

Idaho Department of Health and Welfare
Family Planning, STD, and HIV Programs (FPSHP)
(Project Narrative for FOA PS10-1001)

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A. Executive Summary

The Idaho Department of Health and Welfare's Family Planning, STD, and HIV Programs (FPSHP) will use the Center for Disease Controls Cooperative Agreement funds to conduct a comprehensive HIV Prevention Program in the state of Idaho. Idaho is a low prevalence state divided into seven public health district regions that have distinct prevention needs. In the latest comprehensive plan, Idaho's community planning group looked at Idaho region by region, and for each region prioritized at-risk populations and made recommendations for prevention activities based on the prioritized populations, the population of the area, prevalence of HIV and STD disease, and the resources available.

Increasing the proportion of HIV-infected people in the state who know their status is the primary goal of Idaho's Counseling, Testing, and Referral Services (CTRS) Program. The FPSHP funds each of the seven public health departments to conduct HIV CTRS in their Family Planning and STD clinics. Five of the seven health departments also conduct community based testing, whereby HIV CTRS are taken to non-clinic venues that serve persons at-risk for HIV infection. FPSHP also funds community based agencies to conduct community based testing. The venues where community based testing takes place include substance abuse treatment facilities; homeless shelters; county jails; domestic violence shelters; agencies serving low income persons; juvenile detention centers; bars; agencies serving at-risk youth; lesbian, bisexual, gay, and transgender (LBGT) service organizations; and ethnic focused agencies such as Hispanic community centers, and clinics.

By Idaho code, HIV Partner Services is conducted by each of the seven public health departments. The goal of HIV Partner Services is to test as many partners as possible and link

any partners testing positive to care services. Idaho is also seeking to decrease the rate of HIV transmission by HIV-infected persons by funding Comprehensive Risk Counseling and Services (CRCS). Providers are currently being sought through an RFP to provide CRCS in Idaho's highest prevalence areas beginning January 1, 2010. Funding for Health Education and Risk Reduction Services (HE/RR) for at-risk persons will target men who have sex with men (MSM). An Mpowerment program called the Genesis Project will target MSM between the ages of 18-35 in health district 6. A service provider for Personalized Cognitive Risk Reduction Services is currently being sought through an RFP to provide HE/RR to MSM in health districts 3 and 4 beginning January 1, 2010. HE/RR services for Hispanic youth ages 13-18 will be funded in health district 3 and a provider will be sought to implement Cuidate. Voces/Voces providers will be sought to provide condom use skills to at-risk persons seeking STD services. Idaho is currently working with the Behavioral and Social Sciences Volunteers to find an on-line intervention to provide outreach to MSM who seek partners on the Internet. The goal of the intervention will be to promote condom use, promote HIV testing, and provide referrals for HIV testing and other prevention services.

Idaho will continue to further integrate and coordinate program services. It is a natural fit for the FPHSP which in addition to administering the HIV prevention program, administers the Family Planning, STD, Ryan White Part B, the AIDS Drug Assistance Program, and the Adult Viral Hepatitis Program. Each of the program coordinators works together to seek ways of streamlining services especially in terms of program implementation, monitoring and quality assurance.

B. Comprehensive HIV Prevention Programs

1) HIV Prevention Community Planning

a) Idaho has one statewide community planning group: the Idaho Advisory Council on HIV and AIDS (IACHA). Since January 2003, the IACHA has functioned as a planning group for both HIV prevention and care services. This collaboration has proven to be valuable in the development of prevention services for persons living with HIV/AIDS.

The purpose of the IACHA is to strengthen Idaho's HIV prevention and care programs. The IACHA develops a comprehensive HIV prevention plan that is evidence-based, relevant to Idaho's populations at risk of infection, and based on meaningful community input.

The IACHA uses a "community planning" process to accomplish its work. Members work in partnership with the Family Planning, STD, and AIDS Programs (FPSHP) to assess prevention and care needs in the state, determine the populations most at-risk of HIV infection, and recommend effective prevention strategies to reach these populations.

Community planning coordination is contracted through a competitive RFP process every four years. The Community Planning Coordinator is responsible for meeting logistics, coordinating meeting agenda development, preparation of meeting minutes, arranging for a meeting facilitator; communicating information to members, arranging for travel for trainings/conferences, conducting and reporting on results of community planning evaluation, production and dissemination of IACHA products including the resource inventory, gaps analysis, and updating the HIV Care and Prevention Comprehensive Plan. The Community Planning Coordinator also manages and disperses prevention funds to regional planning groups that are non-voting members of IACHA.

With an allowable membership of up to 26 voting members, the IACHA currently stands at 16 members with eight new members joining in 2010 for a total of 24 voting members. Terms of membership are three years, with the option to re-apply. The Community Co-Chair is elected by the membership and the Health Co-Chair is designated by FPSHP. The Council meets three times per year for 2-3 day sessions. In addition, IACHA committees meet by conference call and in person at least six times per year. In 2008, a new committee structure was developed. The Research, Data, and Finance Committees were added as standing committees to help complete the work of prioritizing at-risk populations and making recommendations for prevention interventions. The IACHA has five standing committees:

The Administrative Committee consists of IACHA Co-Chairs, the community planning coordinator, and standing and ad hoc committee chairs. The Administrative Committee meets by phone as needed throughout the year. They are tasked with approving conference/training requests, developing meeting agendas, approving meeting logistics, resolving conflicts of interest issues, assessing meeting evaluations, addressing time sensitive matters, and assigning standing and ad hoc committee tasks.

The Membership Committee develops member recruitment goals and plans, accepts and reviews both new member and renewal applications, recommends IACHA membership for approval by the council, follows up with absentee members, and ensures that there are appropriate guides and tools for new members.

The Data Committee reviews and analyzes data to make recommendations regarding prevention and care needs of Idaho's at-risk populations. The committee utilizes epidemiological and other data, both primary and secondary, to determine what the precise needs of at-risk populations are in regards to both prevention and care.

The Research Committee reviews best practices for care and prevention programs and makes recommendations.

The Finance Committee reviews program budgets and available funding to provide cost analysis reports and make recommendations for budget allocations. They explore capacity building and alternate funding opportunities.

In order to measure how well IACHA is achieving each community planning goal as set forth by CDC in the 2—3-2008 Community Planning Guidance, the HIV Prevention Community Attributes Survey is administered prior to the second meeting of each year. Scores from the attributes survey have been reported to CDC as Community Planning Performance Indicator E.2 (Table 1).

2003	2004		2005		2006		2007		2008	
Baseline	Proposed	Actual								
780	780	661	819	733	665	591	590	629	820	672
862	862	734	862	862	740	735	740	650	862	710
0.9	0.9	0.9	0.95	0.85	0.9	0.8	0.8	0.97	0.95	0.95

Goal One: Community planning supports broad-based community participation in HIV prevention planning.

Objective A: Implement an open recruitment process for CPG membership

The IACHA incorporates the views, knowledge and experiences of many individuals and agencies. IACHA membership includes persons infected by HIV, persons representing populations at risk of HIV, HIV prevention and care providers, health department representatives, educators, and persons with expertise in behavioral science, substance abuse, health planning, epidemiology, and evaluation.

The IACHA seeks new members continuously through outreach, recruitment from focus groups, and through nominations. Applications for membership are due prior to the last meeting of the year. The Membership Committee reviews applications during the last meeting of the year and makes recommendations to the full IACHA council before the meeting is adjourned. New members are assigned a mentor and attend new member orientation just prior to the first meeting of the New Year.

Objective B: Ensure that IACHA's membership is representative of the diversity of populations most at risk for HIV infection and community characteristics in the jurisdiction, and includes key professional expertise and representation from key governmental and non-governmental agencies.

The annual Membership Survey is administered prior to the second scheduled meeting each year. The results of the Membership Survey were last reported at the May 15-16, 2009 meeting of IACHA. It was determined that membership gaps existed for two risk groups: injection drug users (IDU) and men who have sex with men who are also injection drug users (MSM/IDU). Also, lesbian, gay, bisexual, and transgender (LGBT) representation was low. Under race, all categories were under represented except white and more than one race. One district health jurisdiction had no representation and there was no representation from medical doctors or from corrections. As a result of the Membership Survey report, IACHA requested that a capacity building assistance request be made to assist with membership recruitment and retention. A Capacity Building Assistance (CRIS) request was made July, 15 2009 and is in process.

In 2009, IACHA incorporated language into their policies and procedures to make an effort to formally document the input received from non-voting members. Regional planning

group (RPG) participants, focus group participants, or any additional groups of people that assist IACHA in making informed decisions about prioritizing populations, selecting appropriate interventions for at-risk populations, or recommendations that influence care for HIV positive persons, shall be recognized as non-voting, contributing members of IACHA.

Objective C: Foster a community planning process that encourages inclusion and parity among community planning members.

The IACHA leadership ensures that every member is included equally in meeting discussions and decision-making. IACHA makes decisions based on a fist of five consensus process.

Following each meeting, the community planning coordinator conducts meeting evaluations. One of the evaluation measures asks members to rate how well parity is being achieved. At the last meeting held on August 15-16, 2009, of 13 persons responding on a 1 to 5 rating scale with 5 being the highest score, 12 gave parity a rating of 5 (92%) and 1 person gave parity a rating of 4.

Goal Two: Community planning identifies priority HIV prevention needs in each jurisdiction.

Objective D: Carry out a logical, evidence-based process to determine the highest priority, population-specific prevention needs in the jurisdiction.

The IACHA's recommendations are based on many forms of data, including an epidemiological profile describing who is infected in Idaho, population-specific needs assessments, Idaho Reported Sexually Transmitted Disease Reports, reports from regional planning groups, and studies of what interventions have proven to be successful in reducing HIV.

Objective E: Ensure that prioritized target populations are based on an epidemiologic profile and a community services assessment.

In the fall of 2006, IACHA agreed to integrate the separate care and prevention plans into one comprehensive plan. In June, 2007 at-risk populations were prioritized for each health district region using the most current epidemiological profile. Following the prioritization of populations, focus groups were conducted around the state with HIV positive persons and men who have sex with men. Also, a special HIV positive women's panel was convened at the October 19-20, 2007 IACHA meeting to gather information about their experiences and needs. Following the focus groups, strategic planning was completed by fall 2008 with regional planning groups in all but one of the seven health district. Information gathered from these activities helped inform the first draft of the comprehensive plan.

Idaho's 2009-2011 Care and Prevention Comprehensive Plan is the first integrated care and prevention plan developed by IACHA. The integrated comprehensive plan will be reviewed and updated annually as needed and a new plan will be developed every 3 years. The Idaho 2009-2011 Care and Prevention Comprehensive Plan is included in this document in Appendix A: Community Planning Documentation as **Appendix A.2.**

Objective F: Ensure that prevention activities/intervention for identified priority target populations are based on behavioral and social science, outcome effectiveness, and/or appropriateness, relevance and acceptability.

The first 2009-2011 comprehensive plan draft was reviewed by IACHA at the October 2008 meeting. The Research Committee used criteria determined at the October 2008 meeting to help guide selection of interventions. One of the criteria was that the intervention had to be categorized as a best-evidence intervention as identified by CDCs Prevention Research Synthesis

Project or be an intervention included in the Diffusion of Effective Behavioral Interventions. Prevention intervention recommendations were added to the plan following the February 2009 meeting. Following the February 2009 meeting, FPSHP informed IACHA that there was a need to review the most current epidemiological profile and narrow the priorities for prevention interventions in response to funding allocations made at the state level. The comprehensive plan was updated following the August 15-16, 2009 meeting to more narrowly focus the priority populations targeted and recommended interventions that could be supported with the level of HIV prevention funding received by Idaho. Table 2 outlines the priority populations and recommended interventions that are in the comprehensive plan.

Table 2. Health Education and Risk Reduction Recommendations from the 2009-2010 Care and Prevention Comprehensive Plan	
Priority Population Rank	Recommended Intervention
Priority Population 1 – Persons Living with HIV (Health Districts 3, 4, and 5 are top priority for service delivery)	Comprehensive Risk Counseling and Services
Priority Population 2 – MSM (MSM in Health Districts 3, 4, and 6 are priority for service delivery)	Mpowerment Personalized Cognitive Risk Reduction Counseling On-line intervention to be determined
Priority Population 3 – Hispanic youth in Health District 3	Cuidate
Priority Population 4 – High Risk Heterosexuals seeking STD services	Voices/Voces

IACHA is currently in the process of developing new prioritization tools and has requested technical assistance to improve the use of data to drive decision making.

Goal Three: Community planning ensures that HIV prevention resources target priority populations and interventions set forth in the Comprehensive HIV Prevention Plan.

Objective G: Demonstrate a direct relationship between the Comprehensive HIV

Prevention Plan and the Health Department Application for federal HIV prevention funding.

Each year IACHA is given an opportunity to review the HIV prevention application and determine whether they will write a letter of concurrence, nonconcurrence, or concurrence with reservations. A copy of the signed letter of concurrence can be found in Appendix A of this document as **Appendix A.1**.

Objective H: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and funded interventions.

The FPSHP will seek service providers for the recommended HE/RR interventions prioritized in the 2009-2011 HIV Care and Prevention Comprehensive Plan. The relationship between the Comprehensive Plan recommendations and funded recommendations will be reviewed at the February 2010 IACHA meeting. The number of interventions funded that are in the Comprehensive Plan will be reported in the 2010 Annual Progress Report to CDC.

2) HIV Prevention Activities

a) HIV Counseling Testing, and Referral Services (CTRS)

i) Applicants should describe their plans to provide HIV CTRS, including:

(1) How efforts to identify newly infected persons will be improved;

The goal of the Idaho CTRS program is to increase the number of Idahoans who know their HIV status. This will be accomplished by using the CDC cooperative funds to continue contracting with the local public health departments and community based organizations. The FPSHP CTRS program is guided by the HIV Care and Prevention Comprehensive Plan 2009 – 2011. The plan addresses the intervention programs recommended by IACHA to prevent HIV transmission in Idaho. HIV CTRS is one of the HIV prevention interventions recommended by the IACHA research committee for all of the DHD regions.

Currently, the Public Health Departments (PHDs) provide HIV testing within the family planning and STD clinics to their clients who meet the high and highest risk criteria. (For a list of priority populations for 2009-2011, see the HIV Care and Prevention Comprehensive Plan 2009-2011, page 37 – 38. [Appendix A.2](#)).

Another component to CTRS is community based testing which targets specific community events (National HIV Testing Day, World AIDS Day, Pride festivals, and health fairs) and non-clinical settings (substance abuse treatment centers, correctional facilities, adult and juvenile detention centers, public housing development sites, local bars, outpatient mental health faculties, crisis centers for victims of domestic violence, agricultural/migrant worker camps, drug court, bars, mobile van targeting homeless shelters and parks where transient populations are known to gather).

Providing non-clinical HIV testing offers the opportunity to access persons who might encounter barriers to clinic based testing due to perceived stigma, cultural barriers, income, or lack of transportation. Varying strategies have been used to deliver testing outside of the clinic setting. One strategy often used is to provide one hour HIV/STD prevention presentations prior to offering testing. Information about HIV and STD transmission and risk reduction are emphasized in the presentations. This strategy helps to educate the targeted population about HIV risk to help them make an informed decision about their risk and whether they should receive HIV testing. This strategy has been employed when many persons are to be tested at one time. Agencies have also employed recruitment strategies to provide information about testing times and locations through media venues or through street outreach activities.

A breakdown of CTRS by region is provided in the table below.

Region 1		
Agency	HIV CTRS Locations	Test Technology
Panhandle District Health Department	<ul style="list-style-type: none"> ◦ Health department and satellite offices ◦ Substance use treatment facility ◦ County jails ◦ Juvenile detention centers ◦ Women's center ◦ Community AIDS agency ◦ Community events: <ul style="list-style-type: none"> - National HIV testing day - Worlds AIDS day 	<ul style="list-style-type: none"> ◦ Conventional Blood Draw ◦ Rapid HIV test (Clearview)
Region 2		
Agency	HIV CTRS Locations	Test Technology
North Central District Health Department	<ul style="list-style-type: none"> ◦ Health department and satellite offices 	<ul style="list-style-type: none"> ◦ Conventional Blood Draw ◦ Rapid HIV test (Clearview)
Inland Oasis (MOA)	<ul style="list-style-type: none"> ◦ University campus ◦ Community events: <ul style="list-style-type: none"> - National HIV testing day 	<ul style="list-style-type: none"> ◦ Rapid HIV test (OraSure)
Region 3		
Agency	HIV CTRS Locations	Test Technology
Southwest District Health Department	<ul style="list-style-type: none"> ◦ Health department and satellite offices ◦ Hispanic outreach center ◦ Substance use treatment facility ◦ Homeless shelter ◦ Federally Qualified Health Center ◦ Community events: <ul style="list-style-type: none"> - Health Fair - Hispanic Cultural Center - National HIV Testing Day 	<ul style="list-style-type: none"> ◦ Conventional Blood Draw
Region 4		
Agency	HIV CTRS Locations	Test Technology
Central District Health Department	<ul style="list-style-type: none"> ◦ Health department and satellite offices 	<ul style="list-style-type: none"> ◦ Conventional Blood Draw
Alpha	<ul style="list-style-type: none"> ◦ Alpha office ◦ College/University ◦ Community Events <ul style="list-style-type: none"> - National HIV testing day - Worlds AIDS day - Idaho Pride 	<ul style="list-style-type: none"> ◦ Rapid HIV test (OraSure, & Clearview)
El-Ada	<ul style="list-style-type: none"> ◦ El-Ada Office ◦ Mobile van ◦ Local church ◦ County flea market 	<ul style="list-style-type: none"> ◦ Rapid HIV test (OraSure, & Clearview)
The Wellness Center	<ul style="list-style-type: none"> ◦ County Detention center ◦ Substance use treatment facility (primarily server Hispanic population) 	<ul style="list-style-type: none"> ◦ Rapid HIV test (OraSure)

FACES (MOA)	◦ Sexual assault forensic examiner program	◦ Rapid HIV test (Clearview)
Inland Oasis	◦ University campus ◦ Community Events - National HIV testing day - Worlds AIDS day	◦ Rapid HIV test (OraSure)
Region 5		
Agency	HIV CTRS Locations	Test Technology
South Central District Health Department	◦ Health department and satellite offices ◦ County jails ◦ Substance use treatment facility ◦ Detention center ◦ Community awareness events - National HIV testing day	◦ Conventional Blood Draw ◦ Rapid HIV test (Clearview)
Region 6		
Agency	HIV CTRS Locations	Test Technology
Southeastern District Health Department	◦ Health department and satellite offices ◦ County jails ◦ Substance use treatment facilities ◦ Local bars ◦ Community events: - National HIV Testing Day - Gay Pride	◦ Conventional Blood Draw ◦ Rapid HIV test (OraQuick)
Region 7		
Agency	HIV CTRS Locations	Test Technology
Eastern Idaho Public Health Department	◦ Health department and satellite offices ◦ Community work center ◦ County jail ◦ Substance use treatment facility ◦ Drug court ◦ Community events: - National HIV Testing Day	◦ Conventional Blood Draw ◦ Rapid HIV test (OraQuick)

During FY 2010, the FPSHP plans to restructure the community based testing program to include Health Communication/Public Information (HC/PI) activities with the PHD and CBO Community Based HIV testing program. The focus of HC/PI activities is to dispel misconceptions about HIV and to provide awareness about HIV transmission, personal risk reduction strategies, and the importance of getting tested and knowing your status. Agencies will have the opportunity to deliver HC/PI messages via one-time HIV/STD 101 presentations,

newspaper ads, posters, radio broadcasts, social marketing events, internet and text messaging, and billboards.

(2) How the provision of test results (especially positive results) will be improved;

The FPSHP efforts to identify newly infected persons will include maintaining contracts for HIV testing at the PHD clinics and non-clinic sites including free rapid HIV testing sites and events with community based organizations and increasing public awareness for the need and availability of testing through media campaigns.

Each PHD provides HIV epidemiological services including partner elicitation, notification, and testing of partners for all HIV positive cases reported to that district. In addition, the PHDs are contracted to provide pre- and post-test counseling to individuals with high and highest risk criteria. Data abstracted from PEMS for FY 2008 show that the percentage of HIV test results provided for conventional tests is 63 percent and for rapid HIV tests 99 percent.

FPSHP encourages PHDs to use rapid HIV test technology within their clinic and non-clinic testing venues as a strategy to increase the number of clients who know their HIV status. Data extracted from PEMS for FY 2008, show that the provision of HIV test results is substantially higher for rapid HIV tests than conventional HIV tests (HIV test result provided: Rapid: 99 percent; Conventional: 63 percent).

All Agencies	HIV Test Type Code	HIV Test Result Provided (FY 2008)
	Conventional	No – 37% (702/1,915) Yes – 63% (1,213/1,915)
	Rapid	No - <1% (13/2,527) Yes – 99% (2,514/2,527)

The use of rapid HIV tests is available in all of Idaho's public health regions. The FPSHP will work with CTRS providers in FY 2010 to increase the percentage of individuals who receive a conventional HIV test and who receive their test result.

(3) Plans for providing and tracking the completion of referrals for persons with positive test results.

The FPSHP uses a tracking form for all positive HIV tests recorded on the HIV Test form and entered into PEMS. This information is entered into an Excel spread sheet and risk category, client information, testing provider, and testing location are tracked which is used for quality assurance against the reports generated in PEMS. The information received from the PHD epidemiology field records submitted to FPSHP and the Idaho Office of Epidemiology (OEFPP) are compared. HIV test records completed at a contracting agency are reconciled against the reports received by OEFPP. The FPSHP also tracks the number of HIV test records with a preliminary positive/reactive test result to determine if the individual received a confirmatory HIV test result and has been provided with case management and HIV care services.

ii) Applicants should describe how they will work with:

(1) Departments of corrections in their jurisdictions to encourage and, when appropriate, support routine voluntary HIV screening and referral in corrections facilities;

The FPSHP contacts with the local health departments for HIV testing services including off-site testing. Five of the DHD regions currently provide HIV testing services at county jails and juvenile detention centers. The regions providing testing at correctional facilities include:

Panhandle District Health – 4 county jails, 2 juvenile detention centers

Central District Health Department – 1 juvenile detention centers

South Central District Health – 2 county jails, 1 juvenile detention centers

Southeastern District Health – 1 county jail

Eastern Idaho Public Health – 1 county jail

(2) Medical care entities to encourage and support routine HIV screening in medical settings;

The Idaho NW AETC coordinator is contracted to provide client-centered counseling training to the PHDs and CBO agencies. These training sessions primarily target the staff at the PHDs and CBOs but private providers are invited via their local PHD. This training provides participants with information on national and local HIV/AIDS epidemiological data, fundamentals of client-centered counseling, instruction on how to implement risk-reduction strategies, how to attain goals in a counseling session, and a group case study practice.

The STD Update course for clinicians is offered yearly and presented by the Seattle STD Prevention Training Center. This training is attended by clinicians from the private and public health sector. During the 2009 course, a session entitled, "*Changing Landscape of HIV Prevention: New Testing Technologies and Prevention with Positives*", was presented and included strategies for providers to elicit consent for HIV testing during prenatal visits. A discussion of rapid HIV test technology was included with suggestions on how providers can incorporate sexual health history into a patients care.

(3) Community-based organizations' efforts to provide CTRS; and

The Idaho HIV Prevention Project is committed to providing HIV Counseling, Testing, and Referral Services (CTRS) and education in the community to reach high-risk individuals who may not seek testing services within a clinical setting. Individuals at high-risk for HIV infection include men who have sex with men (MSM), injection drug users (IDU),

heterosexuals with high-risk behavior including having a partner who is an IDU, a female with a male partner who is MSM, having a partner who is HIV positive, having anonymous partners, persons with STD diagnosis, and individuals who have sex for drugs or money. The FPSHP has been contracting with CBOs to provide community based testing under the name of “Alternate Site HIV testing”. During FY 2009, three agencies were contracted to provide free rapid HIV tests.

The three agencies providing free rapid testing include:

- 1) El Ada - community based organization that targets homeless and low income men and women. Free rapid HIV testing is offered at their Boise office and at various sites and events including: Mobile Van that stops at Boise locations frequented by homeless and low income, an adult video shop, a church, and a county flea market.
- 2) Family Practice Residency - HIV Services Clinic offers free rapid testing at a juvenile detention facility, and a services center which provides substance abuse/mental health/HIV case management services.
- 3) a.l.p.h.a. - HIV prevention community based organization provides testing at downtown Boise location, Boise State University, and community events.

During FY 2010, Community Based Testing will continue to be contracted to PHDs through non-competitive means and CBOs will compete for a portion of the funds through a Sub-grant process. Applications for Sub-grant proposals are due to the FPSHP October 20, 2009 and it is expected that notice of awards will occur November 2009.

(4) *Any other providers of CTRS.*

During FY 2009, the FPHSP signed a Memorandum of Agreement (MOA) with two agencies to provide free rapid HIV tests. Inland Oasis provides free rapid HIV tests in the North Central District Health region at the University of Idaho Campus and the Moscow area and FACES: Family Advocacy Center & Education Services provides HIV screening tests to sexual assault victims.

The screening provided at FACES is provided by professional staff and offered as a voluntary service and undertaken only with the patient's knowledge and understanding that HIV testing is planned. Patients are informed that HIV testing will be performed unless they decline (opt-out screening). Consent for HIV screening is included in the patient's general informed consent for medical care. Clients receiving a reactive test result are referred for a confirmatory HIV test, and clients with negative test results are counseled to have a follow-up HIV test three months after their last risk exposure. The FPSHP expects to continue the MOA with FACES during 2010 and Inland Oasis may submit an application for subgrant funds for 2010.

iii) Describe how the integration of CTRS and STD services will be encouraged.

The STD and HIV Prevention and Care programs have been integrated under the Family Planning, STD, and HIV Programs. These programs collaborate to ensure cost effective delivery of STD/HIV/viral hepatitis and unplanned pregnancy prevention services (family planning). Resources are targeted to persons at highest-risk for reportable STDs and HIV. The Public Health Departments are contracted for STD testing and treatment services and HIV CTR services under one contract.

The FPSHP provides program collaboration and service integration by ensuring regular staff communication and shared goals and objectives. The FPSHP website

(www.safesex.idaho.gov) provides users with information on Family Planning, STD, HIV

prevention and care, viral hepatitis, upcoming training, statistics, and resource guides for contractors. In 2009, FPSHP began conducting joint site visits to contractors. Trainings for STD and HIV are provided through out the year and offered throughout Idaho to ensure opportunities for all regional health departments. The STD and HIV programs also partner on social marketing campaigns to capture individuals at risk for STD and HIV. At the local level, the PHD are integrated and offer family planning, STD services and HIV counseling and testing at their clinics.

Providing HIV testing at the DHD STD and family planning clinics provides an opportunity to test individuals who are accessing the health care system but may be unaware that they may be at risk for HIV. The DHDs are contracted to provide HIV testing to their STD clients. Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact. In addition, if an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons (CDC Fact Sheet found at <http://www.cdc.gov/std/hiv/STDFact-STD&HIV.htm>).

iv) Describe how data to determine the scope and reach of your programs will be collected and analyzed, and how the applicant intends to use these data to evaluate program components in order to guide and adjust future activities.

Please see **Appendix B.1** for the CTRS Program, Monitoring and Quality Assurance Plan.

b) HIV Partner Services (PS)

i) Applicants should describe their plan to offer and provide partner services.

Each of the seven health districts of Idaho has an autonomous public health department that works cooperatively but independently from the state health department. The public health departments (PHD) are each governed by their own board and their programs are supported by

county, state, and federal funds. By Idaho code, disease investigation including HIV and AIDS has been assigned to the PHD. Partner Services will continue to be conducted through the PHD through contracts with the state Office of Epidemiology and Food Protection (OEFPP) and FPSHP. Both OEFPP and FPSHP will be responsible for monitoring the contracts, collecting PS data, and conducting quality assurance tasks.

The Idaho Investigative Guidelines for Reportable Diseases and Conditions provide protocols for local health departments in Idaho to use when performing epidemiologic investigations of reportable disease. The guidelines are reviewed and updated every spring prior to health department site reviews. For HIV/AIDS, the protocol was updated to reference the new case definitions released in late 2008, and to reference the newly combined CDC STD and HIV partner services recommendations. Please see [Appendix B.2: Investigative Protocol for HIV/AIDS](#).

New cases of HIV and AIDS are required by Idaho Code (IDAPA 16.02.10) to be reported to the OEFPP or the local public health department within three days of identification or diagnosis. Partner Services will be offered to all persons with HIV or AIDS reported to the local public health department who are capable of receiving the service.

ii) *Describe plans to collaborate with:*

(1) *STD programs to reduce duplication of PS activities:*

At the state level, the STD Program is housed under the same umbrella of programs as HIV Prevention, FPSHP. The STD and HIV Program Coordinators work together to review the quality of reports related to partner services that are submitted to the state OEFPP. The reports include morbidity, interview, case record, and field records. The OEFPP enters the data from

reports into STD*MIS and eHARS, then routes the reports to FPSHP for review. After review, the hard copy reports are returned to OEFP for permanent filing.

At the public health department level, each public health department has their own organizational strategy for delivery of PS. Most STD and HIV partner services activities are delivered by the same person, typically an epidemiologist; however, in at least one public health department it is delivered by an STD nurse trained in partner services.

PS activities are reported to the FPSHP on monthly HIV Epidemiology field record reports and on quarterly STD/HIV reports. Copies of the report forms are found in **Appendix B.3.**

In FY 2010, the FPSHP will reimburse the PHD for each unique field record number submitted on the monthly HIV Epidemiology report. The strategy to reimburse field records will be reviewed by October 2010 to identify if the payment method adequately compensates the PHD for this service.

(2) HIV or STD surveillance programs or both, and plans to utilize surveillance data to maximize the number of persons identified as candidates for PS.

In Idaho, HIV and STD surveillance are both coordinated by the same staff person within the OEFP. Upon receipt of an HIV or AIDS report by OEFP, it is assigned to an epidemiologist at the local public health level. Because surveillance and partner services activities are conducted by the same person at the public health level, all HIV cases assigned at the local level are offered partner services if the person is capable of understanding the offer. For example, if the case reported involves someone who is incapacitated in some way, they would not be offered PS.

Public health departments are required to perform investigations on newly reported HIV/AIDS cases in Idaho through the HIV/AIDS Surveillance contract and the General

Epidemiology contract with OEFP. Cases reported to OEFP or to the public health department are passed to the public health department epidemiologist responsible for STD/HIV investigations in the resident district of the reported case. Each investigation includes provider interview, client interview, and PS, when possible. This linking of surveillance and epidemiologic investigation allows for a greater likelihood of obtaining risk information on cases reported.

This process proved extremely valuable with two different outbreaks of HIV in southeast Idaho in 2008. Epidemiologic investigation and resultant testing conducted by the local public health department after the initial reports in each cluster resulted in the diagnosis of HIV infection in 14 infected partners with probable recent infection.

During the 2-year project period (FYs 2010-2011), OEFP will review new ADAP and Ryan White II (RWII) enrollees monthly to actively identify previously unreported HIV/AIDS cases.

(3) Non-health department providers, including CBOs and private medical treatment providers, to identify more opportunities to provide PS.

In FYs 2010 and 2011, FPSHP will work with our trainers to ensure that trainings provided to prevention counselors, CBOs, medical case managers, and medical treatment providers all include some education about what PS is, the importance of PS and how PS is delivered in Idaho. FPSHP collaborates closely with the local North West AIDS Education and Training center trainer who provides clinical training to medical and dental providers in Idaho. The trainer is also funded by FPSHP to provide client-centered counseling training and the Fundamentals of Waived Rapid Testing. The FPSHP will ensure that PS education is delivered in these trainings.

At www.inspot.org/idaho, positive STD or HIV clients may notify their partner(s) of possible exposure, via a confidential e-card. The www.inspot.org/idaho website is not advertised to the public, and is only promoted to the Public Health Departments (PHD) and private providers who report STD, to minimize prank partner notification emails. InSPOT was jointly purchased by the Idaho HIV Prevention and STD Programs in 2007. Since 2008, the HIV Prevention Program has provided funding to maintain the Website.

In FYs 2010 and 2011, FPSHP will continue to support and promote the use of InSPOT to assist PS staff in sending messages about possible exposure and the need for HIV testing to anonymous partners.

iii) Describe any plans to implement new techniques and approaches to increase utilization and acceptance of PS.

Because of Idaho’s low prevalence status, PS is offered to a high percentage of new positives. Data collected in 2007 and 2008, showed that the primary circumstances in which PS resulted in no partners being investigated were due to client not sexually active in the last 12 months, client refused PS, or there were not sufficient notes recorded to determine why no partners were elicited. The refusal rate for PS in 2007 and 2008 was 9 percent (Table 3).

Table 3. Partner Services Data		
Reasons no partners elicited	2007 Of 69 assigned PS, 28 had no partners elicited (40%)	2008 Of 93 assigned PS, 30 had no partners elicited (32%)
Not sexually active in last 12 months	12% (8 of 69)	9% (8 of 93)
No reason indicated	9% (6 of 69)	8 % (7 of 93)
Refused PS	9% (6 of 69)	9% (8 of 93)
Pediatric case	3% (2 of 69)	1% (1 of 93)
Deceased or too ill for PS	1% (1 of 69)	3% (3 of 93)
Anonymous partners (no locating info)	1% (1 of 69)	3% (3 of 93)
Lost to follow-up	6% (4 of 69)	0

For the cases where no notes were taken to determine why partners were not elicited, it shows a need for training or technical assistance with the provider. Either the provider requires technical assistance or training on completing the paperwork or training in how to present PS to the client to encourage increased acceptance of PS.

In FY 2010 there is a need to revise protocols used for PS and integrate monitoring and evaluation standards. Idaho recently received the draft addition of the Partner Services Evaluation and Field Guide. This will be a very helpful tool to improve protocols for monitoring and evaluation of PS.

The RWPB program cross verifies newly enrolled case management clients with OEFP each month. The HIV Prevention program will work with both programs during FY 2010 to develop a method to determine the ratio of newly reported cases that enter care.

iv) Describe how data to determine the scope and reach of your programs will be analyzed, and how this information will be used to evaluate program components in order to guide and adjust future activities.

Data from surveillance activities is reported to the OEFP in the form of an investigative record, field record, and case report. The data is entered into STD*MIS and eHARS and hard copy reports are shared with the FPSHP for review before they are filed by OEFP. Hard copy reports are reviewed by FPSHP for completeness and to match with field record aggregate numbers reported to FPSHP directly from the public health departments.

OEFP completes an analytic flow chart of HIV reports and PS utilization to FPSHP every 6 months. This chart provides information necessary for reporting purposes and gives an overview of PS. The analysis helps answer the following questions:

- The number of newly identified confirmed HIV positive persons offered PS

- The number of newly identified confirmed HIV positive persons who agreed to PS
- The number of partners elicited
- The number of partners tested for HIV
- The number of partners with newly identified confirmed HIV

FPSHP completes an analysis of the number of field records reported per case each year to help determine provider funding allocations each year and to determine utilization of partner services.

Every two years OEFP prepares an epidemiological profile that is used by both FPSHP and the CPG to prioritize populations for prevention services. The epidemiological profile includes 5 years of data and tables with information from each of Idaho's seven public health districts. A copy of the most current epidemiological profile is included with this document as **Appendix A.3.**

Site visits to public health departments are conducted annually by OEFP and focus primarily on surveillance activities. In, FY 2010 FPSHP will develop written protocols to conduct on-site monitoring of public health department PS activities using the *MMWR Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection, Nov 7, 2008/Vol. 57/No. RR-9* and the draft copy of the *Partner Services Evaluation Field Guide*. Technical assistance in preparing the protocols may be needed.

For Partner Services Program, Monitoring, and Quality Assurance Plan please see **Appendix B.1.**

c) Prevention for HIV-Infected Persons

- i) *Applicants should describe how they plan to provide prevention services for HIV-infected persons.*

Prevention for HIV-infected persons will primarily be provided through contracting with agencies to provide Comprehensive Risk Counseling and Services (CRCS).

- ii) *Describe the plan to provide financial assistance to CBOs and other HIV prevention providers and to collaborate with health care providers to provide prevention services such as prevention counseling to HIV-infected persons.*

Idaho is currently seeking proposals through a competitive RFP process for agencies to provide CRCS in health districts 3, 4, and 5. Services are being targeted to these districts because the new infection rates are highest in health district 4 and the greatest numbers of persons living with HIV reside in these districts. Also, capacity building activities took place in 2008 and 2009 with agencies interested in providing these services in preparation of the RFP. Twenty-nine percent of funds allocated for Health Education and Risk Reduction activities were allocated for CRCS. Through pilot projects it was determined that the funds allocated for CRCS would support two agencies to provide the service. The expected number of HIV-infected persons to be serviced by both agencies is 40 persons each year in FYs 2010 and 2011. Agencies providing CRCS will be expected to foster relationships with agencies providing local Ryan White services and HIV primary care clinics.

During FYs 2010-2011, FPSHP will fund two agencies to provide CRCS services to persons living with HIV who have demonstrated risk of transmission.

- iii) *Describe how primary care clinics will be encouraged to integrate prevention and care services.*

Due to Idaho's status as a low prevalence state and its low population, the services provided to HIV-infected persons are provided by a small number of agencies who have fairly close connections. The FPSHP Ryan White Part B (RWPB) coordinator works closely with state

HIV prevention staff and primary care clinics. In 2008 a Statewide HIV Quality Management Committee was formed by the RWPB program, bringing together as many care stakeholders as possible including care medical case managers, primary care clinic managers (Ryan White Part C), an HIV specialty doctor, representatives from the Housing Opportunities for Persons With AIDS (HOPWA) program, state epidemiology, care data experts, and the FPSHP HIV prevention coordinator. This committee is committed to meeting once per year to review the state Quality Management Plan. During the fall 2009 meeting of the Quality Management Committee, the HIV prevention coordinator will promote the addition of a measure to assess how well prevention is integrated into care services.

By fall 2010, the Idaho state Quality Management plan will have a measure to evaluate how well prevention is integrated into care services.

iv) Describe how the offering of partner services to all persons newly diagnosed or reported with HIV will be ensured.

Public health departments are required to perform investigations on newly reported HIV/AIDS cases in Idaho through the HIV/AIDS Surveillance contract and the General Epidemiology contract with OEFP. Cases reported to OEFP or to the public health department are passed to the public health department epidemiologist responsible for STD/HIV investigations in the resident district of the reported case. Each investigation includes provider interview, client interview, and PS, when possible. This linking of surveillance and epidemiologic investigation allows for a greater likelihood of obtaining risk information on cases reported.

- v) *Describe how data to determine the scope and reach of your programs will be collected and analyzed, and how these data will be used to evaluate program components in order to guide and adjust future activities.*

Agencies under contract to provide CRCS will be required to collect and submit program monitoring data to the FPSHP. The program monitoring data will include all required Program Evaluation and Monitoring System (PEMS) data. FPSHP has developed data collection forms that include the required variables. Once the data is submitted to FPSHP, it will be entered into CPEMS. The FPSHP program coordinator will conduct process monitoring to evaluate whether the expected number of clients targeted for enrollment is occurring, whether client risk factors meet screening criteria for the program, and how well client's are retained or complete the program. CRCS contractors will also be required to collect data to demonstrate behavior change. Client risk reduction plans will be assessed during site visits to document the number of clients showing a reduction in risk behavior.

For Program, Monitoring, and Quality Assurance Plan please see **Appendix B.1.**

d) Health Education and Risk Reduction Services (HE/RR)

- i) *Applicants should describe their plan to provide HE/RR, either directly or through the provision of financial assistance to prevention providers. Explain any anticipated instances of non-competitive award of CDC funds. Identify existing providers by prioritized populations and interventions that are currently funded. Also prepare a separate list identifying interventions that will be funded.*

The contracts with agencies currently funded to provide HE/RR services in Idaho all end December 31, 2009. The state of Idaho allows contracts to be renewed up to four years and all current contracts are in their 4th year. All services must go out for RFP unless the provider

agency falls under a state exemption from having to bid. The exemption includes other state agencies, so public health departments and universities do not have to bid for services. However, for services funded through program announcement 04012, all agencies were required to bid.

From 2006 through 2009, the state of Idaho funded the agencies listed in Table 3 under program announcement 04012.

Table 3. HE/RR Interventions, Priority Populations, and Agencies Funded Under Program Announcement 04012		
Priority Population	HE/RR Intervention	Agency
Priority 1: HIV-infected persons	CRCS	1. The Wellness Center, Boise ID (pilot project Jul. 1, 2009-Dec. 31, 2009) Service provided in health district 3 and 4. 2. Positive Connections, LLC., Twin Falls, ID (pilot project Jul. 1, 2009-Dec. 31, 2009) Service provided in health district 5.
Priority 2: MSM	Mpowerment-MSM ages 18-35	Idaho State University, Genesis Project, Pocatello Idaho Contract period Jan. 1, 2006 – Dec. 31, 2009) Service provided in health district 6 and including outreach to health district 7.
Priority 3: HRH/IDU	Women’s Prison Project – a home grown intervention for women incarcerated due to crimes related to drug and alcohol use. Intervention included viral hepatitis and STD education.	Mountain States Group, Women’s Prison Project, Boise, ID Contract period Jan. 1, 2006 – Dec. 31, 2009) Service provided at South Boise Women’s Correctional Center. A group-level intervention.
Priority 4: HRH	Adapted SISTA-homeless and low income women	El Ada Community Partnership, Sister’s Project, Boise, ID Contract period Jan. 1, 2006 – Dec. 31, 2009) Service provided in health district 4 Provided Group-level, Individual-level and Outreach to homeless and low income women
Priority 4: HRH	Reinvented SISTA plus elements of Many Men,	El Ada Community Partnership, Brother’s Project, Boise, ID

	Many Voice, and Mpowerment-homeless and low income men	Contract period Jan. 1, 2006 – Dec. 31, 2009) Service provided in health district 4 Provided Group-level, Individual-level and Outreach to homeless and low income men
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Beginning January 1, 2010, the Genesis Project at Idaho State University-Pocatello will be funded to provide Mpowerment in health district 6. This is the only service that will be contracted through a non-competitive process. Comprehensive Risk Counseling and Services, Personalized Cognitive Risk Reduction Counseling, and Cuidate will all be contracted through a competitive request for proposal process. Voices/Voces will be contracted through an informal competitive bid process. A non-competitive contract with ISU-Meridian will be developed to provide 20 outreach sessions to homeless and low income persons in the city of Boise through a mobile van that has weekly scheduled stops at locations frequented by homeless persons. An outline of the priority populations and the interventions FPSHP plans to fund are listed in Table 4.

Table 4. Health Education and Risk Reduction Interventions Planned to be Funded with PS10-1001 Funds in 2010 and 2011	
Priority Population Rank/Region Served	HE/RR Intervention
Priority Population 1 – Persons Living with HIV (service delivery area will cover health districts 3, 4, and 5)	Comprehensive Risk Counseling and Services – agencies providing the service will be determined through a competitive RFP process. Contracts are expected to begin January 1, 2010.
Priority Population 2 – MSM age 18-35 residing in health district 6 with outreach into district 7	Mpowerment – the Genesis Project located at Idaho State University in Pocatello will continue to be funded to provide Mpowerment. The Genesis Project was funded through a competitive application processes from FYs 2002 through 2009. In FY 2010, a non-competitive contract will be negotiated due to the Project’s long standing demonstration that

	they are able to adhere to the core elements of Mpowerment in a rural setting and have consistently met Project workplan goals since FY 2002. The state of Idaho Department of Health and Welfare allows for an exemption from bidding for contracts negotiated with other state agencies.
Priority Population 2 – MSM (priority service delivery area is health district 3 and 4)	Personalized Cognitive Risk Reduction Counseling - agencies providing the service will be determined through a competitive RFP process. Contracts are expected to begin January 1, 2010.
Priority Population 2 – MSM (service delivery statewide)	On-line Outreach to MSM, a CRIS request was assigned to Behavioral and Social Sciences Volunteers to help select an online intervention to provide outreach to MSM who seek partners on the Internet. The plan is to conduct implementation activities in FY 2010 and implement by January 2011.
Priority Population 3 – Hispanic youth (priority service delivery area is health district 3)	Cuidate - agencies providing the service will be determined through a competitive RFP process. Contracts are expected to begin January 1, 2010.
Priority Population 4 – High Risk Heterosexuals seeking STD services	Voices/Voces - agencies providing the service will be determined through a competitive RFP process. Contracts are expected to begin January 1, 2010.
Priority Population 5 – Homeless and low income HRH/IDU	Outreach to Homeless and low income HRH/IDU to provide HIV and HCV prevention education, testing information, and medical referrals. Contract to run Jan. 1 – Dec. 31, 2010.

ii) *Applicants should describe their plan for monitoring prevention providers to ensure that the criteria for funded services identified in section 2.d under “Grantee Activities” are met.*

By contract, agencies conducting HE/RR activities must ensure they are serving the population for which they are contracted to serve. Agencies will be required to collect and submit program monitoring data to the FPSHP. The program monitoring data will include all required Program Evaluation and Monitoring System (PEMS) data. FPSHP has developed data collection forms that include the required variables. The FPSHP program coordinator will conduct process monitoring to evaluate whether the expected number of clients targeted for enrollment is occurring, how well client demographic and risk information is being gathered, and how well client's are retained or complete the program.

Agencies under contract to conduct HE/RR must also develop written procedures and protocols, a client confidentiality policy, and a quality assurance plan.

The FPSHP will conduct process monitoring on a monthly basis and at least an annual site visit to review written policies and procedures, conduct chart audits if necessary, and make recommendations for improvement based on process evaluation.

iii) Describe how data to determine the scope and reach of programs will be collected and analyzed, and how this information will be used to evaluate program components in order to guide and adjust future activities.

Each year, funded agencies are required to complete intervention work plans that are attached to their contracts with the state. The work plans collect the planning data required of the Program Evaluation and Monitoring System (PEMS). The HIV prevention program evaluator developed an Evaluation Guide and Process Monitoring Forms based on the data variables required by PEMS. Contractors are reimbursed for the services they provide in their work plans on a fee for service basis. Process monitoring forms documenting the services provided are submitted with monthly invoices. The data from process monitoring forms is entered into Excel

spreadsheets and CPEMS. Throughout the year, evaluation of process data collected is compared to work plan goals and at the end of year a final report of process outcomes is developed.

Agencies funded to provide Health Education and Risk Reduction (HE/RR) interventions are also required to collect outcome data specific to the goals of their interventions. They must also collect behavioral intent data required by the FPSHP. Outcome data is reported in an end of year report compiled by the HIV program evaluator.

All process and outcomes data is shared with the Idaho Advisory Council on HIV and AIDS IACHA, Idaho's CPG.

The FPSHP policy is to conduct yearly site visits of funded agencies. At this time, written policies and procedures are reviewed, chart audits are completed if necessary, and process monitoring outcomes are reviewed.

During FY 2010, the Contractor Planning and Evaluation Guide developed in FY 2004 will be updated to reflect changes in PEMS data reporting. It will be revised to integrate CTRS and PS protocols.

For Program, Monitoring, and Quality Assurance Plan please see [Appendix B.1](#).

e) Public Information Programs

- i) *Describe the planned public information efforts and how they are consistent with the jurisdiction's Comprehensive HIV Prevention Plan.*
- ii) *Describe any plan to develop and carry out HIV prevention public information programs. Describe the basic approach and messages that will be developed, including how and where the information will be disseminated.*

iii) *Describe the purpose and desired outcomes of any planned public information programs. Explain how the effort supports the applicant's other funded HIV prevention activities.*

FPSHP will maintain the Website www.nakedtruth.idaho.gov to provide information to the public about STD, HIV, and hepatitis prevention and testing. A link to www.hivtest.org is located on the Website. Promotional items will be used to promote the Website. Promotional items purchased in the past with both STD and HIV funding have included, Frisbees, bar coasters, specially packaged condoms, and business card sized STD/HIV quiz cards. Funding to conduct search engine optimization and pay per click advertising was requested through FY 2009 supplemental funds.

The FPSHP maintains a program Website for consumers of HIV planning information, providers, and community stakeholders. The Website address is www.safesex.idaho.gov. The Website contains a banner ad for the 9 ½ minutes campaign and a link to www.hivtest.org. As other CDC supported campaigns are created, Idaho will review the resources available, select those appropriate to Idaho's needs, and go through the branding process to add appropriate campaign banners.

The FPSHP will disseminate to providers and stakeholders links to resources that become available for national HIV awareness days.

The FPSHP plans to fund four to five agencies in public health districts to conduct programs based on local strategic planning and recommendations made in the 2009-2010 Care and Prevention Comprehensive Plan. These programs will be funded in districts that have had a funded public information program in the past and have no local HE/RR interventions that serve the target population they intent to reach.

In public health district 1, an agency will be sought to provide health communication/public information activities in the form of HIV 101 presentations to at-risk populations and media messages about HIV testing. They will also be required to conduct at least two community level events that will increase awareness of HIV/AIDS.

In public health district 4, FPSHP will contract with Idaho State University to provide eight HIV/HCV HC/PI presentations to at-risk populations in venues that include substance abuse treatment centers, state prisons, and drug court.

In public health district 6, FPSHP will seek providers to conduct health communication/public information activities that reach at-risk populations of color.

In public health district 7, FPSHP will contract with Eastern Idaho Public Health District to conduct HIV/STD 101 presentations in middle schools and high schools.

iv) Describe how data to determine the scope and reach of public information programs will be collected and analyzed, and how this information will be used to evaluate program components in order to guide and adjust future activities.

The number of visitors to the www.nakedtruth.idaho.gov Website will continue to be monitored. Evaluation of the www.nakedtruth.idaho.gov website showed 6,321 visits in the 1st quarter 2009, with an average visit time of 2.04 minutes. On average, 3.26 pages were viewed and there was a bounce rate of 58 percent. Ninety-three percent of visits were new to the site. In the 2nd quarter 2009, there were 5,629 visits to the website, with a bounce rate of 60 percent. On average visitors viewed 3.11 pages and stayed at the site for 1 minute and 50 seconds.

Health Communication/Public Information activities will be monitored through process monitoring. Contractors will develop a work plan that will be incorporated into their contract with FPSHP. Services provided will be documented on data collection forms that collect required

PEMS data. The data will be entered into CPEMS by FPSHP. Process evaluation will determine the need for program improvement, training, or adjustments.

f) Perinatal HIV Transmission Prevention

i) Describe plans to work with health care providers to promote routine, universal HIV screening to their pregnant patients. Describe how the applicant will work with organizations and institutions involved in prenatal and postnatal care for HIV-infected women and their infants to ensure that appropriate HIV prevention counseling, testing, prevention interventions and therapies are provided to reduce the risk of mother to child transmission.

The FPSHP will continue collaboration with the Family Planning and STD program staff to assess if CDC HIV testing recommendations for high and highest risk individuals is followed. Selective screening criteria for pregnant women is included in the HIV and STD contracts under HIV counseling, testing, and referral, Chlamydia, and syphilis testing guidelines.

Ultimately, care for HIV positive pregnant women is a collaborative effort between their OB doctors, DHD/RW service coordinator, hospitals, pharmacies, primary care doctors, pediatrician, and laboratory services. During FY 2010, the FPSHP prevention coordinator will work with the RW coordinator to discuss current data captured on the quality management plan to determine if more specific measures should be added to the plan to track monitoring of pregnant clients.

The FPSHP will also monitor the Pregnancy Risk Assessment Tracking Survey (PRATS), a survey of new mothers asks if her health care provider offered counseling regarding testing for HIV, to determine the number of women surveyed who received an HIV test.

Findings from the survey may indicate that the FPSHP need to promote the routine, universal HIV screening to their pregnant patients to private providers.

Please refer to **Appendix D.2** for Family Planning, STD, and HIV Programs HIV Testing Recommendations.

3) Program Monitoring and Quality Assurance

- a) *Applicants should describe how they plan to staff the program monitoring activities listed in the Program Monitoring section under “Grantee Activities.” Discuss how the applicant will ensure that sufficient staff is assigned to this activity and how the staff responsible for data collection, entry, and analysis will be adequately trained and supported. Describe how the applicant will identify and meet any technical assistance (TA) needs associated with meeting the monitoring requirements.*

FPSHP staff that conduct program monitoring activities include the following:

The program manager is primarily responsible for reporting financial and budgetary information related to the grant.

The current HIV Program Coordinator/Evaluator has been the PEMS Implementation Coordinator since October 2003. This position has the main responsibility for monitoring and evaluation of HIV prevention activities. All CPEMS agency, program award, contract, budget community planning, program information, and program model budget information is collected and entered by the staff person in this position. Also, much of the HE/RR, HC/PI, and outreach data is entered by the program evaluator. Quarterly CPEMS data submissions to CDC are the responsibility of the program evaluator. The evaluator is responsible for collecting and reporting all data related to community planning, all HIV prevention intervention activities, information on

demographic and risk characteristics and aggregate level data collected from contracted outreach and health communication/public information activities.

The HIV Health Program specialist/CTRS Coordinator is assigned as backup PEMS Implementation Coordinator. This position is primarily responsible for data management and reporting of CTRS activities. This position is responsible for assigning PEMS worker IDs to providers, adding new CTRS sites to the system, and conducting quality assurance checks on CTRS data entry. The CTRS coordinator also generates CTRS reports from PEMS and provides quarterly reports to contract agencies.

The Technical Record Specialist's main role is to enter CTRS data into CPEMS and is first line staff at the state level to conduct quality assurance checks on HIV Test Form data. This position also completes HE/RR data entry as assigned.

Both the implementation coordinator and the back-up coordinator have administrative rights to all PEMS functions. Both the implementation coordinator and back-up attend CPEMS conference calls on a regular basis. The PEMS Implementation Coordinator also attends all CPEMS training when available and is responsible for ensuring that other CPEMS data entry staff is fully trained. The advent of online training models for CPEMS will be very helpful to Idaho in the event that more training is needed or if staff require cross-training to increase their ability to cover other PEMS roles.

b) Describe plans to assure the quality, security, and confidentiality of HIV testing data and other HIV prevention intervention, client, and agency and budget data. Please utilize the HIV Prevention Program Data Security and Confidentiality Guidelines where applicable.

CTRS data will be handled in a manner congruent with confidentiality and security measures required by CDC HIV Prevention Program Data Security and Confidentiality

Guidelines, CPEMS Rules of Behavior, and FPSHP protocols.

Each user of CPEMS uses a desktop that is password protected and located in a secure building. Accessing PEMS also requires password protected access to the SDN and to CPEMS. None of the data collection forms for collecting CPEMS data contains names or locating information. Contract agencies that collect client-level data that contain names and locating information are kept in a locked file cabinet in a secure area at their own agency. They are required by contract to follow HIPAA regulations in regard to sharing confidential client information.

New FPSHP personnel are trained on program confidentiality and security protocol and sign a confidentiality policy.

HIV/AIDS surveillance data and data releases will be handled in a manner congruent with confidentiality and security measures required by CDC and OEFP HIV/AIDS Surveillance Confidentiality & Security Protocol, and assured by the Overall Responsible Party.

The HIV/AIDS surveillance database is housed on a restricted file on a secure server inside a locked room of the state office building above the ground floor. Hardcopy case registry files containing HIV/AIDS surveillance documents are locked inside fireproof file cabinets. The file cabinets are double-locked when OEFP personnel are not present. OEFP has a confidentiality and security protocol in place for HIV/AIDS surveillance personnel, which includes the STD/HIV Epidemiologist and the Technical Records Specialist.

OEFP will conduct annual confidentiality training for personnel requiring access to individual data and records and require a signed confidentiality statement.

c) Provide a description of local program monitoring and data management system functions and copies of statewide uniform data reporting forms, if they exist.

All data from contracted services is collected on a hard copy report form and submitted to the FPSHP for data entry. CTRS, HE/RR, and HC/PI data are entered into CPEMS by FPSHP staff. PS data is reported to the OEFP on hard copy report forms and is entered into STD*MIS and eHARS by OEFP staff.

The FPSHP Program Evaluator also manages HE/RR, HC/PI, and PS data in Excel spreadsheets to complete data analysis required to report on program indicators and to answer local evaluation questions. Behavioral intent and survey data is managed and analyzed with SPSS software.

Process monitoring forms, monthly report forms, and the Behavioral Intent/Intervention Evaluation for Interventions Delivered to Individuals are found in [Appendix B.4](#).

Process monitoring forms, the quarterly report form, and the Behavioral Intent Questionnaire for Interventions Delivered to Groups are found in [Appendix B.5](#).

Process monitoring forms and the quarterly report forms for outreach and HC/PI interventions are found in [Appendix B.6](#).

d) Describe planned quality assurance efforts regarding CTRS, PS, HE/RR, data collection, training, procedures, and any other relevant programmatic areas for which the applicant has quality assurance plans. Describe how data collected through the monitoring process will be used to continually assess and improve program performance.

FPSHP will conduct annual site visits to each of its contract agencies. This includes site visits to the seven public health departments. The public health department HIV CTRS and PS program reviews will be integrated with Family Planning and STD reviews. A standard site visit protocol is followed for each program area that includes chart audits, policy and procedure

reviews, review fee schedules and financial audit for Family Planning, clinic observations, FP/STD medication storage and dispensing, and staff interviews.

Site visits to community based organizations (CBO) that conduct CTRS will occur once per year. Site visits include chart audits, policy and procedure review, facility tour, and staff interviews. Please see [Appendix B.7](#) for the CTRS chart audit tool.

Site visits to agencies that conduct HE/RR activities will occur at least once per year and technical visits will be provided as needed. The site visits will include chart audits if the contractor conducts interventions delivered to individuals (IDI), policy and procedure review, facility tour, and staff interviews. A standard site visit monitoring tool for HE/RR providers is located in [Appendix B.7](#).

Please see [Appendix B.1](#) for Idaho's Program, Monitoring and Quality Assurance Plan

e) Describe plans to ensure that sufficient staff is assigned to this activity and how the staff responsible for data collection, entry, and analysis will be adequately trained and supported.

The number of Full Time Equivalents (FTEs) assigned to the FPSHP is determined by IDHW administration with a set number of FTEs authorized by the state legislature. Currently, three staff are assigned data entry roles and two of these same staff have data entry and analysis roles. With the advent of PEMS the amount of time spent by program staff to enter data has increased. Idaho will continue to centralize all PEMS data entry to the FPSHP. Idaho feels this improves quality assurance of the data entered by standardizing the data entry process, allows more control over access to the data, and eliminates the need to constantly train contracted providers on how to use PEMS. However, centralizing PEMS data entry does create a data entry burden at the state level that we hope resolves as PEMS functionality improves.

Currently, all staff involved in PEMS data entry and analysis are fully trained for their data entry roles. FPSHP staff will utilize all tools and resources available to them on the CDC Team Website. The FPSHP implementation coordinator is responsible for ensuring all staff is trained in their data entry roles. FPSHP will utilize hands on training at the local level, NHM&E online training modules as needed, and will attend NHM&E PEMS in-person group training when permissible.

4) **Capacity-Building Activities**

- a) *The applicant should discuss how they will assess capacity-building needs throughout the project period. Discuss any plans to assess the capacity-building needs of funded HIV prevention service providers or any partners.*

Each year the FPSHP participates in a *DEBI Training Needs Assessment for States and Jurisdictions* administered by the California STD/HIV Prevention Training Center. The needs assessment has been helpful in planning for future training and for locating trainings to meet Idaho's specific needs.

FPSHP contracts with the North West AIDS Education and Training Center (NW AETC) trainer at Idaho State University-Meridian to provide client-centered counseling and Fundamentals of Waived Rapid Test training to FPSHP's contracted CTRS providers. A pre- and post-training evaluation is conducted in conjunction with these trainings. The pre-training evaluation is used to inform the training needs of the agency receiving the training. Therefore, the trainings can be somewhat tailored to the local needs of the agency and can indicate whether other training or technical assistance is needed.

Contractors providing HE/RR and HC/PI may make technical assistance requests on monthly or quarterly report forms.

b) *Describe any capacity-building activities with the health department, HIV prevention service providers, and other prevention agencies/partners including CBOs. Include the plan(s) already developed.*

FPSHP will support regional client-centered counseling and Fundamentals of Waved Rapid Test training for CTRS providers. The anticipated need is for 3 client-centered counseling trainings and 3 Fundamentals trainings each year. This training is provided by Idaho's NW AETC trainer.

Depending on need, usually determined through training requests on provider monthly or quarterly reports, FPSHP will support one Social Networks Strategy training each year. This training is provided by Idaho's NW AETC trainer.

FPSHP will coordinate one RESPECT training each year. The training will be provided free of charge by the California STD/HIV Prevention Training Center (CA PTC). A training needs assessment will be conducted before scheduling and determining a location for the course. This course is recommended to all HIV prevention providers.

For capacity building around PS, FPSHP will coordinate one PS training each year. The training will be provided the Seattle STD Prevention Training Center. A training needs assessment will be conducted before determining which PS training to coordinate and the location where it will be scheduled. In year one of this grant (FY 2010), Idaho will consider either the *Partner Services for Health Care Professionals* or *Fundamentals of STD Intervention*. In FY 2011, Idaho will consider bringing *Approaching the Telephone Interview and Survey*, *Internet Partner Notification for DIS*, or *Training Operating for Safety around Field Encounters*.

The STD Update course is a regularly scheduled course in Idaho and is supported by the Seattle STD Prevention Center and the FPSHP STD program. The course will be scheduled in

late August 2010 and 2011. All providers under FPSHP contract are invited to attend. It is also open to private providers.

Contractors conducting HE/RR interventions will be required to have the training specific to the best evidence intervention they will provide. Contractors must be trained before they provide the service.

The contractor implementing Personalized Cognitive Risk Reduction Counseling for MSM will send counselors to training in Oakland, CA during the first quarter of FY 2010. Training funds will be included in the contract budget.

Contractors implementing Comprehensive Risk Counseling and Services will be required to send staff to CRCS training. This training will be open to Ryan White Case Managers and other prevention providers. One CRCS training will be coordinated per year and the training will be provided free of charge by CA PTC.

A Cuidate training will be coordinated and scheduled in the first quarter of FY 2010. The provider contracted to implement Cuidate will be required to send facilitators to this course. A trainer has been identified and there is potential for the IDHW Adolescent Pregnancy Prevention Program and the Idaho Department of Education to collaborate in the financial support of this training.

A Voices/Voces course will be coordinated and scheduled through the AED. This course will be required for agencies contracted to provide the intervention. The training will be scheduled before April 1, 2010.

A survey of public health department clinic supervisors and all HIV test coordinators will be completed in the first quarter of FY 2010. The survey will be administered to gather information about interest in bringing a CTRS training specific to program managers. Trainings

under consideration include *CTR for Program Managers, Assuring the Quality of HIV Prevention Counseling: Practical Approaches for Supervisors* and *Planning, Implementing and Monitoring a Rapid HIV Testing Program*. These trainings are provided by CDC.

The FPSHP will keep a record of all provider staff that complete FPSHP hosted trainings and FPSHP will request copies of training certificates. Providers who receive training not hosted by FPSHP will be requested to submit copies of training certificates or some other evidence that training was completed.

FPSHP staff will attend national conferences provided travel approval is granted at the state level. The program manager will attend the annual NASTAD HIV/AIDS Directors conference in FY 2010 and FY 2011. One staff member will attend the HIV Prevention Leadership Conference in FY 2010 and the National HIV Prevention Conference in FY 2011.

One FPSHP staff member will attend the National HIV Monitoring and Evaluation (NHM&E) PEMS training in FY 2010 if training is offered. This training will be used to cross train the PEMS back-up coordinator.

c) Discuss plans to strengthen capacity-building activities over the two-year project period for this program announcement.

Idaho will be funding several new interventions beginning in FY 2010. Therefore, Idaho will conduct assessments with new service providers to gather information to plan capacity-building activities.

In the first quarter of FY 2010, FPSHP will schedule data collection training for new intervention providers. This training will take place through a conference call and will address how to complete process monitoring forms.

By the end of the third quarter of FY 2010, FPSHP will assess the need for outreach/recruitment training based on process monitoring evaluation.

By the end of the third quarter of FY 2010, FPSHP will assess the need for program evaluation training. The need for program evaluation training will be assessed through site visits, and monthly or quarterly reporting.

Over the two year grant period (FYs 2010-2011), FPSHP will work on standardizing the educational content provided by PHDs through HC/PI activities. The standards will include basic HIV, STD, and viral hepatitis education that should be delivered in educational presentations.

5) STD Prevention Activities

Describe plans to collaborate and coordinate with local STD prevention efforts, particularly as they relate to HIV prevention activities and screening and treatment for STD.

HIV Prevention Program staff and the STD Prevention Coordinator work in the same program and meet at least monthly to share information and consult on issues that relate to both program areas. FPSHP fosters an environment of collaboration among all programs it administers and opportunities to integrate services are regularly examined. One area where STD and HIV have integrated is in the contracts with public health departments. The integration also happens at the public health department level where HIV and STD services are provided in Family Planning and STD clinics.

The STD Program collaborated with the HIV Program in the development of www.nakedtruth.idaho.gov. The programs will continue to collaborate and coordinate efforts on this prevention education Website strategy in FY 2010 and FY 2011. The STD program coordinator will be responsible for monitoring and evaluation of the Website and will report

status to the HIV program staff in monthly staff meetings. HIV and Adult Viral Hepatitis content on the Website will be reviewed and updated on an at least an annual basis by the HIV and Adult Viral Hepatitis Coordinators. Opportunities to tag national HIV and STD awareness campaigns to the site will be assessed as opportunities arise.

The STD program and HIV prevention program will collaborate on support of InSPOT Idaho (www.inspot.org/idaho). The STD program coordinator manages the InSPOT contract and is responsible for project monitoring and evaluation. Evaluation results are shared with the HIV program.

The STD program and HIV prevention program conduct integrated site visits to the public health departments in Idaho along with the Family Planning program. The STD and HIV programs consult on making program recommendations to STD and PS clinical staff.

The STD program and HIV prevention program share in funding for promotional items for the nakedtruth.idaho Website.

6) Collaboration and Coordination

Describe plans to collaborate and coordinate with the programs and groups listed under activity 6 in the “Grantee Activities” section of this announcement. Also, describe the intended outcomes of all collaboration and coordination efforts and plan to strengthen these activities over the two-year project period.

Office of Epidemiology and Food Protection (OEFP). FPSHP HIV prevention, STD prevention, and Ryan White Part B staff meet with the OEFP STD/HIV Surveillance Health Program Specialist and the state Epidemiologist on a monthly basis. This allows information sharing between staff as it relates to overlapping program activities.

The OEFP is responsible for creating an Epidemiological Profile every two years. The most current Epidemiological Profile can be found in [Appendix A.3](#).

Each week, the OEFP reports the number of new cases of HIV reported to the state. The RWPB program in turn, verifies with OEFP that new case management enrollees have had a case report.

OEFP historically has convened a Spring and Fall Epi Conference. They have consulted with FPSHP in developing STD and HIV agenda topics.

North West AIDS Education and Training Center (NW AETC). FPSHP meets with the NW AETC Coordinator on a regular basis. The programs consult on education content for HIV prevention and care providers to ensure that providers get standardized information about the provision of services and educational content. Scheduled trainings provided by the NW AETC are posted on the FPSHP Website.

FPSHP also collaborates with NW AETC on perinatal prevention education. The NW AETC provider includes education about the testing recommendations for screening of all pregnant women in all presentations to clinical providers.

FPSHP / PHD Conference Calls. The FPSHP Program Manager, HIV Prevention Coordinator, STD Coordinator, Adult Viral Hepatitis Coordinator and Ryan White Part B Coordinator join in bi-monthly calls to the public health departments. Responsibility for leading the conference calls is shared among program coordinators. The calls allow FPSHP programs to share information with public health department staff on federal and state requirements, testing and treatment issues, and allow public health departments to network with each other and with state program staff.

HIV and STD prevention staff also conduct integrated site visits with the Family Planning Coordinator and consult on program recommendations.

Ryan White Part B (RWPB). HIV Prevention will send one representative to the statewide Quality Management Committee meetings held each fall. The purpose is to ensure that HIV prevention is integrated into medical care and that there is a way to measure that prevention is occurring.

The RWPB and HIV Prevention Coordinators regularly consult on the Comprehensive Plan in relation to progress on goals. They both attend community planning administrative committee calls and serve as state program support staff for community planning.

The RWPB and HIV Coordinators meet on a regular basis to discuss overlapping program goals and consult on ways to integrate services.

Community Safe/St. Alphonsus Family Advocacy Center and Education Services (FACES) Program. HIV Prevention program will collaborate through a Memorandum of Agreement (MOA) to provide HIV test kits to the FACES Program. FACES provides services to persons who are victims of domestic violence and rape.

IDHW Substance Use Disorders Program (SUDP). HIV Prevention will continue to look for opportunities to work with the Substance Use Disorder Program to initiate a measurable standard of care whereby all patients are referred for HIV testing or provided an HIV test while in treatment.

A health program specialist from the SUDP is a member of the community planning group and chairs the Data Committee. The HIV Prevention Coordinator interacts often with the Data Committee, providing information, resources, and program support.

In FY 2010, FPSHP may collaborate with SUDP to locate speakers for HIV and viral hepatitis workshops. HIV and viral hepatitis educational and promotional materials may be made available at a community planning booth.

Department of Education (DOE) – HIV Education Program. HIV Prevention will continue a long standing collaboration with the DOE to co-coordinate and convene an HIV/AIDS Materials Review Panel twice a year. HIV Prevention will also collaborate with DOE on promoting the Cuidate intervention to potential participants and providers. DOE may be able to provide training support for Cuidate.

There have been discussions about co-hosting an STD/HIV Prevention Conference with the DOE. By the end of the first quarter of FY 2010, FPSHP will meet with DOE to determine if a conference will be co-sponsored and begin planning. If a conference is not co-sponsored in FY 2010, other avenues for providing education to school health teachers, school nurses, school counselors and other educators will be explored.

Adolescent Pregnancy Prevention Program (APPP). The FPSHP Family Planning, STD, and HIV coordinators meet with the APPP program coordinator on a quarterly basis to share information and status on programs. The APPP is interested in collaborating with the implementation of Cuidate and could be helpful in promoting the intervention to potential participants and providers, and monitoring and evaluation of Cuidate with the intent to co-fund some of the intervention activities in the future.

7) Laboratory Support

Briefly describe all laboratory support activities funded under this announcement, including participation of any laboratory in a performance evaluation program for HIV antibody testing, and the use of various testing technologies.

The FPSHP provides financial support for personnel and operating costs to the IDHW Division of Health, Bureau of Laboratories (IBL). IBL performs the Bio-Rad HIV rLAV Elisa screening assay for detection of antibody to HIV-1 and the Bio-Rad HIV-1 Western Blot for confirmation. IBL is enrolled in the American Association of Bioanalysts Proficiency Testing Program which provides survey panels three times per year to meet CLIA regulation requirements for proficiency testing.

8) HIV/AIDS Epidemiologic and Behavioral Surveillance

Idaho is not requesting program funds to support this activity.

C. Summarize Unmet Needs

Summarize any HIV prevention needs that will remain even if the total application is funded.

Provide an estimate of funds required to meet these needs.

The Idaho Department of Education (DOE)-HIV Education Program has collaborated with the FPSHP in past years to co-host an STD/HIV Conference. The conference has not been held since FY 2003 due to lack of financial and personnel resources. The DOE is interested in reviving the conference and co-hosting with FPSHP, however, FPSHP has not budgeted for this activity since FY 2003. FPSHP is interested in co-hosting this conference and many people who used to attend the conference have encouraged its revival. The purpose of the one-day conference would be to hold workshops that offer STD, HIV, and Viral Hepatitis education to school counselors, school nurses, HIV/STD prevention counselors, educators and outreach workers, STD nurses, and social workers who serve at-risk clients. The conference would also provide valuable time for providers to network and share experiences.

The cost of the conference would be shared with DOE and registration would be required to attend.

D. Management and Staffing Plan

Describe the management and staffing plan to conduct or support the essential components of the comprehensive HIV prevention program. Please include an organizational chart that reflects the current management structure and a description of the roles, responsibilities and relationships of all staff in the program, regardless of funding source. Identify the positions supported through this cooperative agreement and those funded through other sources, as well as any unfunded staffing needs.

The Family Planning, STD, and HIV Programs (FPSHP) are housed in the Idaho Department of Health and Welfare, Division of Health, Bureau of Clinical and Preventative Services. The FPSHP is comprised of nine staff members. The program manager supervises two administrative assistants, one technical records specialist, three health program specialists, and two registered nurses. Each health program specialist coordinates at least one program. The programs that are managed under FPSHP include Family Planning, STD Prevention, HIV Prevention, Ryan White Part B, the AIDS Drug Assistance Program, and Adult Viral Hepatitis Prevention. Please see [Appendix C.2](#) for key staff resumes and [Appendix C.3](#) for an organizational chart.

The FPSHP Manager, 0.25 FTE HIV Prevention, (classification Program Manager) reviews and approves program plans, objectives, policies, standards, guidelines, and procedures; develops prevention and care-provider service contract compliance; coordinates activities with educators, public officials, minority groups, and public and private entities; develops, recommends, and monitors budget; authorizes program expenditures; hires and trains staff and

evaluates staff performance; identifies alternative funding sources; oversees the development of grant applications and contracts; writes position papers and news releases; researches and drafts legislation; prepares program reports; coordinates HIV Prevention activities with other projects within the state of Idaho Family Planning, STD, and HIV Programs, i.e., Ryan White HIV Care, Family Planning, STD Prevention, and Adult Viral Hepatitis Prevention.

FPSHP has two Administrative Assistants. One is assigned to Family Planning and one is assigned to the STD and HIV Programs (0.25 HIV Prevention). The role of the administrative assistants is to compose letters, correspondence, and memos requiring independent judgment as to content; compile and analyze information from a variety of sources to prepare reports. They utilize word processing equipment and/or computers to create, process, and maintain a variety of documents and administrative records containing technical information and difficult formats. They schedule and coordinate arrangements for meetings and conferences. They act as a liaison between their organizational unit and external customers and must be knowledgeable of multiple procedures and program requirements to respond to inquiries, explain department services, policies, procedures, and rationale for decisions to customers.

FPSHP has one Data Coordinator, 0.20 FTE HIV Prevention, (classification Technical Records Specialist II). The Data Coordinator performs complex and difficult program support functions for multiple or highly specialized programs. They have the authority, knowledge, and judgment to devise solutions that fall outside existing policies and procedures. The work requires problem solving and negotiation skills with authority to act on decisions made. They serve as a program expert; and provide guidance and assistance regarding complex program rules and regulations to office staff and external customers. Due to the nature of the work, incumbents

have frequent contact with internal and external customers, which requires good public relation skills. They function with considerable independence and exercise discretion in applying policies and procedures. The work requires extensive knowledge of department programs and objectives. The FPSHP Data Coordinator is assigned 0.80 FTE to the Ryan White Part B/AIDS Drug Assistance Program and funded 0.20 FTE from HIV Prevention to enter HIV CTRS data into CPEMS and other PEMS data entry as assigned.

The Family Planning Coordinator, (classification Senior Registered Nurse) develops project goals, objectives, and strategies for Idaho's Title X Family Planning Program; develops data collection and analysis strategies for utilization patterns and needs assessment; assist with the annual development of the Title X grant application; prepares annual progress reports for the Title X grant application; prepares the annual Title X federal reporting requirements; assist with the development and monitoring of annual service contracts; conducts on site reviews at Title X delegate agencies; identifies problem areas within the Family Planning Program and recommends solutions; trains and provides technical assistance and information to contractors, physicians, health professionals and the public; assist in securing funding from grants and private contributors and collaborates with all other Idaho programs that provides reproductive health care services to Idaho residences.

The STD Prevention Coordinator (classification Registered Nurse Health Program Specialist) is funded from the STD (CSPS and IPP) grant and the Maternal and Child Health (Title V) Block grant. Typical responsibilities of the STD Prevention Coordinator include developing project plans, policies, contract proposals; developing data collection and analysis strategies for utilization patterns and needs assessment; developing project goals, objectives, and

strategies; preparing progress reports; developing and monitoring service/contract agreements and quality assurance; conducting site reviews to evaluate compliance with state and federal regulations; identifying problem areas and recommending solutions; administering website development and revisions; may supervise staff; may manage a program budget.

The role of the Ryan White Part B/ADAP Coordinator (classification Health Program Specialist) is to develop, plan, and implement the RWPB and ADAP Programs for the State of Idaho. The RWPB coordinator composes and submits grant applications, financial reports and progress reports related to the grant; submits project costs for ADAP, monitors the program's formulary to ensure standards for ADAP formularies set by HRSA are met, monitors expenditures and budgets, provides information and training to contractors and other providers about the program. This position also acts as the RWPB Quality Management Director and is the state appointed co-chair to the community planning council. These roles require a great deal of collaboration and communication with many agencies and providers within the HIV community both for prevention and care.

The HIV Prevention Coordinator/Program Evaluator (classification Health Program Specialist) position is funded completely with HIV prevention funds and is a 1.00 FTE position. The HIV Prevention Coordinator/Evaluator develops and recommends program plans, objectives, policies, standards, guidelines, and procedures; develops prevention service contract compliance; coordinates activities with educators, public officials, minority groups, and public and private entities; develops, recommends, and monitors budget; authorizes program expenditures; analyzes program goals to determine funding needs; drafts new contracts and requests for application or proposals for health education services; prepares grant proposals to fund program activities; monitors activities for compliance with grant requirements; develops

statistical and activity reports; conducts clinic site reviews; monitors process and outcome data collected from prevention providers to determine need for project improvement and/or effectiveness. Develops strategies for data collection; conducts surveys of the general population and increased risk populations to determine educational, service, and health-care needs; evaluates program performance against established objectives; monitors contract performance; develops and implements evaluation methods to measure the efficiency and the viability of HIV prevention program; compiles and analyzes data and identifies behavioral and community patterns impacting health status; assesses factors contributing to propagation or alleviation of health problems and diseases; provides technical assistance and consultation to subcontractors regarding data reporting, program evaluation, and outcome measurement.

The HIV Program Specialist (0.75 FTE)/Adult Viral Hepatitis Coordinator

(0.25 FTE), (classification Health Program Specialist) position, provides coordination and staff support to the HIV/AIDS Material Review Panel; provides technical assistance and consultation to subcontractors regarding CTRS program; develops CTRS prevention contract with providers; coordinates training activities for STD and HIV prevention courses for contractors, drafts contracts and requests for subgrant for HIV CTRS; monitors CTRS activities for compliance with grant requirements; conducts site reviews; monitors CTRS data collected from providers to determine compliance with contract agreement; evaluates CTRS contractor performance against established objectives; monitors contract performance; works to integrate viral hepatitis prevention services into existing prevention programs; disseminates hepatitis A, B, and C and disease information to increase awareness and knowledge.