

**Office of AIDS
HIV Education and Prevention Services Branch
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HIV Prevention “Think Tank” Meeting

The California Department of Public Health, Office of AIDS (CDPH/OA) hosted an HIV Prevention “Think Tank” Meeting on May 13-14, 2008 in Emeryville, California. The purpose of the Prevention “Think Tank” was to consider whether the evidence to support several HIV prevention strategies for which there are the Centers for Disease Control and Prevention’s (CDC) guidelines or ongoing studies that are compelling enough to warrant scale up at the local level in California. For each intervention, we discussed successful implementation efforts, barriers to implementation, and suggestions for how to scale-up interventions in a coordinated and efficient manner. Finally, we considered how to evaluate the implementation and expansion of these programs.

The topics that were addressed at the meeting include current CDPH/OA-supported programs including Post-exposure Prophylaxis (PEP), Prevention with Positives (PwP), Acute HIV: Technology and Outreach, Behavioral Interventions, HIV Testing in Emergency Departments and Hospitals, and HIV Testing in Sexually Transmitted Disease (STDs) settings and other clinics.

Each topic was discussed for approximately 90 minutes to two hours. Of this time there was:

1. A five to ten minute presentation of the key data and guidelines, critical ongoing research, and important unanswered questions by a Presenter;
2. Two to four, five to ten minute presentations by participants who have implemented or considered implementing the intervention on a local level (Discussants); and
3. Forty-five minutes to one and one-half hours of open discussion by all participants, focused on consideration of existing data and guidelines and suggestions for scale up at the local health jurisdiction, community-based organization, and clinic level.

Near the end of the second day, the group discussed ongoing evaluation needs; considered capacity building and technical assistance needs; reviewed available resources from both CDC, CDPH/OA, and local perspectives and discussed next steps including additional stakeholder input. Based on the outcome of this meeting and other

factors, CDPH/OA will consider building more required programming into future contracts to facilitate such scale up with an emphasis on providing a comprehensive menu of biomedical and behavioral HIV prevention programming with adequate technical support.

HIV Counseling and Testing Restructure (C&T)

The HIV Counseling, Testing and Training (CT&T) Program continues to roll out the new restructure that began on January 1, 2008. One of the main goals of the C&T restructure is to use resources such as staff and time spent with clients more efficiently. By focusing staff resources on those at highest risk for acquiring HIV, while still serving those at lower risk seeking a test, prevention value is maximized. CT&T Program Consultants have been providing technical assistance regarding the restructure and guidance documents, LEO, and HCV. In addition, the CT&T staff has begun the discussions about the upcoming site visits that are planned to occur during the summer of 2008.

HCV Integration

LHJs submitted their plans for integrating HCV into their HIV programs. The goal of this program is to increase the numbers of individuals at risk for HCV who know their Hepatitis C virus (HCV) antibody status, and receive appropriate risk reduction counseling for HCV and HCV education and referrals. OA has focused the HCV testing as an incentive to attract larger numbers of injection drug users (IDUs) into HIV counseling and testing (C&T). The plans have been reviewed by the Program Consultants, and training resources are being evaluated.

The Client Assessment Questionnaire (CAQ)

LHJs are now utilizing the CAQ form. The CAQ is a self-administered form that assists in determining if a client is to receive the low-level or high-level intervention based on responses to the CAQ. A Spanish version of the CAQ has been released for LHJs that serve monolingual clients. Additionally, the CAQ will be translated into other languages and available for use in the summer 2008.

Counselor Training

UCSF, AIDS Health Project (AHP) in collaboration with OA developed and piloted the Counselor 1 training and the Basic I training. The Counselor 1 training focuses on the low-level intervention that can be provided by an HIV Counselor 1 or an HIV Counselor 2. Topics covered in this training include basic HIV 101 information, the window period, and administration of the OraQuick ADVANCE Rapid HIV Test.

The Basic 1 training is developed for the HIV Counselor 2 which provides HIV C&T services to high-risk clients. The HIV Counselor 2 is required to take the four day Basic 1 training that also includes rapid HIV testing proficiency. The Basic 1 training focuses on, 1) Risk Assessment, 2) Client Centered Counseling, and 3) Administration of the OraQuick ADVANCE Rapid HIV Test. Three months following the Basic 1 Training, the Counselor 2 is required to take the Basic 2 Training.

HIV Rapid Testing Update

Rapid HIV testing is continuing to be implemented throughout the State. Approximately 61% of California's Local Health Jurisdictions (LHJs) and Community-Based Organizations have implemented rapid testing (RT) into their existing HIV C&T programs, and NIGHT programs.

New Staff

Dennese Neal and Jill Young have joined the Counseling, Testing and Training Section as Program Consultants. Both will be providing technical assistance to LHJs regarding their local C&T programs.

Dennese Neal recently joined the Office of AIDS in October 2007. For the past six months, she has worked in the HIV Education and Services Branch under the HIV Community Prevention Section as a Health Program Advisor. Dennese has worked in the AIDS field for the past 20 years in a variety of capacities and areas. She has ten years experience in AIDS Surveillance at the health departments in San Francisco and Washington, DC. Five years with HIV Counseling and Testing in DC. Two years working as a contractor with HRSA/HAB in Bethesda, MD and 1 ½ years working with the Part A (Title I) Miami-Dade HIV Partnership Planning Council.

Jill has worked for the Office of AIDS for six years. She joins us from the HIV Care Branch where she was a Housing Coordinator for both the HOPWA and RALF Programs in the Care Section. As a Housing Coordinator, she provided technical assistance, conducted site visits, monitored contracts, reviewed and approved reports and any budget changes, and assisted in any necessary staff training for all of her assigned HOPWA and RALF contractors.

HIV Prevention Policy and Program Development Section

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African American

CDPH/OA currently has a three-pronged approach to reduce HIV incidence and prevalence among African Americans in California. The initiative includes: (1) the African American Gay Men/MSM Action Plans, (2) technical assistance (TA) and capacity building activities through ONTRACK Program Resources, and (3) working with the California African American HIV/AIDS Coalition (CAAHAC) and their regional committees.

Following the CHPG recommendation that the top 18 local health jurisdictions (LHJs) create Action Plans to address the disproportionate impact of HIV on African American Gay Men/MSM, CDPH/OA has required Action Plans and provided TA to LHJs working to effectively address these needs. TA requests include: staff trainings on Partner Counseling and Referral Services (PCRS), information on Social Network Recruitment

Strategy, culturally competent care, information about successes of other agencies/jurisdictions in reducing HIV among African American MSM, and identifying culturally appropriate HIV prevention interventions for African American MSM. Challenges listed in status reports include staff turnover, infrequency of training programs for new staff, and lack of funding.

ONTRACK Program Resources has worked to meet these needs, including developing a website (www.onloveca.org) which provides information and links on HIV and over health disparities disproportionately impacting the African American community. ONTRACK has also continued to provide support to the 5 regional CAAHAC bodies.

IDU

In Los Angeles, over-the-counter (OTC) pharmacy sale of syringes is still moving forward, with several chains and hundreds of pharmacies now participating. CDPH/OA has recently updated the technical assistance website for pharmacists, health department staff and activists interested in expanding syringe access (www.syringeaccess.com). New additions include samples of materials from around the state, new information about syringe disposal, an interactive map of the state and links to an advocacy packet.

Lake County, which has been host to an “underground” needle exchange program for thirteen years, held a vote to authorize syringe exchange. The resolution passed; however, in a subsequent meeting of the Board of Supervisors the sheriff requested, and was granted, time to further discuss the issue. Health department staff will meet with the sheriff’s office and other interested parties: one of the tools they will use is the newly-created police education video about needle exchange, which was produced by CDPH/OA at the request of the CHPG. OA has funded an additional video aimed at pharmacists which addresses over-the-counter sale of syringes. Both videos are nearing completion and will be available for distribution through the California AIDS Clearinghouse.

Latino Initiative

The OA/CDPH Latino Advisory Board (LAB) Steering Committee convened in Sacramento in May for a comprehensive CDPH/OA presentation which included overviews of many of CDPH/OA’s key programs. The goal of the multi-day meeting was to enable the LAB to provide advice to CDPA/OA in a fully informed manner, with a good working knowledge of how OA programs, policy and funding work.

Perinatal Project

The OA Perinatal Project assists CA labor and delivery hospitals with implementing rapid HIV testing for women who present to L&D with no documentation of an HIV test during prenatal care. So far we estimate that 110 hospitals are providing rapid HIV testing in labor and delivery (RTLTD). OA expects that number to increase to 150 by the end of 2008. The project staff has also been collaborating with the Black Infant Health (BIH) Program of the Maternal, Child, and Adolescent Health Division to provide training to BIH Coordinators.

Center of Excellence (COE) for Transgender HIV Prevention

By the end of June 2008 the COE will have completed its first year of tasks including developing reports of current CA transgender programs, a research agenda, a gap analysis and literature review. The COE Community Advisory Board (CAB) met February in San Diego and hosted a Town Hall Meeting with the transgender community there. The next CAB meeting will be in September in Sacramento with a Town Hall Meeting as well.

HIV COMMUNITY PREVENTION SECTION

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The CHOICE HIV website, www.choicehiv.org, launched in January and is being well received by local health department staff, community-based organization staff, and local planning body members. Choice HIV will assist in modifying the 08/09 scopes of work for the health education and risk-reduction activities funded with Education and Prevention dollars.

CPS staff is participating in collaboration with staff from the HIV Prevention Research and Evaluation Section in the development of LEO to replace ELI for FY 08/09.

The HIV Community Prevention Section has finalized revisions on our site visit tool and staff will be utilizing this tool on upcoming site visits with their assigned local health jurisdictions.

HIV PREVENTION RESEARCH AND EVALUATION SECTION

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Local Evaluation Online Activities

LEO rollout is scheduled to conclude Summer of 2008. Implementation of critical modules must be completed by mid-July in order to remain within the Department approved project development schedule. To date, functionality has been rolled-out for Administrative set-up, HIV Counseling & Testing (C&T), and Invoicing. Functionality for PCRS activities that originate from HIV C&T venues has been completed; but testing and roll-out will commence when this same functionality has been completed for HIV/AIDS Health Education / Risk Reduction (HE/RR) venues. Functionality for HE/RR is currently being developed. Following implementation of critical functionality, Office of AIDS (OA) will begin a maintenance and operations phase, during which time any functionality issues will be addressed in order of priority.

OA has provided HIV C&T LEO users with in person training, and is preparing for supplemental web-based trainings to be provided. The "Quick-Start Guide", which is a condensed guidance document has been developed and disseminated to LEO users. The current version contains information relevant to currently functional LEO modules. As additional modules are released,

the Quick Start Guide will be updated with instructions and information necessary to access that functionality.

On June 9 and June 10, a group of LEO users participated in the first of a series of LEO feedback meetings. Invitees for this two-day meeting included thirteen local HIV C&T Coordinators and three local data entry personnel. The meeting was facilitated by the University of California, San Francisco, Center for AIDS Prevention Studies (CAPS). The meeting agenda included presentations and discussions on the purpose of LEO; system access; system utilization of administrative, HIV C&T, and invoicing functionality; training; and technical support. For each topic, a brief presentation/demonstration was followed by open group discussion. The meeting culminated with recommendations for next steps. (Note: at the time of writing for CHPG update, the LEO feedback meeting had not yet occurred).

HIV Counseling & Testing Pilot Activities

PRE continues to work with researchers from the University of California San Diego (UCSD) to plan a pilot and evaluation of offering repeat testers the option to opt-out of the counseling intervention, and the use of technology for collecting client self-administered paperless data. The first three components of this evaluation occurred in Los Angeles and San Francisco and included: a secondary analysis of HIV C&T data, focus groups, and a client survey. Results from these components have informed methods planned for the pilot program, namely the definition of repeat-testers that will be offered the option to opt-out of counseling. These results indicated that clients who received HIV C&T in the prior 12-months had an overall lower frequency of high risk behaviors and lower HIV positivity. A final version of the report from these components is expected during Summer 2008.

The pilot program offering the option to opt out of counseling to clients who tested in the prior 12-months is being implemented at the Orange County Health Care Agency and three AIDS Healthcare Foundation (AHF) facilities in Los Angeles. The pilot program will also include a revised form structure and use of handheld devices and laptops to collect client data. Clinic staff will only need to record test results and services rendered; all other data will be client self-administered. The evaluation will include an assessment of clinic procedures, data validity, client satisfaction, frontline staff satisfaction, and a comparison of clients who opted out and those clients who opted in the counseling intervention. The assessment of clinic procedures will begin the week of June 23. The opt-out and technology pilot program will begin July 2008 and continue for six weeks.

Technology Planning

The PRE Section has started to meet with other Agencies and statewide partners that are currently piloting or plan to implement technology in their service provision and data collection efforts. PRE is also planning to host a Technology Summit September 9 and September 10, 2008. Invited participants will give presentations and engage in discussions on their use of technology in HIV C&T, HE/RR, PCRS, outreach, laboratory, and research settings. From these efforts, PRE plans to develop a State Plan for implementing current technology in service provider settings in hopes of enhancing data collection and dissemination efficiency and utility.

California HIV/AIDS Research Program (CHRP) Activities

OA, CHRP and the San Francisco AIDS Foundation co-sponsored a Think Tank on "Establishing Evidence in Social and Behavioral HIV Prevention" in San Francisco on March 6-

7, 2008. The purpose of the meeting was for HIV prevention scientists and evaluation researchers to identify what evidence is needed to make decisions about resource allocation for behavioral, social, and structural interventions as they are deployed in community settings and what methods are best for obtaining that evidence. Emerging themes in these discussions included the importance of better understanding contextual factors that influence intervention success, promoting a practice-informed approach to intervention development and evaluation, and incorporating a multidisciplinary evaluation plan.

Satellite Syringe Exchange Activities

The SSE Targeted Initiative funded for 2007 – 2010 has commenced its activities. The five programs (Clean Needles Now / Public Health Foundation Enterprises, Inc; Family Health Centers of San Diego; HIV Education and Prevention Project of Alameda County; Safer Alternatives thru Networks and Education; Tenderloin Health / Homeless Youth Alliance) have developed tailored SSE training curricula and have performed on-going trainings of recruited SSE. Trained SSE have begun satellite syringe exchange and related educational activities. The five programs worked extensively with OA in the development of evaluation materials. An all-site meeting occurred June 16 and 17 during which a qualitative evaluation plan was developed.

Data Dissemination Activities

Data for the second series of PRE Section's semi-annual HIV Counseling & Testing summaries has been generated. These data are currently being formatted with an intended public release of the final Focus Summaries anticipated for Summer 2008. A separate summary document will be disseminated for each of the following populations: men who have sex with men (MSM), injection drug-users (IDU), MSM/IDU, African-Americans, Latinos/as, women, transgender persons, and youth/young adults.

New Staff

The PRE Section recently welcomed several new staff. Mr. Phillip Morris joined PRE in May 2008 as the Public Health Informatics Specialist. Mr. Morris will be working as a liaison between OA staff and our LEO programmers, and as the primary liaison for LEO users. Mr. Morris is also working on the technology pilot being conducted in Orange County and Los Angeles; and he will have the primary lead in developing the State Technology Plan. Ms. Megan Henry joined PRE in May 2008 as a Research Scientist. Ms. Henry will be providing data technical assistance and quality assurance for HIV C&T service providers and OA HIV C&T staff. Ms. Henry is also working on the opt-out of counseling pilot and will lend her GIS mapping skills to evaluations of HIV C&T data. Mr. Roberto Flores joined PRE in June 2008 as a Research Scientist. Mr. Flores will be providing data technical assistance and quality assurance for HE/RR service providers and OA HE/RR staff. Mr. Flores will also develop LEO trainings for HE/RR related functionality.