

## HIV PREVENTION PROGRAM TRIENNIAL REVIEW TOOL

<b>Local Health Department and Locations Visited:</b>		<b>Administrator:</b>	
<b>Contact, if Different from Administrator:</b>		<b>Date:</b>	
<b>Reviewer(s):</b>			
<b>Participants:</b>			

### Summary of Program Plan<sup>1</sup> (To be completed prior to conduct of monitoring visit)

	Amount	Brief Description
<b>HIV Counseling, Testing, and Referral Services<sup>2</sup></b>		
<b>Other HIV Services<sup>3</sup></b>		
<b>IDU Outreach<sup>4</sup></b>		

<sup>1</sup> Complete Part A: For all local public health authorities that receive any funding from the HIV Prevention Program.

<sup>2</sup> Complete Part B: For local public health authorities funded to conduct HIV Counseling, Testing, and Referral Services through the HIV Prevention Services funding stream

<sup>3</sup> Complete Part C: For local public health authorities funded for targeted intervention services through the HIV Prevention Services funding stream.

<sup>4</sup> Complete Part D: For local health departments funded to conduct targeted interventions to injection drug users through the Injection Drug User Outreach funding stream.

**Part A: For all local public health authorities that receive any funding from the HIV Prevention Program**

	Check if Meets Standard	Comments / Documentation / Explanation/ Timelines
<b>I. Educational Materials</b>		
A. All educational materials used by LPHS and/or its subcontractors have been reviewed and approved by a community review panel/program review panel, in accordance with CDC guidelines.		<p><b>Citation: <i>Interim Revision of Requirements for Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control Assistance Programs, June 15, 1992. (CDC anticipates releasing an update of requirements in 2005.)</i></b></p> <p><b>* Reviewer Documentation: Review of available HIV Prevention materials available and documentation that each piece of material received review, in compliance with CDC Guidance.</b></p>
B. Approved materials are accessible for the intended public in the LPHA service area.		
<b>II. Use of Funds</b>		
A. HIV Prevention funds are not used to provide treatment and/or case management services.		<p><b>Citation: <i>Funding Guidance from CDC to State Health Departments for 2004-2008.</i></b></p> <p><b>* Reviewer Documentation: Review of financial reports provided to DHS HIV Prevention Program and to Business Services Office.</b></p>
<b>III. Confidentiality</b>		
A. Client files are <b>not</b> maintained on any individuals who do not have an established "client with service provider" relationship.		<p><b>Citation: CLHO-HIV, April 2004.</b></p> <p><b>* Reviewer Documentation: LPHA description and/or policies relating to establishment or maintenance of a "client with service provider" relationship.</b></p>

	<b>Check if Meets Standard</b>	<b>Comments / Documentation / Explanation/ Timelines</b>
<p>B. Materials that contain the names of individuals receiving services or other identifying information are kept in a locked and secure area, with access limited to authorized personnel. All computers and data programs that contain identifying information have restricted access.</p>		<p><b>Citation: CLHO-HIV, April 2004.</b></p> <ul style="list-style-type: none"> <li>* <b>Reviewer Documentation: Site inspection of client files. LPHA description and/or policies relating to access to client files and client information stored on computers.</b></li> </ul>
<p>C. There have not been any confirmed breaches of confidentiality under this program element at the LPHA.</p>		<p><b>Citation: CLHO-HIV, April 2004.</b></p> <ul style="list-style-type: none"> <li>* <b>Reviewer Documentation: Discussion with LPHA staff contact.</b></li> </ul>
<p>D. If yes, the breach was reported to DHS within 14 days of the completion of an investigation.</p>		
<p>E. LPHA has a written policy and procedure to address breaches of confidentiality, which addresses consequences should an alleged breach of confidentiality be confirmed.</p>		<p><b>Citation: CLHO-HIV, April 2004.</b></p> <ul style="list-style-type: none"> <li>* <b>Reviewer Documentation: Copy of policy relating to employee/volunteer breaches of confidentiality.</b></li> </ul>
<p>F. LPHA has an annual confidentiality review with each employee providing services under this Program Element and documents the review.</p>		<p><b>Citation: CLHO-HIV, April 2004.</b></p> <ul style="list-style-type: none"> <li>* <b>Reviewer Documentation: Review of confidentiality review forms completed by all staff involved in HIV prevention programs, specifically all employees and volunteers included on "PEMS Worker Forms."</b></li> </ul>

**Part B: For local public health authorities funded to conduct HIV Counseling, Testing, and Referral Services through the HIV Prevention Services funding stream**

	Check if Meets Standard	Comments / Documentation / Explanation/ Timelines
<b>I. Staffing Requirements and Staff Qualifications</b>		
A. All persons who conduct HIV counseling and testing have received baseline training in Client-Centered Counseling methods.		<b>Citation: <i>Revised Guidelines for HIV Counseling, Testing, and Referral, CDC, 2001.</i></b>
B. If providing rapid testing, all persons using rapid testing technology have been trained in use of test and in quality control procedures.		* <b>Reviewer Documentation: Review worker forms for CTRS to assure accuracy in personnel and their respective training records.</b>
<b>II. Minimum Service Requirements</b>		
A. Voluntary HIV counseling, testing, and referral services are available in confidential and anonymous formats.		<b>Citation 1: <i>Revised Guidelines for HIV Counseling, Testing, and Referral, CDC, 2001.</i></b>
B. HIV CTRS is accessible, available, and culturally appropriate.		<b>Citation 2: CLHO-HIV Recommendations, April 2004.</b>
C. Counselors provide information about HIV reporting laws during a CTRS session.		* <b>Reviewer Documentation: Discussion with LPHA providers, review of LPHA policies, procedures, and/or protocols in relation to HIV CTRS; review of Business Services financial reports; review of DIS records regarding follow-up to a positive tests, review of CLIA enrollment and Certificate of Waiver, etc.</b>
D. Fees charged for HIV CTRS are used to support the provider's HIV prevention program.		
E. Private fees charged for HIV CTRS are reported on Department's Revenue and Expenditure reports.		
F. No one is denied HIV CTRS if (s)he is unable to pay.		

	<b>Check if Meets Standard</b>	<b>Comments / Documentation / Explanation/ Timelines</b>
G. Individuals at high risk of HIV infection are provided sufficient information to address related infections or conditions.		
H. Appropriate information is provided about HIV transmission and prevention, meaning of HIV test results, and identifying personal risk behaviors.		
I. Efforts are made to provide individuals who test for HIV with their results and follow up counseling.		
J. If HIV test results are provided by phone, policies and procedures are in place to assure that a person testing HIV-positive is provided appropriate referrals to, and/or information about, available medical, preventive, and support services.		
K. Persons testing preliminary or confirmatory positive for HIV receive the following information: <ol style="list-style-type: none"> <li>1. Meaning of test results;</li> <li>2. Info/referral to Prevention Case Management and Partner Counseling and Referral;</li> <li>3. Info/referral to mental health services;</li> <li>4. Info/referral to support services and organizations; and</li> <li>5. If preliminary positive on a rapid HIV test offer of, or referral to, a confirmatory conventional HIV test.</li> </ol>		

	<b>Check if Meets Standard</b>	<b>Comments / Documentation / Explanation/ Timelines</b>
L. The following are provided to persons testing confirmatory positive for HIV: <ol style="list-style-type: none"> <li>1. Referral for medical evaluation;</li> <li>2. Counseling regarding the notification of partners at risk;</li> <li>3. Info/referral to PCRS, if available and appropriate; and</li> <li>4. Info/referral about accessing HIV Case Management services, insurance, and emergency resources, if available and appropriate.</li> </ol>		
M. Written test results are only provided to individuals who test confidentially and who complete a release of information.		
N. If LPHA provides HIV rapid tests, it has demonstrated that it is enrolled in CLIA and it has a Certificate of Waiver?		
O. LPHA participates in development and implementation of quality assurance activities when requested.		
<b>III. Reporting Obligations and Periodic Reporting Requirements</b>		
A. LPHA completes HIV test request forms completely and accurately.		<p><b>Citation 1: <i>Revised Guidelines for HIV Counseling, Testing, and Referral, CDC, 2001.</i></b></p> <p><b>Citation 2: Program Evaluation and Monitoring System Guidance (to be release by CDC late 2005).</b></p> <p>* Reviewer Documentation: HIV CTRS database review, conducted in advance of site visit.</p>

	<b>Check if Meets Standard</b>	<b>Comments / Documentation / Explanation/ Timelines</b>
B. Post-test disposition forms are returned to the OPHL weekly or within 30 days of testing, if the individual does not return for HIV test results?		

**Part C: For local public health authorities funded for targeted intervention services through the HIV Prevention Services funding stream.**

	Check if Meets Standard	Comments / Documentation / Explanation/ Timelines
<b>I. Staffing Requirements and Staff Qualifications</b>		
A. Staff providing "Other HIV Services" demonstrate ability to work with targeted population(s) identified in the approved HIV Prevention Program Plan.		<p><b>Citation 1: <i>Funding Guidance from CDC to State Health Departments for 2004-2008;</i></b></p> <p><b>Citation 2: <i>CLHO-HIV Decisions, April 2004.</i></b></p>
B. At least one staff member or supervisor regularly attends in-service skills-building meetings and/or trainings provided by Department's HIV Prevention Program.		<p><b>* Reviewer Documentation: Discussion with LPHA provider; review of training/skills-building meeting attendance lists, review of reports of LPHA activities, PEMS worker forms.</b></p>
<b>II. Minimum Service Requirements</b>		
A. LPHA is delivering services in accordance with its HIV Prevention Program-approved Program Plan.		<p><b>Citation 1: <i>Funding Guidance from CDC to State Health Departments for 2004-2008.</i></b></p>
B. LPHA staff participates in Department's process monitoring and evaluation activities that are consistent with CDC guidelines?		<p><b>Citation 2: <i>CLHO-HIV Decisions, April 2004.</i></b></p>
C. Condoms are made available to populations engaging in high-risk activities.		<p><b>Citation 3: <i>Program Evaluation and Monitoring System Guidance (to be release by CDC late 2005).</i></b></p> <p><b>* Reviewer Documentation: Review of program plans and reports and/or PEMS documentation submitted to HIV Prevention Program. Discussion with LPHA provider.</b></p>
<b>III. Financial Assistance Limitations</b>		

	<b>Check if Meets Standard</b>	<b>Comments / Documentation / Explanation/ Timelines</b>
A. LPHA provides evidence of complying with financial restrictions of grant.		<b>Citation: <i>CLHO-HIV Decisions, April 2004.</i></b>  * Reviewer Documentation: Review of fiscal reports submitted to Department and/or Program.
<b>IV. Reporting Obligations and Periodic Reporting Requirements</b>		
A. LPHA provides timely and complete information in its program plans.		<b>Citation 1: <i>Funding Guidance from CDC to State Health Departments for 2004-2008;</i></b>
B. LPHA provides timely and complete reporting, in compliance with HIV Prevention Program's reporting system(s).		<b>Citation 2: <i>CLHO-HIV Decisions, April 2004.</i></b>
C. LPHA provides timely and complete fiscal reporting, in compliance with State of Oregon Quarterly Revenue and Expenditure reporting and any reporting required by the DHS HIV Prevention Program.		<b>Citation 3: Program Evaluation and Monitoring System Guidance (to be release by CDC late 2005).</b>  * Reviewer Documentation: Review of program plans and reports submitted to HIV Prevention Program.

**Part D: For local health departments funded to conduct targeted interventions to injection drug users through the Injection Drug User Outreach funding stream.**

	Check if Meets Standard	Comments / Documentation / Explanation/ Timelines
<b>I. Staffing Requirements and Staff Qualifications</b>		
A. Persons providing "IDU Outreach Services" demonstrate knowledge of harm reduction strategies and ability to work with injection drug users.		<b>Citation 1: <i>Funding Guidance from CDC to State Health Departments for 2004-2008;</i></b>
B. At least one LPHA staff member or subcontract agency staff member regularly attends in-service skills-building meetings and/or trainings provided by Department's HIV Prevention Program.		<b>Citation 2: <i>CLHO-HIV Decisions, April 2004.</i></b>
C. Program participates in all evaluation activities of Department's HIV Prevention Program.		* <b>Reviewer Documentation: Discussion with LPHA provider; review of training/skills-building meeting attendance lists, review of reports of LPHA activities, PEMS worker forms.</b>
<b>II. Minimum Service Requirements</b>		
A. LPHA delivers services in accordance with its HIV Prevention Program-approved Program Plan for Injection Drug Users?		<b>Citation 1: <i>Funding Guidance from CDC to State Health Departments for 2004-2008;</i></b>
B. LPHA demonstrates that services are rooted in harm reduction philosophy.		<b>Citation 2: <i>CLHO-HIV Decisions, April 2004.</i></b>
C. LPHA demonstrates cultural appropriateness in the delivery of service and in the materials distributed to injection drug users.		<b>Citation 3: <i>Program Evaluation and Monitoring System Guidance (to be release by CDC late 2005).</i></b>
D. LPHA staff supported by this agreement participates in process monitoring and evaluation activities that are consistent with CDC guidelines.		* <b>Reviewer Documentation: Review of program plans and reports and/or PEMS documentation submitted to HIV Prevention Program. Discussion with LPHA provider.</b>
E. Condoms are made available to injection drug-using populations.		

	<b>Check if Meets Standard</b>	<b>Comments / Documentation / Explanation/ Timelines</b>
F. LPHA demonstrates that at least half of all activities conducted under the Injection Drug Use Outreach program are conducted off-site.		
<b>III. Financial Assistance Limitations</b>		
A. LPHA provides evidence of complying with financial restrictions of grant.		<b>Citation: <i>CLHO-HIV Decisions, April 2004.</i></b>  * Reviewer Documentation: Review of fiscal reports submitted to Department and/or Program.
<b>IV. Reporting Obligations and Periodic Reporting Requirements</b>		
A. LPHA provides timely and complete information in its program plans.		<b>Citation 1: <i>Funding Guidance from CDC to State Health Departments for 2004-2008;</i></b>
B. LPHA provides timely and complete reporting.		<b>Citation 2: <i>CLHO-HIV Decisions, April 2004.</i></b>
C. LPHA provides timely and complete fiscal reporting, in compliance with State of Oregon Quarterly Revenue and Expenditure reporting and any reporting required by the DHS HIV Prevention Program.		<b>Citation 3: Program Evaluation and Monitoring System Guidance (to be release by CDC late 2005).</b>  * Reviewer Documentation: Review of program plans and reports submitted to HIV Prevention Program.