**Program Element #07: HIV Prevention Services**

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver HIV Prevention Services. Currently in Oregon there are 220-240 new HIV infections per year. People who know they have HIV are less likely to spread it to others. People who know they have HIV can start life-saving treatment, protecting their health and reducing their risk of passing HIV on to others. There are a variety of prevention tools known to work. There are also new tools to prevent HIV, including PrEP (pre-exposure prophylaxis), a daily pill to prevent infection. For newly diagnosed people living with HIV, daily treatment, as prescribed, and maintaining an undetectable viral load not only helps maximize their health and the quality of their lives, but also significantly reduces chances of transmitting the virus further. The earlier new infections are detected and treated, and viral suppression obtained, the closer Oregon is to its goal of zero new HIV infections within five years.

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

1. **Definitions Specific to HIV Prevention Services.**
2. **Anonymous HIV Test**:HIV testing in which client identifying information is not known, or not disclosed, nor included in the request for test or test results.
3. **Confidential HIV Test**:HIV testing in which client identifying information is linked to testing information, including the request for test and test results, but that information and the test results are protected from disclosure other than for those purposes identified in OAR 333-022-0210.
4. **Comprehensive HIV Prevention Services for Persons Living with HIV (PLWH)**: Services for PLWH that promote health and quality of life, and prevent further transmission. These services include linkage to, retention or re-engagement in care and treatment; other medical and social services; risk screening; interventions focusing on treatment adherence, risk reduction or disclosure; interventions for HIV- discordant couples; referrals to screening for STDs, hepatitis or TB, ongoing HIV Partner Services (not limited to newly diagnosed persons), and efforts to ensure HIV- positive pregnant women receive the necessary interventions to prevent vertical transmission.
5. **HIV Outbreak**:The occurrence of an increase in cases of HIV in excess of what would normally be expected in a defined community, geographical area or season, and, by mutual agreement of the LPHA and OHA, exceeds the expected routine capacity of the LPHA to address.
6. **HIV Screening**:A preliminary test to detect the possibility of HIV infection such that additional testing will be necessary for an HIV diagnosis.
7. **HIV Testing Strategy**: The approach an entity uses to define a population who will be screened.
8. **Partner Services**:A confidential service that assists in linking identified contacts of STD and/or HIV positive persons (sex and/or needle-sharing partners) to testing, treatment, medical care, prevention interventions and/or other appropriate support services in order to improve their health outcomes and reduce the risk of further transmission.
9. **Program Review Panel**:A panel comprised of community members and established in accordance with CDC guidelines which reviews and approves for appropriateness the HIV prevention informational materials that are distributed in the counties in which LPHA provides HIV prevention services.
10. **Subcontractor**: A provider offering services via a subcontract with the LPHA for the purposes of providing HIV Prevention services to a targeted population.
11. **PrEP**: Pre-exposure prophylaxis is the use of anti-HIV medications to keep HIV negative people from becoming HIV positive. PrEP is approved by the Food and Drug Administration (FDA) and has been shown to be safe and effective at preventing HIV infection.
12. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (<http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf>) as well as with public health accountability outcome and process metrics (if applicable) as follows:
	1. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

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| **Program Components** | **Foundational Program** | **Foundational Capabilities** |
|  | CD Control | Prevention and Health Promotion | Environmental Health | Access to Clinical Preventive Services | Leadership and Organizational Competencies | Health Equity and Cultural Responsiveness | Community Partnership Development | Assessment and Epidemiology | Policy and Planning | Communications | Emergency Preparedness and Response |
| Population Health | Direct Services |
| HIV Testing | X |  |  |  | \* | X | X | X | X |  |  |  |
| Prevention with Positives/Linkages to Care | X |  |  |  | \* |  |  |  | X |  |  |  |
| Condom Distribution | \* | X |  |  |  |  |  | X |  |  |  |  |
| Syringe Services | \* | X |  |  | X | X | X | X |  | X |  |  |

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* 1. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:** Not applicable.
	2. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:** Not applicable.
1. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:
	1. Engage in activities as described in its Local Program Plan, which has been approved by OHA and as set forth in Attachment 1, incorporated herein with this reference.
	2. Use funds for this Program Element in accordance with its Local Program Budget, which has been approved by OHA and as set forth in Attachment 2, incorporated herein with this reference. Modification to the Local Program Budget may only be made with OHA approval.
	3. HIV Prevention Services. LPHA’s HIV Prevention Program must include the following minimum components:
2. Identifying persons with HIV infection or uninfected persons at risk for HIV infection.
3. Provide rapid HIV testing for individuals at risk, including those individuals who request screening, for HIV in clinical and non-clinical settings following guidance outlined in “Centers for Disease Control and Prevention Implementing HIV Testing in Nonclinical Settings: A Guide for HIV Testing Providers” which can be found at: <https://www.cdc.gov/hiv/pdf/testing/CDC_HIV_Implementing_HIV_Testing_in_Nonclinical_Settings.pdf>
4. Provide HIV testing (either rapid or conventional) for individuals presenting with a bacterial STI, particularly, rectal gonorrhea and/or syphilis. For those individuals presenting for HIV testing, offer other Sexually Transmitted Infection (STI) testing as capacity, location and scope allows.
5. For individuals with positive HIV rapid test results, offer confirmatory testing via a laboratory or by a second rapid HIV test from a different manufacturer than the first rapid test.
6. For individuals who are HIV positive provide referral for medical and supportive services and ensure linkage to these services.
7. For each testing event funded in whole, or part, by the HIV Prevention Program, use an OHA approved HIV Test Request Form which is available from the Oregon State Public Health Laboratory. Direct transfer of required data variables from an electronic medical record system to sHIVer is acceptable as authorized by OHA.
8. Although an appropriate service under some circumstances, no HIV test funded in whole, or part, by the HIV Prevention Program, can be anonymous. Confidential testing is a requirement necessary for complete data collection.
9. The LPHA offering Rapid HIV tests must be have a Certificate of Waiver from the Clinical Laboratory Improvement Amendments (CLIA) program.
10. The LPHA must ensure that all staff who provide Rapid HIV Tests are trained and certified to do so as defined by the product-specific guidelines identified by the manufacturer of the HIV Rapid Test in use. Staff are also required to complete an OHA-approved online training around provision of HIV testing and prevention services.

**ii.** Provide comprehensive HIV-related prevention services for person living with diagnosed HIV infection.

* 1. Provide partner services for those with newly diagnosed HIV infection and those previously diagnosed with HIV infection, and their partners.
	2. Provide linkage to medical care, treatment, and prevention services for Persons Living With HIV (PLWH).
	3. Link persons with newly diagnosed HIV infection to medical care within 30 days of diagnosis.
	4. Re-engage PLWH who are currently not in care into medical care.
	5. Support retention in medical care, treatment, and prevention services for PLWH.
	6. Follow up with HIV-positive individuals identified as being out of care by HIV surveillance in order to determine current residence and link to HIV medical care and other supportive services as needed (i.e. Data to Care activities).
	7. Work in conjunction with OHA staff to respond to and intervene in HIV transmission clusters and outbreaks as necessary.

**iii.** Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection.

1. Increase awareness of and expand access to PrEP including medication adherence.
2. Promote consumer knowledge, access, and use of PrEP including referrals into or the provision of PrEP navigation services.
3. Identify community/individual candidates for PrEP services using HIV surveillance, testing, and other data (refer to Preexposure Prophylaxis for Prevention of HIV Infection in the United States – 2014 Clinical Practice Guidelines: <https://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf>

**iv.** Conduct community-level HIV prevention activities

1. Distribute condoms to populations engaging in high risk behaviors.
2. Make available culturally and language appropriate HIV information for community members in the local jurisdiction; this may include, but not be limited to, written materials, social media, public information, and meeting presentations. For this process use a CDC defined Program Review Panel which is described in the document available at: <https://www.cdc.gov/hiv/pdf/funding/announcements/ps12-1201/cdc-hiv-ps12-1201-content-review-guidance.pdf>
3. Support and promote the use of media technology (e.g. internet, texting, web applications) for HIV prevention messaging to targeted populations and communities as capacity and scope allows.
4. Encourage community mobilization to create environments that support HIV prevention by actively involving community members. These efforts to raise HIV awareness, build support for and involvement in HIV prevention, motivating individuals to work to end HIV stigma and encouraging HIV risk reduction will occur as capacity and scope allows. The capacity to develop, plan, conduct and evaluate community mobilization activities is an important component.
5. Create a specific engagement plan for communities of color which includes anti-stigma approaches and activities for populations which are in alignment with the Epidemiologic Overview in the “Oregon Integrated HIV Prevention and Care Plan, 2017-2021.”
6. If permitted and based on local need, administer harm reduction efforts to reduce the risk of transmission of HIV/Hepatitis C, such as, but not limited to, operation of a Syringe Service Program, the purchase and distribution of harm/risk reduction supplies supported by scientific research and sharps containers to support proper and safe disposal of used syringes by people who inject drugs. Purchase of syringes (needles) and naloxone is not allowable with these funds. (https://www.cdc.gov/hiv/risk/ssps.html)

**v.** Confidentiality. In addition to the requirements set forth in Section 6 of Exhibit E, General Terms and Conditions, of this Agreement and above in this Program Element Description, all providers of HIV Prevention Services supported in whole or in part with funds provided under this Agreement must comply with the following confidentiality requirements:

1. sHIVer Security Policies and Procedures (February 14, 2016 version – add in link after posted to website) sHIVer Assurance of Confidentiality (February 14, 2016 version – add in link after posted to website).
2. Centers for Disease .. .
3. Centers .
4. Providers of HIV Prevention Services must establish and comply with a written policy and procedure regarding a breach of the confidentiality requirements of this Program Element Description. Such policy must describe the consequences to the employee, volunteer or subcontractor staff for a verified breach of the confidentiality requirements of this Program Element Description.
5. Each provider of HIV Prevention Services must report to the OHA the nature of confirmed breaches by its staff, including volunteers and subcontractors, of the confidentiality requirements of this Program Element Description within 14 days from the date of evaluation by the provider.

**vi.** Use of financial awards for HIV Prevention Program activities include:

1. Staffing and structure for programs addressing goals, objectives, strategies and activities described in the current “Oregon Integrated HIV Prevention and Care Plan, 2017-2021.”

(b.) Collaborative work with other agencies furthering HIV prevention work.

(c.) Advertising and promotion of activities.

(d.) Travel costs.

(e.) Incentives for participation in services, as approved by OHA. Prior to the purchasing of incentives, contractors must submit to OHA for approval: documentation of cash or incentive handling procedures, a justification for the purchase, and a description of how incentives will be tracked.

(f.) Purchase and/or production of program materials.

(g.) Necessary office equipment and/or supplies to conduct activities, excluding furniture unless approved by OHA.

(h.) Training and/or conferences for staff and/or supervisors that is relevant to the intervention and/or working with the target populations. This includes monitoring and evaluation trainings.

(i.) Paperwork, meetings, and preparation related to conducting programs.

(j.) Supervision, data collection and review and quality assurance activities.

(k.) Participation in planning, task force and other workgroups.

**vii.** Agency responsibility if subcontracting for delivery of services. An LPHA may use a portion of HIV Prevention program funding to subcontract with another community based agency for delivery of services. outlined in this program element with the following responsibilities:

(a.) An LPHA that contracts for services using program funds will ensure the completion of an OHA approved planning/reporting document.

(b**.)** LPHAs will ensure that the subcontractor's fiscal and monitoring data is submitted in a timely manner.

(c.) LPHA will ensure that a subcontractor meets the standards outlined in this program element.

(d.) In partnership with the state program, LPHA will identify and participate in capacity building and quality assurance activities applicable to the subcontractor.

1. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA by the 25th of the month following the end of the first, second and third quarters, and no later than 50 calendar days following the end of the fourth quarter (or 12 month period).
2. **Reporting Requirements.**
3. Contractors are required to enter, into the relevant database(s), all required data elements within 30 days of the date of service. If these reporting timelines are not met, OHA HIV Prevention Program staff will work with the contractor to establish and implement a corrective action plan.
4. Additionally, contractors provide Quarterly Fiscal Expenditure reports on the amount and percentage of funds used for each HIV Prevention activity identified in the agency’s program plan. This report is due within 30 days after the close of each calendar quarter.
5. No financial assistance provided to LPHA for HIV Prevention Services may be used to provide treatment and/or case management services.
6. **Performance Measures.** Not Applicable