#### PROJECT NAME: Expanded Partner Services CONTRACTOR SFS PAYEE NAME: Albany County Department of Health CONTRACT PERIOD:

From: 4.01.2020 To: 03.31.2021

**Provide an overview of the project including goals, tasks, desired outcomes and performance measures:** Activities supported under this funding represent collaboration between the NYS Department of Health AIDS Institute (AI) and the Albany County Department of Health (ACDOH). This county will facilitate the re-engagement in medical care of persons thought to be out-of-care living with HIV/AIDS, notify, test partners, and refer all HIV positive and high-risk negative patients they encounter though this initiative to appropriate prevention, care, and support services (e.g., referrals for PrEP and nPEP, STD testing, HCV screening, treatment adherence support), and provide condoms/other safe sex supplies.

The purpose of this initiative is to improve the provision of HIV prevention and care services within Albany County, and to better serve people living with HIV and AIDS. The objectives of this initiative are to:

- 1. Locate HIV-infected persons who are presumed out-of-care (OOC) and initiate OOC field investigations. Case assignments will come from the New York Electronic HIV Management System (NYEHMS)/ Communicable Disease Electronic Surveillance System (CDESS). No evidence of care is defined as patients with no CD4 or VL lab reports in NYEHMS for thirteen to twenty-four months.
- 2. Promote continuity of care by linking located persons to HIV/AIDS treatment facilities and resources for follow-up medical care and health maintenance.
- 3. Increase prevention activities among index patients and their named partners via risk reduction education and condom distribution.
- 4. Reduce HIV transmission by notifying partners of located persons of their exposure to HIV and offering them HIV testing and assistance with HIV medical evaluation if indicated;
- 5. Maintain confidentiality of all reports of HIV cases and named partners.
- 6. Ensure uniform and standardized HIV linkage to care and partner services procedures as outlined by the work plan and other Expanded Partner Services (ExPS) documents.

The expected outcomes are to reduce disease incidence, decrease the rate of HIV transmission, decrease risky sexual and drug using behaviors among HIV positive and persons at high risk for acquiring HIV, increase the proportion of HIV infected individuals who are aware of their status, and increase the proportion of infected persons who are linked to prevention, partner services, and treatment/medical care. Projections of essential program activity levels, target indicators and descriptions of the processes established to provide program services are described below.

The specific objectives, tasks and activities and performance measures associated with this contract work plan are presented below. The expectation is that the ACDOH will meet all work plan requirements. By signature of the contract, the ACDOH agrees that they have the capacity to meet the requirements as put forth in the work plan. The authority to conduct HIV linkage to care and partner services is granted by the State Commissioner of Health to the deputized County Health Officer with the agreement that these counties will adhere to and abide by ExPS policies and procedures outlined in a separate document.

ExPS Programmatic Support			
Objective	Budget	Tasks (Activities)	Performance Measures
Employ 1 Partner Services Staff assigned to facilitate OOC Services at 100% FTE on this initiative	Category NA	<ul> <li>Minimum training requirements for the ExPS Advocate:         <ul> <li>ExPS protocols for partner and linkage to care services;</li> <li>Annual HIV confidentiality training;</li> <li>Passport to Partner Services;</li> <li>Motivational interviewing techniques/ Transtheoretical Model;</li> <li>Strength Based Case Management;</li> </ul> </li> </ul>	1 Partner Services Staff will be employed to perform project activities in Albany County. Monthly case assignments will be sent through CDESS-MIS each month. The
		<ul> <li>Health Care Systems Navigation (NYS Uninsured Care Program);</li> <li>Recommended trainings as appropriate and available in the ExPS Core Competencies</li> <li>The Partner Services Staff's duties will include:         <ul> <li>Investigate out of care patients and link patients to medical care;</li> <li>Elicit, notify, and test partners of out of care patients of their potential exposure to HIV;</li> <li>Engage patients and named partner(s) in a risk reduction conversation and provide condoms and safer sex supplies;</li> <li>Collect and/or verify identifying and demographic information contained within the report related to HIV;</li> <li>Complete PS field investigation related paper and/or electronic documents;</li> <li>Upon case closure, submit with applicable worker comments to supervisor for review within two business days of case closure;</li> <li>Maintain patient files and ensure confidentiality/security of files;</li> <li>Assisting with other priority public health issues if/when they arise (e.g., local SY case increases, outbreaks, emergency situations, etc.). The Contract Manager must approve non-ExPS work.</li> <li>Assist with other Partner Services activities (e.g., STD, HIVPS) when/if ExPS case assignments are low. Note this could include provider education and community mobilization efforts surrounding Partner Services. The Contract Manager must approve non-ExPS work.</li> </ul> </li> </ul>	Partner Services Staff will prioritize case assignments for field investigation using the ExPS protocols and local prioritization grids (as applicable).
Employ 1 Supervisor to provide	NA	• Supervisor to supervise the Partner Services Staff that will implement the initiative.	Review each patient record within two business days for accurate and

supervision to the		•	The Supervisor will receive the same training outlined above for	complete data entry for all variables
ExPS Advocate.		•	<ul> <li>Partner Services Staff.</li> <li>Provide monthly OOC assignments to the Partner Services Staff.</li> <li>Partner Services Staff may act as Supervisor on CDESS to assign cases to him/herself and will be verified by Division supervisor.</li> <li>The Supervising Public Health Advisor's duties will include: <ul> <li>Assign work, and monitoring the case load and productivity of the ExPS Advocate;</li> <li>Ensure that targets are being met;</li> <li>Assist the Partner Services Staff with complex cases and act as a back-up for case investigation and partner services;</li> <li>Ensure full coverage of ExPS activities for the period of this contract (including periods of absence, vacation and/or leave on the part of the contractual Partner Services Staff)</li> </ul> </li> </ul>	and flag for Partner Services Staff review as necessary. Upon final review, close all patient records by the 10 <sup>th</sup> of the following mont for all patient records closed in the previous month (e.g. patient records closed in September will be submitted by October 10 <sup>th</sup> ).
Have an administrative structure in place to ensure that the ExPS is organized, equipped and staffing supports the scope of services to satisfy the terms of the contract workplan.	NA	•	<ul> <li>on the part of the contractual Partner Services Staff).</li> <li>ACDOH administration ensures that:         <ul> <li>Executive staff is familiar with the project work plan and actively supports efforts to achieve work plan goals, objectives and contract deliverables;</li> <li>ExPS staff is familiar with specific ExPS protocols;</li> <li>ExPS staff is familiar with work plan requirements that pertain to their duties and responsibilities;</li> <li>Systems are in place to minimize staff vacancies, including encouraging staff retention and expediting recruitment; and</li> <li>Supervisor will assign appropriate PS staff as back-up when needed to ensure data collection, entry and reporting. In the event of long term absence, trained back-up staff will be assigned.</li> </ul> </li> <li>ACDOH will implement strategies to recruit, retain, and promote staff and leadership that are representative of the demographic</li> </ul>	ACDOH will provide the Partner Services Staff with space that is compliant with the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) standards for the performance of the aforementioned duties and the documentation thereof. ACDOH will reimburse its employee for all local travel expenses at the negotiated rate stipulated in the collective bargaining agreement between the ACDOH and the agent representing such employee. ACDOH has comprehensive personnel policies and procedures are in place and personnel files include:
	•	•	characteristics of the service area. Staff receive ongoing education and training in culturally and linguistically appropriate service delivery.	<ul> <li>Signed HIV confidentiality statement;</li> <li>Documentation of initial (if</li> </ul>

			<ul> <li>applicable) and annual HIV confidentiality training and other required annual training;</li> <li>Annual signed attestation for usage of NYEHMS/CDESS-MIS;</li> <li>Certificates of training and/or proof of attendance for required and additional trainings;</li> <li>Employee resume and job description; and</li> <li>Annual performance evaluation.</li> </ul>
		Essential ExPS Components	
Objective	Budget Category	Tasks (Activities)	Performance Measures
Prioritize case assignments for field	NA	<ul> <li>Use assignments via CDESS to identify and locate patients.</li> <li>Use a variety of field operations tools available for both traditional and</li> </ul>	Monthly Projections (n=10)
investigation using the ExPS protocols		internet based investigation to enhance partner services (e.g., email, texting, video call):	Use ExPS Protocols to investigate all OOC cases.
and local prioritization grids (as applicable). Initiate out-of-care		<ul> <li>Partner Services Staff will conduct investigations and interviews for each assigned case. Investigations will include phone calls, field visits (1 minimum), non-specific health department letters mailed and left at residence upon</li> </ul>	Provide updates on status of case assignments to AI staff during bi-weekly conference calls.
(OOC) services to persons with no evidence of care for 13-24 months in NYEHMS.		<ul> <li>unsuccessful field visit, thorough review of the tracking system to obtain contact information, call any known laboratories or providers;</li> <li>Partner Services Staff will have access to conduct internet-based investigations utilizing social media sites like Accurint,</li> </ul>	Collaborate and coordinate with local HIV medical providers and direct service agencies to verify return to care appointment for out of care patients.

People Find, white pages, Spokeo, etc. as well as NYS Internet Partner Services protocol.
Promote continuity of care by linking located persons to HIV/AIDS
treatment facilities, and referring for non-medical resources (e.g., case
management providers, transportation, housing, etc.) for follow-up
medical care and health maintenance.
At least quarterly connect with referring providers/agencies
<ul> <li>medical providers in Albany County that the Partner</li> </ul>
Services Staff directly links patients to for medical care:
<ul> <li>Albany Medical Center AIDS Treatment Center</li> </ul>
<ul> <li>Albany Medical Center Pediatric Infectious Disease</li> </ul>
Division
<ul> <li>Upstate Infectious Disease Associates</li> </ul>
<ul> <li>Whitney M. Young Health Center</li> </ul>
<ul> <li>direct service agencies in Albany County that the Partner</li> </ul>
Services Staff directly links patients to non-medical services:
<ul> <li>Alliance for Positive Health (AIDS Council of</li> </ul>
Northeastern NY)
<ul> <li>Albany Medical Center AIDS Treatment Center</li> </ul>
<ul> <li>Catholic Charities Care Coordination Services</li> </ul>
<ul> <li>Whitney M. Young Health Center</li> </ul>
<ul> <li>Discuss the benefits of accessing medical care for HIV and</li> </ul>
treatment adherence, barriers to HIV testing, disclosure,
accessing medical care for HIV and treatment
Conduct readiness assessment to determine willingness to access
medical care and treatment for HIV
<ul> <li>Partner Services Staff will use a strength-based approach to support</li> </ul>
patients during the re-engagement process by addressing his/her needs
to achieve the ultimate goal of linkage to medical care for HIV and HIV
treatment adherence.
<ul> <li>Partner Services Staff will locate HIV-infected persons who</li> </ul>
are presumed out-of-care (OOC) and initiate linkage to care
utilizing phone calls, text, motivational interviews, and
transportation incentives, to ensure located persons keep

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	the first appointment with HIV/AIDS treatment facilities and	
	resources for follow-up medical care and health	
	maintenance; as per training received from NYSDOH. ACDOH	
	may also drive the patient in a county car to the appointment	
	if possible and deemed necessary. Reminder messages will	
	be made 2 days prior to the appointment and again on the	
	day of the appointment and a reminder text message will be	
	sent 1 day prior to the appointment and again on the day of	# and % of case assignments
	the appointment.	determined to be out-of-care within the
	Confirm patient attendance at the first medical appointment after	ACDOH jurisdiction who are:
	return to care (e.g., phone call to remind patient of appointment,	○ Interviewed;
	phone call to health care provider to verify attendance at HIV medical	<ul> <li>Successfully linked to care.</li> </ul>
	care appointment)	# and % of located persons who name
	<ul> <li>Notify partner(s) of located person of their exposure to HIV and provide (refer them to HIV) testing and assistance with HIV medical</li> </ul>	partners.
	provide/refer them to HIV testing and assistance with HIV medical evaluation as necessary.	
	evaluation as necessary.	# and % of named partners who are
		notified of their exposure.
		# and % of cases closed within one
		month of verified linkage.

Reporting and Continuous Quality Improvement			
Objective	Budget Category	Tasks (Activities)	Performance Measures
Submit timely data reports.	NA	<ul> <li>Collect and submit data in accordance with ExPS protocols (under separate cover).</li> <li>Data for this project will require Partner Services Staff to document all variables and outcomes of Partner Services field investigation forms and additional variables using an ExPS Case Investigation Form (CIF) (under separate cover). Information for all field(s) on the PS field investigation form and the CIF will be submitted electronically via an electronic CDESS-MIS field record.</li> <li>Data must be submitted using CDESS-MIS as the sole collection source for any and all data related to the ExPS Project.</li> <li>At least weekly, review assignments on the Partner Services CDESS E-Assign queue. Prior to the initiation of contact, review all available data in NYEHMS and CDESS-MIS with information obtained during the conduct of ExPS activities. Completely update and review assignment, selecting the most appropriate closure status at the time of submission.</li> </ul>	85% of cases closed and entered into CDESS-MIS will contain all necessary closure variables as stipulated in the ExPS protocols. 100% of data submitted will be up to date (within 30 days).
Submit timely narrative reports.	NA	<ul> <li>Create and submit narrative reports as requested by AI program and contract management staff.</li> </ul>	<b>75%</b> of narrative reports will be received by the established quarterly deadline.
Submit timely fiscal reports/documents (vouchers, budget modifications, audits).	NA	<ul> <li>Program and fiscal staff regularly review the status of grant spending.</li> <li>Create and submit fiscal reports/documents in accordance with AI/DOH protocols.</li> </ul>	<b>75%</b> of fiscal reports/documents (will be received) by the established deadlines.

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Maintain strict security and record		• The ACDOH will to adhere to the same written confidentiality protocol	The Partner Services Staff and all ExPS
keeping procedures.		and program guidance prescribed by the AIDS Institute.	staff will annually receive the AI/BHAE
keeping procedures.		Records will be maintained within the ACDOH HIV partner services	confidentiality training, including
		office. The records should never be accessible to unauthorized persons.	signing the standard confidentiality
		Names of staff who have access to secured hard copies and/or	attestation.
		computer files will be provided to the BHAE and updated whenever	
		there is a change.	
		Records will be maintained as follows:	
		<ul> <li>The field records will be kept in the hard copy file;</li> </ul>	
		$\circ$ The State case number (not the name) will be printed on the file	
		folder tab; and	
		• No name or other identifier should be documented in this file or	
		retained outside of the NYEHMS/CDESS.	
		All confidential materials containing information which could	
		potentially identify a reported case will be shredded prior to disposal.	
		Note: The reporting of suspect or confirmed HIV-infection cases by name is	
		mandatory in New York State. The following provides guidance on the use	
		and the disclosure of this confidential information:	
		<ul> <li>Public Health Law 206 (1)(j); and</li> </ul>	
		- Chapter 163, NYS Laws of 1998, Title III to Article 21 of Public	
		Health Law; and	
		- Article 27F of Public Health Law; and	
Engage in	NA	<ul> <li>Regulations of Title 10 NYCRR Part 63.</li> <li>Routinely examine ExPS data using AI reports available through AI</li> </ul>	Participate in at least quarterly calls
continuous quality		program and contract management staff; discuss data internally and	with AI program and contract
improvement		with AI program and contract management staff; implement corrective	management staff to review data and
activities for all		action plans to address programmatic and data-related deficiencies.	assess progress in meeting contractual
funded activities.		Use quality improvement activities to guide future programming and	expectations.
		make modifications.	Number and percent of programmatic
			changes made relative to the number
			recommended by your AI program and contract management staff.