- A. Provide behavioral risk screening followed by individual and group-level evidence-based interventions for HIV-negative persons at highest risk of acquiring HIV, particularly those in an HIV-serodiscordant relationship.
- B. Implement community evidence-based interventions that reduce HIV risk.

HIV Prevention Intervention Goals:

Through 2016, reduce sexual and drug use risk behaviors while increasing protective behaviors for HIV-negative persons through the individual level intervention of Social Network Strategies (SNS).

EBIs for High-Risk Negatives Objectives and Annual Targets

Objectives	Targets Per Year					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
# of high-risk HIV negative clients who will enroll in individual level evidence-based interventions (ILIs)	50	100	100	100	n/a	350
# of community evidence-based interventions to be conducted	n/a	n/a	n/a	n/a	n/a	n/a
# of people to be reached by community evidence-based interventions	n/a	n/a	n/a	n/a	n/a	n/a

Outcome Objective(s)

Responsible for implementation

<p>Process Objective: Define county appropriate individual level interventions (ILI) to be implemented via program planning process by December 2012 and annually thereafter.</p> <p>Outcome Objective: Funded counties will have implemented ILIs that are appropriate for high-risk negatives persons in their areas.</p>	<p>OHA HIV Prevention Program Staff</p>
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Capacity Building Activities Planned for HIV Prevention Interventions:
 OHA staff will train contracted service providers on Social Networks Strategies for face-to-face applications and web-based applications; and OHA staff will train contracted service providers on the Social Networks Strategy’s data collection and reporting system, “sHIVer,” in conjunction with the Social Networks Strategy training. Contractors also have an option of requesting trainings to support HIV Prevention Intervention activities through the Capacity Building Assistance Request Information System (CRIS).

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
Have funded counties successfully implemented appropriate ILI targeting high-risk negatives in their area?	Specific indicators are county specific and indicated on their work plan.	Oregon HIV Prevention Program Plan and Report Workbook	The objectives will be completed annually, starting during program planning of 2012. The status of this service will be tracked on quarterly basis through 2016.

Recommended Component: Social Marketing, Media, and Mobilization
 Not applicable

Recommended Elements for Social Marketing, Media, and Mobilization:

- A. Support and promote social marketing campaigns targeted to relevant audiences (e.g., providers, high risk populations or communities) including the use of campaign materials developed and tested by CDC.
- B. Support and promote educational and informational programs for the general population based on local needs, and link these efforts to other funded HIV prevention activities (e.g., pamphlets, hotlines, or social marketing campaigns).
- C. Support and promote the use of media technology (e.g., Internet, texting, and web applications) for HIV prevention messaging to targeted populations and communities.
- D. Encourage community mobilization to create environments that support HIV prevention by actively involving community members in efforts to raise HIV awareness, building support for and involvement in HIV prevention efforts, motivating individuals to work to end HIV stigma, and encouraging HIV risk reduction among family, friends, and neighbors.

Social Marketing, Media, & Mobilization Goals: Broaden the promotion of HIV prevention messages and programs via social marketing, media, and community mobilization through resources/ materials, campaigns and technology through 2016 – appropriate to individual county needs.

Social Marketing, Media, & Mobilization Objectives and Annual Targets						
Objectives	Targets Per Year					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
# of social marketing/public information campaigns to be conducted	5	4	3	2	1	15
# of people to be reached (exposures)	800	3,000	3,000	3,000	400	10,200
# of media placements for marketing campaigns	5	5	5	5	1	21

Outcome Objective(s)	Responsible for implementation
<p>Process Objective: Identify social marketing resources, materials and tools to be used for HIV prevention activities by December 2012 and make available according to partners.</p> <p>Process Objective: Work with funded counties to implement social marketing strategies into their work plans by 2013, monitored and evaluated on quarterly basis, thereafter.</p> <p>Outcome Objective: Social marketing resources, materials and tools will be used for HIV prevention activities throughout Oregon by 3/2013.</p>	<p>OHA HIV Prevention Program Staff</p>

Capacity Building Activities Planned for Social Marketing, Media, & Mobilization: OHA staff will continue to support Social Marketing, Media, and Mobilization efforts as identified by contractors during program planning efforts, quarterly check-ins, emails, face-to-face meetings or via internet. Updated information, webinars, training opportunities and program specific materials to support mobilization efforts will continue to be posted on the OHA webpage, our OHA Facebook account and through our bi-monthly newsletter.

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
Are social marketing activities having an effect on HIV Prevention in	Estimated # of people reached by social marketing efforts	Oregon HIV Prevention Program Plan and	The objectives will be completed by 2013. The status of

Oregon?	Marketing resources used	Report Workbook	social marketing amongst funded partners will be tracked on quarterly basis through 2016.
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Recommended Component: Pre-Exposure Prophylaxis and Non-Occupational Post-Exposure Prophylaxis Services

Not applicable ☒

Recommend Elements for Pre-Exposure Prophylaxis and Non-Occupational Post-Exposure Prophylaxis:

- A. Support Pre-Exposure Prophylaxis (PrEP) services to MSM at high-risk for HIV consistent with CDC guidelines (“Pre-exposure Prophylaxis (PrEP) for the Prevention of HIV Infection in Men Who Have Sex with Men” guidelines in the *Morbidity and Mortality Weekly Report (MMWR)*). Programs that use federal funding for PrEP-related activities should adhere to state and local laws, regulations, and requirements related to such programs or services. PrEP-related activities must be implemented as part of a comprehensive HIV prevention program that includes, as appropriate, linkage and referral to prevention and treatment services for STD, viral hepatitis, substance abuse, and mental health, and other prevention support services. Funds may **not** be used for PrEP medications (antiretroviral therapy).
- B. Offer Non-Occupational Post-Exposure Prophylaxis (nPEP) to populations at greatest risk.

PrEP and n-PEP Goals:

Broaden the promotion of PrEP and nPEP services that are available in Oregon via the development of referral systems in order to link interested clients in timely manner by the end of 2013. Currently, no counties are conducting PrEP and nPEP activities with CDC HIV Prevention grants.

PrEP and n-PEP Objectives and Annual Targets						
Objectives	Targets Per Year					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
# of high-risk MSM referred for PrEP therapy	0	5	10	15	20	50
# of clients referred for n-PEP therapy	10	30	30	30	30	130

Outcome Objective(s)	Responsible for implementation
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<p>Process Objective: OHA will continue to keep abreast of new PrEP and nPEP research and practices as they arise and share the information, promotion materials, resources, guidance with partners as they are needed/available through 2016 via participation in community workgroups, newsletters, meetings and program communications.</p> <p>Process Objective: OHA will continue to work with county partners on a quarterly basis, during technical assistance check-ins, to assess the need for support and implementation of PrEP and nPEP services, to include M&E processes, through 2016.</p> <p>Outcome Objective: Support of PrEP and nPEP services are offered to partners to MSM/high-risk populations through 2016.</p>	<p>OHA HIV Prevention Program Staff</p>
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Capacity Building Activities Planned for PrEP and n-PEP:
Oregon will continue to assess PrEP and nPEP resources, improve its referral systems (e.g., the Oregon HIV/STD Hotline), and distribute information to clients, service providers and medical providers. Referral systems will include medication assistance programs offered through the private sector as available.

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
Are PrEP and nPEP services being offered to MSM/high-risk populations?	# clients who were referred to PrEP therapy # clients who initiated PrEP therapy # high-risk MSM who were referred to PrEP therapy # high-risk MSM who initiated PrEP therapy	Oregon HIV Prevention Program Plan and Report Workbook and Oregon HIV/STD Hotline Data	The objectives will be completed by 2016. The status of PrEP and nPEP services amongst funded counties will be tracked on quarterly basis through 2016.

PS12-1201 Category C
Demonstration Projects
Not applicable

Focus Area (Choose at least one)

- Structural, behavioral, and/or biomedical interventions or a combination that will have a high impact on reducing HIV incidence
- Innovative testing activities that increase identification of undiagnosed HIV infections and/or improve the cost effectiveness of HIV testing activities
- Enhanced linkage to and retention in care for persons with new and prior diagnosis of HIV infection

- Advanced use of technology
- Programmatic and epidemiologic use of CD4, viral load and other surveillance data to assess and reduce HIV transmission risk
- Other (specify):

Please include goals for the demonstration project. Goals should be specific and linked to the appropriate focus area(s).

<p>Focus Area [Specify] Goals:</p> <p>1) Text/email HIV test reminders – 2,500 people will enroll in the service by 7/2013, 60% of participants will report an increased frequency of HIV testing (post-enrollment compared to pre-enrollment).</p> <p>2) RW medication adherence client text/email reminders – 150 RW clients will enroll in the service by 7/2013. Participants will demonstrate improved indicators of adherence (based on self-reported data on missed refills, doses, and appointments) by 6/2014.</p> <p>3) Online behavioral interventions – 500 HIV-positive or high-risk negative clients will complete an evidence-based online behavioral intervention by 1/2013.</p> <p>4) Structural changes to websites and mobile applications – 30 agencies will implement a change to their website promoting HIV prevention by 1/2013.</p>

Outcome Objective(s)	Responsible for implementation
<p>Text/email HIV test reminders Process Objective: OHA will sign contract, and confirm M&E requirements, with contractor to implement service by 9/2012. Process Objective: OHA will identify partners to implement service through competitive funding process by 9/2012. Process Objective: OHA/contractor will implement a comprehensive media campaign targeted to MSM and IDUs to promote text/email HIV test reminders by 10/2012. Process Objective: OHA will provide materials, online resources, ongoing trainings and technical assistance for local health departments (LHDs), community based organizations (CBOs), and community members in order to get targeted populations to register for text/email HIV test reminders by 11/2012. Outcome Objectives: Text/email HIV test reminders will be available for enrollment by 11/2012; 2,500 people will enroll in the service by 7/2013; 60% of participants will report an increased frequency of HIV testing (post-enrollment compared to pre-enrollment) by 7/2013.</p> <p>Ryan White client medication adherence text/email reminders Process Objective: OHA will sign contract, and confirm M&E requirements, with contractor to implement service by 9/2012. Process Objective: OHA will identify partners to implement service</p>	<p style="text-align: center;">OHA HIV Prevention Staff/ Technology Intervention Specialist</p>

<p>through competitive funding process by 9/2012.</p> <p>Process Objective: OHA/contractor will implement a comprehensive media campaign targeted to RW clients to promote RW medication adherence reminders by 10/2012.</p> <p>Process Objective: OHA will provide materials, online resources, ongoing trainings and technical assistance for LHDs, CBOs, community based organizations, and community members in order to get targeted populations to register for RW client medication adherence text/email HIV reminders by 11/2012.</p> <p>Outcome Objectives: RW client medication adherence text/email reminders will be available for enrollment by 11/2012; 150 RW clients will enroll in the service by 7/2013; participants will demonstrate improved indicators of adherence (based on self-reported data on missed refills, doses, and appointments) by 7/2013.</p> <p>Online behavioral interventions</p> <p>Process Objective: OHA will identify partners to implement online behavioral interventions through competitive funding process by 9/2012.</p> <p>Process Objective: OHA will provide materials, online resources, ongoing trainings, M&E requirements and technical assistance for LHDs, CBOs and community members to prepare for implementation of online behavioral interventions by 10/2012.</p> <p>Outcome Objective: 50 HIV-positive or high-risk negative clients will complete an evidence-based online behavioral intervention by 1/2013.</p> <p>Structural changes to websites and mobile applications</p> <p>Process Objective: OHA will identify partners to implement structural changes to website and mobile applications by 9/2012.</p> <p>Process Objective: OHA will provide materials, online resources, ongoing trainings, M&E requirements and technical assistance for LHDs, CBOs and community members in order to prepare for implementation of structural changes to website and mobile applications by 10/2012.</p> <p>Process Objective: OHA/partners will identify potential business partners to approach about implementing a structural change to their website or mobile application by 11/2012.</p> <p>Outcome Objective: 30 agencies will implement a change to their website promoting HIV prevention by 1/2013.</p>	<p>OHA HIV Prevention Staff/ Technology Intervention Specialist</p>
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Capacity Building Activities Planned for Demonstration Project, Specify Focus Area:
 Technical Support offered to our contractors to ensure consistency and fidelity in implementing: HIV test reminder service, HIV medication adherence reminder service, Online behavioral interventions (SNS), and Structural changes to websites and mobile apps.

Monitoring and Evaluation question	Quantitative/Qualitative Measures	Data Source	Timeline
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<u>Text/email HIV test reminders:</u> Did participants report an increased frequency of HIV testing?	# of enrollees # frequency of reminders # of times enrollee has been tested after participating in program	ISIS Quarterly Report Form	Data will be collected quarterly starting 1/2013. Objectives will be completed by 7/2013.
<u>RW client adherence text/email intervention:</u> Did participants report on improved adherence?	# of enrollees # frequency of reminders # of times enrollee has been tested after participating in program	ISIS Quarterly Report Form	Data will be collected quarterly starting 1/2013. Objectives will be completed by 7/2013.
<u>Online behavioral interventions:</u> Did on-line interventions meet core elements of program while meeting HIV prevention needs of targeted high-risk populations?	- Goals/objectives set by contracted partners - qualitative description of accomplishments and challenges	Community Provider Quarterly Report Form	Data will be collected quarterly starting 1/2013. Objectives will be completed by 3/2013.
<u>Structural changes to websites and mobile applications:</u> Did structural changes reach targeted populations with HIV prevention messages/services?	- Goals/objectives set by contracted partners - qualitative description of accomplishments and challenges	Community Provider Quarterly Report Form	Data will be collected quarterly starting 1/2013. Objectives will be completed by 3/2013.

Quality Assurance (QA) Plan for All Applicable Categories

Quality Assurance is the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met. The QA plan is applicable to all the aforementioned components and activities. QA plans can be outlined for each category, component and/or activity or grouped together (e.g. list of QA activities that apply to all activities and categories). Each grantee is required to submit their QA plan taking in consideration at least the following domains:

Technical performance: The degree to which the tasks carried out by health workers and facilities meet expectations of technical quality (i.e. adhere to standards).

Access to services: The degree to which healthcare services are unrestricted by geographic, economic social, organizational or linguistic barriers.

Effectiveness of care: The degree to which desired results (outcomes) are achieved.

Continuity of services: Appropriate and timely referral/linkage and communication between providers.

The plan should document quality assurance measures and mechanisms to ensure that services are provided in a technically competent manner and are consistent with current CDC guidelines and recommendations. QA activities may be included within this document or may be submitted as a separate document.

Oregon HIV Prevention Program's Quality Assurance Plan is reflected within:

1. HIV Prevention Plan and Report Workbook
2. Program Element #7
3. Quarterly Monitoring Check-In
4. Triennial Review- Local Health Department Reviews
5. Data Collection & Security
6. Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection

Each capture aspects of Oregon's HIV Prevention Program standards of quality, which address technical performance, access to services, effectiveness of care and continuity of services. Additionally, they ensure quality assurance on testing, partner services, data collection and security, etc.

NOTE: Further development of Oregon's HIV Prevention Standards and Quality Assurance Plan is expected to be complete by 12/2013, with annual revisions through 2016.

1) HIV Prevention Plan and Report Workbook

The HIV Prevention Plan and Report Workbook aligns with the National HIV/AIDS Strategy (NHAS), in that it captures all the funded CDC components/activities being conducted in Oregon – associated with HIV testing, Comprehensive Prevention for Positives, Policy and Structural Initiatives, Condom Distribution, Evidence-based Interventions for HIV Negative Populations at Highest Risk, Social Marketing, Community Mobilization, PrEP and nPEP, Cultural Competency and Anti-Stigma, as well as qualitative narrative on accomplishments/challenges. It was developed to reflect collective HIV prevention efforts statewide and provides funded agencies a tool to report on CDC's required variables on a quarterly basis. This Microsoft Excel workbook is also a reference to also be used at quarterly check-ins. This new, streamlined tool replaced PEMS and will be used until Evaluation Web is available in Oregon. The county staff will ensure completion of the workbook for both its agency and its subcontractor agencies, submitting both quarterly as requested by OHA.

2) Program Element #7

OHA's Intergovernmental Agreements for Financing Public Health Services contract with county health departments includes "Program Elements". These Program Elements are the programmatic and service deliverables, which are defined annually. They describe the HIV prevention services the local health departments provide based upon the public health agreement with the OHA. Each Program Element is negotiated with CLHO, the Conference of Local Health Officials HIV subcommittee. It entails quality assurance standards and procedural/operational requirements. Through on-going technical assistance, annual renewal of contracts and quarterly check-in processes, OHA staff are able to monitor and evaluate activities such as: HIV counseling, testing and referral services, structural activities, confidentiality, quarterly reporting requirements, etc.

3) Quarterly Monitoring Check-In

Information obtained through monitoring is used to improve program performance. At a minimum, every 3 months OHA staff communicates with contracting agency contacts for monitoring purposes. Additionally, through on-going technical assistance provided by OHA staff, partners are able to receive guidance on any aspect of their HIV services, reflected in the HIV Prevention Plan and Report Workbook, including:

- Data quality, completeness and timeliness of workbook reports
Every quarter during in person or phone check-in meetings, OHA staff will review the data quality and completeness of the HIV Prevention Plan and Report Workbook.
- Program processes
Each phase consists of a sequence of steps or processes outlined during annual program planning. Processes will be monitored quarterly to identify successes and barriers associated with program implementation.
- Performance measures
Monitoring performance measures will allow the key processes to be adjusted as needed to improve the implementation approach. This type of monitoring involves quantitative measurement of the performance of key steps.
- Achievements of goals and objectives (includes progress towards target numbers) set during annual program planning processes
By monitoring program implementation/management objectives, timeline, key processes, and program performance, OHA determines whether the program goals are achieved.
- Program implementation and management objectives
Implementation and management activities include administrative tasks such as hiring staff, purchasing equipment, and developing policies and procedures. It is necessary to monitor these types of activities with a timeline to ensure critical operations issues are being addressed and that program implementation is on schedule. Timelines allow managers to ensure their program is being implemented as intended and, if not, why not.
- Strengths, challenges and lessons learned from the implementation approach

It is important to document the strengths, challenges and lessons learned from the implementation approach. These lessons can be shared with both internal staff and partner organizations that are implementing the same interventions. Interesting or informative stories or lessons learned while implementing the interventions may be documented and can be shared with other agency staff statewide.

4) Triennial Review - Local Health Department Reviews

A comprehensive review of local county health departments is conducted every three years for all programs, including HIV prevention. The results of the review, including commendations, compliance findings, and recommendations, are communicated to governing boards of the Local Public Health Authority and the County Health Administrator. OHA works with the local health department to assure all compliance findings are resolved in a timely manner. Each review question stands on federal or state law, CDC guideline or contractual agreement. They cover quality assurance standards in the following areas:

- HIV Counseling, Testing, and Referral Services
- Other HIV Services
- Educational Materials
- Use of Funds
- Confidentiality
- Staffing Requirements and Staff Qualifications
- Minimum Service Requirements
- Reporting Obligations and Periodic Reporting Requirements
- Financial Assistance Limitations

5) Data Collection & Security

Oregon Public Health Division, Center for Public Health Practice, HST Program continues to store, handle and use data to prevent inappropriate disclosure, protect privacy, while maintaining the confidentiality of data. These practices coincides with the new standards as policies are written and updated to align with requirements, recommendations, and practices contained in Centers for Disease Control and Prevention guidance. Policies fully comply with all Oregon DHS/OHA Policies and Oregon laws addressing information security and privacy. The Overall Responsible Party, the HST Section Manager, oversees the annual process of updating guidelines and certifying adherence. All of these practices, policies and procedures are used to facilitate the sharing and use of surveillance data for public health purposes. They ensure program policies and responsible parties adhere to CDC's new standards when data collection and use take place, and include physical and electronic data security enforcement.

6) Recommendations for Partner Services (PS) Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection Guidance

PS programs are monitored to assess program performance and identify areas that need improvement, abiding by CDC guidelines. PS data is monitored and evaluated in Oregon's local database system, called ORPHEUS, via quarterly reports. Once Oregon is able to use XML upload/Evaluation Web for PS data submission, reports will be tracked in the CDC

provided database system tentatively by late 2012. Quality assurance standards listed below are intended for assessment of PS programs:

- Tracking program productivity, including number of partners identified, initiated for follow-up, located and notified, examined, tested, treated or linked to care services, and, for HIV, newly identified as infected
- Assessing essential steps in the partner services process to identify areas in which program performance can be improved
- Gathering information that can be used to guide resource allocation and improve accountability to funders and stakeholders
- Identifying demographic, geographic, and behavioral characteristics of index patients and partners to improve services to clients and better target screening and prevention activities to ensure that they are focused on subpopulations at most risk
- Tracking temporal trends in demographic, geographic, and behavioral characteristics of index patients and partners to identify initial indications of shifts in the epidemic and identify potential outbreaks at early stages, when they are easier to control
- Identifying social, sexual, and drug-using networks that might be facilitating transmission in the community so that appropriate screening and preventive measures can be developed and implemented.