

State DIS Transition in Roles/Responsibilities Timeline

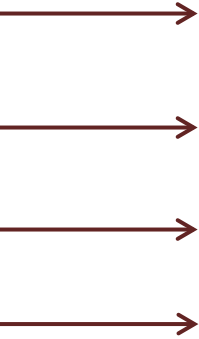
	December 2014	January 2015	February	
State DIS	Monitor disease trends within assigned counties for HIV, Syphilis, Gonorrhea			→
	Conduct monthly review of new HIV cases in assigned counties to ensure clients linked to care			→
	Publish single individual resource guides for HIV, Syphilis, Gonorrhea	DIS will be cross-trained and proficient in conducting and providing TA for capacity building for LHDs using resource guides as a base for STD Service delivery		
Services available for LHDs	State DIS begin conducting needs assessment interviews with STD program staff regarding case work and partner services in Clackamas, Lane, Marion, & Washington counties	Continued needs assessment work with each assigned county health department	DIS will be available to work with each LHD in their region on completion of an STD resource inventory to assess for current level of STD capacity and resources in place	
		DIS determine navigation services available or needed for clients in each county to obtain insurance coverage	OHA website will be fully updated with new resource guides, partner services resources, and other updated information	
		Registration open for Passport to Partner Services training in April	Participants in Passport to Partner Services training begin completing online modules prior to in-person training in April	→
		HIV Essentials training available on OHA website		
		New hard copy case report forms available for Chlamydia and Syphilis (Gonorrhea already available)		
Transitioning services available for LHDs	State DIS continue to conduct casework by telephone & field work including Partner Services with appropriate data submission into Orpheus per current agreements. <b>*The percentage of time allocated to these activities vs. other tasks will progressively decrease closer to July 1. For December, 90% of DIS time will be devoted to independently working cases and conducting follow- up partner services.</b>	<b>*90% of DIS time in January</b>	<b>*75% of DIS time in February</b>	→
			OHA/LHD STD workgroup continues to meet bi-monthly for check-in meetings to discuss transition plan, technical assistance needs, etc.	
				→
				→

State DIS Transition in Roles/Responsibilities Timeline

	March	April	May	
State DIS	Monitor disease trends within assigned counties for HIV, Syphilis, Gonorrhea			→
	Conduct monthly review of new HIV cases in assigned counties to ensure clients linked to care			→
	DIS conduct check-ins with each assigned LHD to identify challenges & successes working towards full responsibility for STD casework and partner services by 7/1. Includes completion of a resource inventory for each assigned LHD for current level of STD capacity and resources in place		Complete a “gaps” document for each LHD to include a collaboratively identified list of needs for STD basic service delivery for casework and partner services based on local priorities	
Services available for LHDs	Participants in Passport to Partner Services training continue completing online modules prior to in-person training in April	Passport to Partner Services in-person training in Eugene (April 7-9). The OHA STD Program will cover hotel and mileage expenses for LHD participants (LHDs will be responsible for covering per diem for participating staff)	OHA STD Program will provide an update at OR-Epi on partner services and syphilis investigations as a follow-up to their presentation at the 2014 conference  OHA will provide a “Syphilis Reactor Desk”/ORPHEUS Webinar	
	Technical assistance offered if needed			→
Transitioning services available for LHDs	State DIS continue to conduct casework by telephone & field work including PS with appropriate data submission into Orpheus per current agreements. <b>*The percentage of time allocated to these activities vs. other tasks will progressively decrease closer to July 1. For March this denotes that 75% of DIS time will be devoted to independently working cases and conducting follow-up partner services.</b>  Abdon moves out of Marion Co. HD office space  State DIS available to LHDs for shadowing & mentoring opportunities  For counties who do not already do so, State “Syphilis Reactor Desk” enters lab values into Orpheus and interprets them to reflect a reactor vs. syphilis case  Online Partner Services and database searches provided by state DIS for those LHDs requesting it which lack independent capacity to do so	<b>*50% of DIS time in April</b>	<b>*50% of DIS time in May</b>	→
		DIS will work with each assigned county to develop local priorities for casework and partner services		→
		OHA/LHD STD workgroup continues to meet bi-monthly for check-in meetings to discuss transition plan, technical assistance needs, etc.		
				→
				→
				→

State DIS Transition in Roles/Responsibilities Timeline

	June	July	August
State DIS	Monitor disease trends within assigned counties for HIV, Syphilis, Gonorrhea		
	Conduct monthly review of new HIV cases in assigned counties to ensure clients linked to care		
	Conduct onsite visits to STD safety net service providers in assigned counties for inventory project. (Who is being served? What services are being provided?)  Increase availability of effective testing, casework, treatment and partner services statewide via outreach to jails/correctional facilities	Identify state DIS outbreak team with written protocols/procedures and equipment ready, with availability for onsite response within three working days to an identified disease outbreak or LHD request for assistance secondary to an “exceeding capacity” situation meeting the definition of an “outbreak.”	Abdon & Patrick initiate project with Spanish speaking communities with goal of decreasing late HIV diagnosis for Latinos (Interventions include: relationship building, presentations to community partners, referring people for insurance coverage, needs assessment and helping develop targeted messaging)
Services available for LHDs	Follow-up call/webinar for participants in Passport to PS training to provide peer support/answer questions/strategize prior to July 1 transition date  Technical assistance offered if needed	All local health departments assume full responsibility for new STD case work and follow-up services in their counties for HIV, Syphilis, and Gonorrhea	In-person meeting and/or conference call for four LHDs (Clackamas, Marion, Lane, Washington,) to discuss experiences to date, provide peer support, request further TA from OHA
Transitioning services available for LHDs	State DIS continue to conduct casework by telephone & field work including PS with appropriate data submission into Orpheus per current agreements. <b>*The percentage of time allocated to these activities vs. other tasks will progressively decrease closer to July 1. For June this denotes that 25% of DIS time will be devoted to independently working cases and conducting follow-up partner services.</b>  State DIS available to LHDs for shadowing & mentoring opportunities  Online Partner Services and database searches provided by state DIS for those LHDs requesting it which lack independent capacity to do so	State DIS available for technical assistance (TA) for LHDs	
		OHA STD staff will continue to enter lab results received into Orpheus but will not identify syphilis reactors vs. syphilis cases	
		OHA STD staff will continue to conduct out of state record searches	
		State DIS field assistance available upon request*	



**\* State DIS field assistance can be requested after one or more of the following criteria has been met:**

- Three documented attempts have been made to gather further information from provider related to screening and/or treatment
- Three documented attempts have been made to locate client
- Case is unusual, challenging, or potentially risky and collaborative work on the case is required
- If partner contact information has been obtained, data should be completed for name and or identifying information, exposure dates, address/location, telephone number in Orpheus