ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Office of Health Protection, Division of Infectious Diseases, HIV/AIDS Section

2014 HIV Prevention Intervention & Strategy Guidance
for IDPH HIV Prevention Grantees
DRAFT

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Appendices

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Applicant Eligibility Criteria

- Only organizations based within Illinois are eligible to compete for these funds.
- Applicant organizations may be local health departments or not-for-profit private community-based organizations including volunteer or religious organizations which effectively engage prioritized risk populations including gay or bisexually-active males, high risk heterosexual women and men, particularly racial and ethnic minorities impacted by poverty, current or former users of injection drugs.
- Applicants must provide proof that their organizational registration with the Illinois Secretary Of State is currently in good standing.
- Applicants must pay all due County, State and Federal Taxes or have an approved payment plan in place.
- Applicants may not be a 501(c) (4) organization, or an organization whose primary mission is to engage in Illinois or federal lobbying activities.
- Applicant organizations may not been convicted of bribing or attempting to bribe an officer or employee of the State of Illinois or any other State, nor has made an admission on the record of having so bribed or attempted to bribe (30 ILCS 500/50-5).
- If the applicant organization has been convicted of a felony, at least five years must have passed after the date of completion of the sentence for such felony, unless no person held responsible by a prosecutor's office for the facts upon which the conviction was based continues to have any involvement with the business (30 ILCS 500/50-10).
- If the applicant organization, or any officer, director, partner, or other managerial agent, has been convicted of a felony under the Sarbanes-Oxley Act of 2002, or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953, at least 5 years have passed since the date of the conviction. (30 ILCS 500/50-10.5).

Provider Requirements

- The applicant organization and its affiliates may not be delinquent in the payment of any debt to the State (or if delinquent has entered into a deferred payment plan to pay the dept). (30 ILCS 500/50-11)
- The applicant organization has not committed a willful or knowing violation of the Environmental Protection Act (relating to Civil Penalties under the Environmental Protection Act) within the last five (5) years. (30 ILCS 500/50-14).

- The applicant organization has not paid any money or valuable thing to induce anyone to refrain from bidding on a State Grant, nor accepted any money or valuable thing, or acted upon the promise of same, for not bidding on a State Grant (30 ILCS 500/50-25).
- The applicant organization has not violated the "Revolving Door" section of the Illinois Procurement Code (30 ILCS500/50-30).
- The applicant organization has not been convicted of the offense of bid rigging or bid rotating or any similar offense of any State or of the United States (720 ILCS 5/33E-3, 5/33E-4).
- The applicant organization has not violated Section 50-14.5 of the Illinois Procurement Code (30 ILCCS 500/50-14.5) that states: "Owners of residential buildings who have committed a willful or knowing violation of the Lead Poisoning Prevention Act (410 ILCS 45) are prohibited from doing business with the State until the violation is mitigated".
- The applicant organization is not in default on an educational loan (5 ILCS 385/3).

Equipment Requirements

- Organizations must have or budget to purchase computer equipment meeting the minimal technical requirements for IDPH's electronic Prevention Evaluation Monitoring System supported by PROVIDE® Enterprise:
    - A PC computer (not Apple Macs or Unix-Based Workstations) capable of running XP, Windows Vista, or Windows 7 with all Windows Updates applied
    - An internet connection (high-speed or broadband strongly encouraged);
    - Suggested PC configuration -
        - minimal 128 MB of RAM
        - minimal Pentium 3, 600 MHz processor or equivalent
        - 8 GB hard drive
        - Super VGA or better monitor, minimum resolution 800x600, 256 colors
    - Agency Firewall opened to allow outbound TCP traffic on Port 1433
    - Administrative Access to install software on the computer
    - A document scanner connected to the computer running PROVIDE® Enterprise with a TWAIN-compliant printer to allow the direct scanning of documents into Provide® Enterprise (rather than scanning outside of Provide® and then attaching as a file).
        - Scanner Requirements: Any type of scanner that can save scanned images to a standard format like PDF or JPG or TIF.
        - Scanner Optimal Recommendations:
            - Scanner should be direct-PC attached or network-attached to the PC where the Provide® Enterprise installation exists
            - Advanced features like duplex scanning are helpful though not necessary.
            - A scanner accepting various document sizes and types (legal size, photo, etc).
            - Auto-feed for multiple pages at once is also highly desirable.

Performance Standards for All interventions:

- At least 70% of clients served in 2014 must disclose a risk prioritized in the *2014 Risk Group Definitions and Points of Consideration.* (See Appendix 2).

Standards for All interventions:

Agencies providing HIV prevention services:

- Must identify sites or targeting methods (e.g. risk pre-screening or risk-peer social network recruitment) likely to reach high concentrations of the each specific Illinois HPG-prioritized populations they apply to serve.
- Must ensure that counselors conducting any HIV prevention intervention have accurate knowledge about HIV transmission and risk reduction and have completed the required training.
- Must ensure their counselors provide services competently for a client's risk and culture.
- Must provide condoms and other appropriate HIV prevention tools available.
- Should preferably sign Memoranda of Understanding with proposed service sites associated with other businesses or organizations demonstrating the site's agreement to HIV prevention service promotion or delivery on their premises
- Should preferably document referral collaborations with other service provider organizations in a Memoranda of Understanding to facilitate referrals and confirm their use
- Must develop and maintain a Quality Assurance Manual including:
  - agency policies relevant to HIV prevention
  - agency protocols for all funded HIV prevention interventions
  - documentation of required training completion for any staff conducting any intervention with training requirements
- Must receive Site Authorization from and receive a site number issued by IDPH before delivering services used at the site.

Documentation Requirements

- Must have Provide-licensed and -trained staff enter intervention sessions and referrals into the IDPH approved secure data base.
- Data for all interventions provided in a month must be entered into Provide service reports marked as completed (unless awaiting a confirmatory test result) by the fifteenth of the following month.

Evaluation

Process Evaluation will be monitored through:

- Provide Reports offering a comparison of service documentation entered into Provide to contracted scopes of services for each intervention and targeted population.
- Quality Assurance observations of intervention (or of role-played interventions in the case of partner services and Linkage to Treatment interventions) conducted biannually by IDPH grant monitors or lead agencies assessing the fidelity to service standards of the service.

Outcome Evaluations will be monitored through:

- A comparison (baseline vs. most recent) of risk frequencies (number of occurrences in past 30 days) and risk latencies (length of time from the present without an occurrence of the risk behavior) assessed during service delivery for clients served at least two times, each following the installation of enhanced risk assessment in Provide.

HIV Counseling, Testing and Referral (CTR) Guidance

CTR Performance Standards

- 100% of clients tested for HIV will sign a release authorizing the input of the testing record information into Provide Enterprise for quality assurance review by IDPH and any designated Lead Agency of that region for the grant funding the testing activity.
- At least 1.0% of clients tested for HIV testing through this grant will be newly identified as HIV-positive (i.e. not previously reported as HIV-positive to IDPH HIV Surveillance).
- At least 90% of HIV tests with preliminary positive results will be documented in Provide Enterprise as *confidential* tests with the required written client consent.
- At least 85% of persons who test positive for HIV will receive their confirmatory test results.
- At least 80% of persons who receive their HIV positive test results will be authorize transmission of their referral information to medical primary care (referral) within 72 hrs of receiving their confirmatory result and will attend their first appointment (linkage) within three months of learning their results.
- At least 90% of persons who receive their HIV positive test results will be *offered* Partner Services
- At least 75% of persons who receive their HIV positive test results will *participate* in Partner Elicitation and individualized Partner Notification Planning.
- At least 90% of persons who receive their HIV positive test results will be authorize transmission of their referral information to Ryan White Case Management services (referral) within 72 hrs of receiving their confirmatory result and will attend their first Case Management appointment (linkage) within three months of receiving their confirmatory results.
- At least 90% of *partners* elicited from HIV-positive clients identified by certified local health department HIV testing programs shall be offered partner counseling and referral (PCRS) follow-up services.

CTR Agency Requirements

All agencies funded to provide HIV counseling and testing (CTR) services shall:

- Do so according to current Department protocols, as outlined in the Department's 2013 HIV Prevention Counseling, Testing and Referral Manual.
- Ensure that all staff delivering CTR have completed all training requirements outlined below in *CTR Staff Requirements.*
- Ensure attendance of at least one agency staff member at any HIV counseling and testing updates offered by IDPH and maintain documentation of that attendance.
- Obtain annually and maintain on file a Physician Standing Orders from a licensed physician, specifying type of IDPH-approved specimen collected (finger stick, or oral) and type of venue (street outreach, mobile, fixed site, etc.) where testing will be conducted.
- Obtain every two years and maintain on file a current CLIA Waiver for IDPH approved HIV Rapid testing.
    - CLIA Waiver application on line www.cms.hhs.gov/clia
        - click on "how to apply"
    - You can also call the CLIA Waiver office at 217-782-6747 for assistance
- Maintain updated written protocols to provide rapid testing to prioritized risk clients.

CTR Staff Requirements

All HIV counseling testing and referral (CTR) Partner Services (PS) shall be provided only by counselors who have successfully completed:

- IDPH HIV Prevention Home study course with a score of 80% or higher;
- An IDPH-approved Fundamentals of HIV Counseling, Testing and Referral Course;
- IDPH Partner Services (PS) training within 3 months of completion of Fundamentals course
- At least one HIV-related continuing education/skill development course each year with proof of completed course documented in the organization's Quality Assurance Manual.

CTR Service Delivery Requirements

- Provide client-centered counseling, testing, partner services and Linkage to Treatment services using the six-step protocol described in the US Centers for Disease Control and Prevention (CDC) document *Fundamentals of HIV Prevention Counseling*, the IDPH Fundamentals of HIV Prevention Counseling, Testing and Partner Services Part I training course, and the Illinois HIV/AIDS Confidentiality and Testing Code.
- Offer HIV testing only to persons 12 years of age or older in accordance with limits on a minor's right to consent granted through the Illinois STD Control Act
- In accordance with FDA-approved kit instructions described in the package inserts,
  - offer OraQuick Advance testing only to persons 12 years and older.
  - offer Clearview testing only to persons 13 years and older.
  - offer Orasure testing only to persons 13 years and older.
- Conduct test counseling sessions *individually* in a *private* setting where discussion cannot be overheard or interactions visually observed by others in the vicinity
- Include in the pre-test counseling session discussion:
  - HIV transmission and the natural history of HIV infection,
  - the meaning and limitations of the test and test results,
  - the purpose and potential uses of the HIV test,
  - the statutory rights to anonymous testing and to confidentiality,
  - availability of additional or confirmatory testing,
  - the availability of referrals for further information, or counseling,
  - individually appropriate HIV risk reduction methods instruction, including demonstration of proper syringe cleaning, condom use and latex barrier use.
  - assessment of the client's ability to safely cope with a positive test result
  - assessment of the client's HIV exposure risk behaviors including partner risk,
  - assessment of the conditions facilitating or inhibiting risk and risk reduction,
  - identification of safer goal behaviors directly reducing the client's HIV transmission risk
  - action steps towards achieving them the client wants to attempt
  - individualized referrals to support the client's specific safer behavior goals
- Use Department-provided rapid HIV test kits in accordance with Department protocols, current CDC guidelines, and FDA-approved manufacturer's package inserts.
- Use Orasure conventional testing only for confirmation of rapid preliminary positive or rapid indeterminate results.
- Use whole blood serum testing for conventional or confirmatory testing in accordance with Department protocols when provider capacity setting allows for sterile specimen collection and transport, and proper disposal of sharps or other bio-hazardous materials.

- Provide directly or offer referrals for syphilis and Mantoux tuberculosis (TB) testing for prioritized risk clients and document referral use
- Provide post-test counseling sessions privately, individually, and face-to-face for all persons who remain or return for their test results
  - informing clients of their results, their meaning and limitations
  - reviewing the client's prevention plan and referrals offered
- For clients with preliminary positive rapid HIV test results
  - request a confirmation test specimen and submit it to the IDPH laboratory
  - request a written release to submit their contact information and testing record information to a competent HIV primary medical care provider of their choice
  - explain Partner Services options, and initiate a discussion to elicit potentially exposed sex or injecting partners who may need notification if the positive result is confirmed and develop a plan for the notification (client vs. public health notification) of each exposed partner
- For clients with confirmed positive results
  - Forward contact information for partner(s) elicited from persons testing positive to the local/state health department for partner notification and follow up
  - request a written release to submit their contact information and testing record information to the regional Ryan White Part B Case Management consortium
- Provide and document verbal explanation of Illinois law 720 ILCS 5/12 - 16.2 addressing criminal transmission of HIV.

CTR Documentation Requirements

All agencies shall submit the following to the Department's HIV Counseling and Testing Unit via the Provide Enterprise system within the time frames specified:

- Electronic submission of required information from a completed HIV Counseling and Testing Report Form before the fifteenth day of the month following the month in which HIV testing was provided or if the client declined to be tested. (e.g., for all clients served in March, data must be submitted by April fifteenth.)
- Document the Linkage to Treatment referrals in Provide Enterprise.
- Document anonymously tested client records using the IDPH approve client coded system.
- Forward Partner Service information to Department's HIV Testing Unit on IDPH forms.
- Out-of-jurisdiction exposed partner contacts should be forwarded to IDPH HIV Testing Unit.
- Submit the Initial Interview Record electronically for each client testing positive within ten working days of the actual or scheduled post-test counseling session, and a completed interview record, including all known partner dispositions documented, within 30 days after initial post-test counseling session.
- All testing providers are required by law to report a confidential (but not anonymous) HIV positive test result to the IDPH HIV Surveillance Unit on the IDPH HIV Case report form.

Surveillance Based Services

In Surveillance-Based Services, the Department refers cases of persons living with HIV Disease whose diagnoses have been reported to HIV Surveillance to an organization authorized by statute or designation to provide services to them. An HIV counselor or epidemiologist then contacts the person to (1) identify unmet needs for HIV primary medical care, medication coverage assistance, HIV case management and other social services, (2) securely link the person to individually appropriate services (3) assist the person to develop a personal, realistic HIV transmission risk reduction plan, (4) voluntarily elicit the names and contact information of potentially exposed sex or injection drug partners, and (5) to support the client to voluntarily develop and implement a plan to inform each partner that they may have been exposed to HIV. Case information documented in these encounters then strengthens the accuracy and completeness of Department HIV surveillance records.

Specific details regarding authority, processes, documentation and other requirements may be found in the IDPH HIV Prevention Unit "Surveillance Based Services Protocol".

Partner Services (PS) Guidance

Partner Services (PS) involves working with people with HIV disease (PWHIV) upon first diagnosis and on an ongoing basis as needed to elicit and then notify partners potentially exposed through unsafe sex or injection practices of their exposure to HIV, providing risk reduction counseling, testing and referral to needed services.

- Testing-triggered PS is an integral component of the CTR intervention requiring no separate scopes for PS service objectives. CTR service units automatically include initiating PS for testing-identified PWHIV in adherence to IDPH CTR policy and procedure manual.
- Surveillance-triggered PS is a stand-alone intervention for which Local Health Departments (LHDs) may request service objectives for partner elicitation and/or partner notification.

Surveillance-based Partner Services Performance Standards

- At least 70% of surveillance-reported PWHIV referred by IDPH to Local Health Departments (LHD) for PS will be successfully contacted in a face-to-face meeting.
- At least 75% of PWHIV contacted will agree to Partner Elicitation and Notification Planning.
- At least 2.0 exposed partners (on average per agency per year) will be elicited per referred PWHIV who agrees to PS.
- At least 50% of Partners named for public health notification will be notified by the Illinois LHD with jurisdiction for the named partner's residence.
- At least 50% of notified Partners of unknown status will agree to HIV counseling, testing and referrals.
- All Performance Standards for CTR apply to Partners tested through PS.

Partner Services Agency Requirements

- Certified LHDs may provide all steps of partner elicitation and partner notification when either testing-triggered or surveillance-triggered.
- Community-Based Organizations may provide partner elicitation but may not provide direct notification of partners of HIV-positive person, unless officially designated by IDPH to do so.
- CBO's may be present as requested by an Index case PWHIV to support or facilitate the client's notification of a partner.
- CBO's should send paper field record referrals of exposed partners elicited during testing sessions to the LHD of the county where the testing session occurred.
- Local Health Departments should develop linkage agreements with local HIV health care providers and related support service agencies able to provide culturally- sensitive and risk-competent care and prevention services of PWHIV and their partners.

Partner Services Staff Requirements

All HIV counselors providing Partner Services for Testing must meet the following training requirements:

- Completion of the IDPH HIV Prevention Home Study course with a score of 80% or higher;
- Completion of the Fundamentals of HIV Testing, Counseling and Referral course
- Assignment by IDPH of an CTR counselor number;
- Completion of the Partner Services training within 3 months of the Fundamentals of HIV Counseling, Testing and Referral training offered by the Department.

Partner Services Delivery Requirements

- IDPH will refer to LHDs HIV disease cases residing within their jurisdictions which were reported to IDPH HIV Surveillance by physicians, hospitals, laboratories and other health facilities as required by State law. LHD staff will then conduct follow-up with the HIV-positive person to provide partner services, confidential counseling and testing services, treatment, and referral to medical and support services.
- IDPH will also refer to LHDs elicited, exposed partners residing within their jurisdictions which were reported to the IDPH HIV Partner Services Coordinator on paper or electronic field records
- Local Health Departments applying to conduct surveillance-based PS should request sufficient service units to include both sessions with PWHIV (for partner elicitation) and sessions with partners (for exposure notification, testing, and risk reduction counseling, and referrals).

Documentation Requirements

- Field records should be generated on each partner named by either a newly diagnosed testing client or by a surveillance- reported PWHIV and forwarded in a confidential manner according to IDPH policy guidelines.
- If a named partner resides outside the county in which the Partner Elicitation occurred, this "Out of Jurisdiction" field record should be sent directly to the IDPH HIV Testing Unit.

- All Regional grant-funded PS providers should assign staff licensed and trained in using the Provide ® data management system to enter partner service data triggered by testing or surveillance.

Linkage to Treatment & Adherence Counseling (LTT/AC) for Positives Guidance

Linkage to Treatment & Adherence Counseling is a current strategy of prevention efforts with PWHIV thanks to the science behind "treatment as prevention." According to the CDC:

> "Treating people living with HIV early in their infection dramatically reduces the risk of transmitting the virus to others, underscoring the importance of HIV testing and access to medical care and treatment. A recent clinical trial showed that treating people living with HIV early on reduces the risk of transmitting the virus to others by 96 percent."

- Linkage to Treatment Counseling triggered by a testing session is a part of HIV Counseling and Testing and requires no separate scopes of service. CTR service units awarded to an applicant agency automatically include initiating **LTT** for testing-identified PWHIV per IDPH HCT policy.
- Surveillance-triggered LTT/AC is a stand-alone intervention for which Local Health Departments (LHDs) may request service units to serve clients diagnosed with HIV typically by other providers but never engaged in HIV medical treatment. The intervention includes educating clients about the importance of early HIV treatment to preserving their health and their community's health, to identify the barriers to treatment engagement for the client.
- Linkage to Treatment & Adherence Counseling (LTT/AC) involves working with people with HIV disease (PWHIV) identified through IDPH HIV Surveillance records as having been diagnosed with HIV disease at least one year ago with no indication of receiving HIV medical evaluation or treatment as indicated by laboratory-reported HIV Viral Loads or CD4 Counts.
- Surveillance-triggered AC is a stand-alone intervention for which Local Health Departments (LHDs) may request service objectives specifically to counsel services for clients diagnosed with HIV typically by other providers who never engaged in HIV medical treatment.
- Additionally, Surveillance data to help re-link, re-engage persons in care with elevated VL or drop in CD4 counts, or gaps of time without evidence of accessing medical service or updating lab values, and has been activated based on the new Illinois law.

LTT/AC Performance Standards

- At least 70% of surveillance-reported PWHIV referred by IDPH to Local Health Departments (LHD) for LTT will be successfully contacted in a face-to-face meeting.
- At least 75% of PWHIV contacted will agree to accept LTT support.
- At least 75% of PWHIV accepting LTT will complete a first HIV medical care visit resulting in a Viral Load or CD4 count being reported to IDPH HIV Surveillance within 3 months of first contact.
- At least 75% of PWHIV in LTT who complete a first HIV medical care visit will report starting Anti-retroviral therapy within 6 months of first contact.
- At least 75% of PWHIV in LTT who start Anti-retroviral therapy will accept an Adherence Counseling session within 9 months of the first contact.

- At least 75% of PWHIV in LTT who start Anti-retroviral therapy will within 9 months of first contact have a second Viral Load laboratory test reported to IDPH Surveillance lower than their baseline VL by at least 1 log.

LTT/AC Agency Requirements

- Based on legal statutes, surveillance–triggered LTT/AC may only be provided by Local Health Departments.

LTT/AC Staff Requirements

All DIS or counselors providing LTT/AC must meet the following training requirements:

- Surveillance-Based Services Protocol Training
  - Optional: ARTAS (Anti-Retroviral Therapy and Access to Services) training
- Training in Risk Reduction Counseling either through completion of Fundamentals of Prevention Counseling or of an Individual Level DEBIs PCPG-prioritized for HIV-positive individuals such as Respect
- Adherence Counseling Training
- Training in HIV Disease Progression and its clinical laboratory markers
- Training in current FDA approved Anti-retroviral therapies, their side effects, and
- Staff assigned to enter data in PROVIDE are required to be licensed and to receive training in PROVIDE

LTT/AC Service Delivery Requirements

This form of LTT/AC will follow the protocol below:

- IDPH Surveillance will identify PWHIV with no indication of care in the past 12 months and refer these cases to funded LHD with trained Disease Intervention Staff (DIS) staff.
- Out of care PWHIV will be define as individuals reported with HIV disease for whom no reported clinical laboratory VL or CD4 tests have been received by IDPH Surveillance for the past 12 months.
- LHD through their DIS staff will contact these out of care individuals to:
  - Assess their current care and prevention needs by conducting a Risk and Needs assessment inventory
  - Identify any barriers to access to care
  - Link consenting individuals to medical care and HIV Case Management
  - Monitor or assist to ensure that consenting client attends to 1st appointment of medical care and HIV Case Management
  - Conduct adherence counseling to increase the probability of successful treatment adherence
  - Deliver individual risk reduction counseling where appropriate using the Fundamentals of HIV Prevention Counseling model or DEBIs prioritized for PWHIV and individually risk appropriate
  - Assess whether the client or their partner is pregnant and refer the woman to PACPI

Documentation Requirements

- Submit LTT/AC service data through the PROVIDE Surveillance-based Services input screens, recording LTT/AC session data into PROVIDE by the 15th of the following month.

Health Education and Risk Reduction (HERR) Guidance

Health Education and Risk Reduction include both Behavioral Interventions to reduce exposure risk behaviors and Program Collaboration and Service Integration Activities such as risk-targeted screenings and vaccinations to reduce risk through reduced HIV-infectivity of HIV-negative individuals and HIV infectiousness of HIV-infected individuals.

High Impact Prevention (HIP) is essential to achieving the ambitious HIV prevention goals of the National HIV/AIDS Strategy, which was announced in 2010. Under HIP, agencies must implement Prevention interventions that are scalable, cost-effective and have demonstrated potential to reduce new infections among the most HIV-impacted populations to yield a major impact on the HIV epidemic. The CDC has detailed "Emphasized" and "De-Emphasized" interventions for implementation. Agencies should focus on implementing interventions defined as "Emphasized". Agencies that can make a case to implement programs that do not fall within the "Emphasized" definition must secure approval from their respective Grant Monitor or Lead Agent.

1. Emphasized interventions shall be defined as:
    a. Evidence-Based Behavioral Interventions (EBIs) for HIV Prevention
    b. Greater emphasis on EBIs for people living with HIV
    c. Greater emphasis on EBIs for MSM populations of all races and ethnicities
    d. Greater emphasis on single session interventions, particularly those which can be implemented in clinic settings
    e. Greater emphasis on EBIs that are community-level and can be scaled up to reach large numbers
    f. EBIs that meet High Impact Prevention Goals
        i. Effectiveness & Cost, Feasibility of full-scale implementation, Coverage in the target populations, Interaction and targeting, Prioritization
2. De-Emphasized interventions shall be defined as:
    a. Interventions that serve populations at lower risk for HIV infection.
    b. Interventions with large number of sessions

Please refer to https://www.effectiveinterventions.org/en/Home.aspx for details regarding specific interventions.

HERR Performance Standards
75% of HERR service units (person-sessions) will be conducted with persons with prioritized risk histories.

HERR Agency Requirements
- Agencies conducting HERR interventions for HIV-positive or HIV-negative persons with prioritized risk must meet *all* of the Intervention Guidelines on page 3.
- Agencies must request ***separate*** scopes of services for *HIV-positive* and *HIV-negative* persons (i.e. even if they will participate together in the same intervention) to ensure that

sufficient percentage of risk reduction resources reach HIV-positive individuals to comply with new 2012 CDC guidelines.

HERR Staff Requirements

All staff conducting HERR interventions must have:

- Completed the HIV Prevention Home Study Course with a test score of 80% or higher.
- Completed the IDPH HIV/STD Prevention Core Skills training
- Completed the CDC-approved training for all DEBI's with schedules listed on www.effectiveinterventions.org.
    - ***Note:*** Prior to registering and attending out-of-state training, grantees should check with IDPH staff about potential upcoming DEBI training in Illinois. ***Out-of-state travel must be approved by IDPH prior to a grantee attending the training.***
    - Grantees should be prepared to budget not only travel costs to attend a particular DEBI training, but assess the agency's capacity and assure adequate budget to implement the intervention.
- Completed the IDPH STD Section online training to perform GC/CT urine testing.
- Completed the IDPH STD Section STI Prevention Counseling Webinar to conduct risk-targeted HCV, Syphilis and GC/CT screenings with prioritized populations.
- An MD, NP, PA, RN license in order to administer Hepatitis A&B Vaccinations. A copy of this license must be provided to the Grant Monitor or Lead Agent for each staff delivering this strategy.

HERR Service Delivery Requirements

- Agencies conducting HERR interventions for HIV-positive or HIV-negative persons with prioritized risk must meet all of the General Intervention Guidelines Service Delivery Requirements above.
- All funded public health strategies and interventions must include an approved recruitment component (outreach, social marketing, social networking, health communication/public information, internet, other approved).
- All agencies funded to conduct a Health Education intervention (DEBI or locally developed Risk Reduction intervention) must also directly provide or collaborate with another agency to provide onsite, or have referral agreements in place with other agencies to provide approved public health strategies (CTR, CRCS, STI screenings and vaccinations, Partner Services) to clients receiving the interventions who also need the strategy service(s).
- Locally developed Health Education interventions not certified as DEBIs must be evidence-based and must be approved by both the Illinois Department of Public Health (IDPH) and where applicable the grant's Lead Agent. Agencies must submit a copy of the intended curriculum and pre and post test instruments documenting measured behavioral change outcomes to IDPH grant monitor and/or regional lead agent for review and approval.
- Group Prevention Support (GPS) for PWHIV should focus on improving retention in treatment, medication adherence, partner notification and disclosure, risk reduction negotiation and methods skills, disclosure, and coping skills.
- "**Home-Grown" Interventions**: IDPH must approve "home-grown" interventions used with priority populations when appropriate and when home grown interventions have proven behavioral outcome effectiveness. Agencies choosing to implement a Home Grown Intervention must assure the following:

- Interventions should be feasible, practical, cost-effective, and have good potential for sustainability.
- Interventions should relate to the objective of the National and Illinois HIV/AIDS Strategies and fit within the science of the CDC's High Impact HIV Prevention approach.
- Agencies must assure the project has a low potential for adverse short- and long-term, individual-level and community-level outcomes that could be attributed to the implementation of the intervention.
- Interventions should be acceptable and relevant to the target population.
- Agencies should plan for evaluation. Agencies should allow sufficient time for the collection of data to demonstrate the degree to which the intervention works, as well as the impact the intervention has on broader community health.
- Agencies should identify the potential for additional health or social benefits that could result from the delivery of the intervention.
- Agencies should create a curriculum and/or intervention manual that details the intervention objectives, target population, lesson content, learning activities, materials and supplies and other information related to the implementation of the intervention.

- Adapting DEBIs to new risk populations: When Diffused Effective Behavioral Interventions must be adapted to meet the needs of new risk populations or new venue types (i.e., not included in the efficacy studies):
  - Adaptations must maintain the internal logic of intervention's core elements while ensuring cultural relevance and effectiveness for the new population.
  - Intervention specific adaptation must identify the health needs of the persons targeted, as well as their cultural needs and experiences to develop culturally and linguistically appropriate services.
  - CDC guidance requires the following formative program evaluation procedures:
    - Identify intervention components that need adaptation.
    - Collect information to form the procedures and materials.
    - Test the procedures and materials.
    - Document revisions and the data-basis of the revisions.
    - Implement, monitor, and evaluate the revised intervention;
    - Revise implementation materials, as needed.
  - Providers approved to conduct an adaptation of a DEBI must provide the IDPH and where applicable the Lead Agent with a report summarizing the formative and outcome evaluation of the intervention adaptation.
- Hepatitis B testing, though approved for some populations, is no longer supported by the IDPH laboratory. Agencies wishing to conduct this screening will need to independently contract for phlebotomy and laboratory services.
- Rapid HCV test kits for finger-stick whole blood specimens are available through the Department grantee agencies approved by the Department to conduct this HERR activity.
- Rapid HCV test kits require a Physician's Standing Order less than 12 months old and a CLIA waiver for Rapid HCV Testing.
- Conventional Hepatitis C testing for phlebotomy serum specimens, though approved for some populations, is no longer supported by the IDPH laboratory. Agencies wishing to conduct this screening will need to contract for laboratory services and obtain a Physician's Standing Order.

- Clients testing positive for HCV by rapid or conventional test should be referred to a physician for clinical evaluation.
- Outreach Targeted Syphilis Screening whether conducted by laboratory processing of venipuncture serum specimen or via a new rapid test using finger-stick whole blood specimens Physician's Standing Order less than 12 months old.
- The newly approved syphilis rapid test is not yet CLIA-waived and therefore requires the appropriate CLIA laboratory certification.
- For Prioritized-risk Targeted Outreach Chlamydia/Gonorrhea Urine Screenings
    - Female with PCPG-prioritized risk must be:
        - 25 years old or younger if sexually active
        - 26 years old w/ 1 or more of the following risks:
            - STD signs or symptoms
            - Vaginal discharge
            - Mucopurulent cervicitis *(inflammation of the cervix due to infection)*
            - Pelvic pain or suspected pelvic inflammatory disease
            - Sex partner of individual diagnosed with Chlamydia and/or gonorrhea
- For Prioritized-risk Targeted Outreach Chlamydia/Gonorrhea Urine Screenings
    - Female with PCPG-prioritized risk must be:
        - 26 years old with one or more of the following risks, continued
            - High risk sex partner
            - New sex partner in past 3 months
            - More than 1 sex partner in past 3 months
            - STD Diagnosis/History in the past 3 years
            - Pregnant
            - IUD insertion
        - Re-screen infected with Chlamydia and/or gonorrhea three months after treatment to detect re-infection
    - Male with PCPG-prioritized risk must be:
        - 25 years old or younger if sexually active
        - 26 years old with one or more of the following risks:
        - STD signs or symptoms
        - Urethral discharge
        - Dysuria
        - Sex partner of individual diagnosed with Chlamydia and/or gonorrhea
    - If infected with Chlamydia and/or gonorrhea
        - report case to Local Health Department or IDPH STD Surveillance
        - link client to STD treatment
        - re- screen infected three months after treatment to detect re-infection
    - A 3% positivity rate is needed to maintain STD Section approval for this screening

HERR Documentation Requirements

- In order to document Hepatitis A&B Vaccinations in Provide a copy of the staff's MD, NP, PA, RN license must be provided to the IDPH HIV Data Unit to authorize entry of this intervention by that staff person.

Provider Responsibilities

In setting up services, providers must:

- Negotiate scopes of services that are clearly distinguishable from services funded through other local, state, or federal government funds or private funds.
- Submit correct/current contact information of staff providing services to the Grant Monitor or Lead Agent.
- Submit a proposed budget focused on the costs of efficiently delivering the requested service units in a culturally and technically competent manner. All proposed expenses must comply with all applicable federal and state laws including the following.
  - Federal funds may not be used to purchase syringes for injection harm reduction syringe services.
  - Illinois General Revenue Funds may not be used to purchase promotional items including monetary or non-monetary incentives to receive a prevention service.
- Ensure that all project staff have regular access to email and to a computer with word processor software able to import and export Microsoft Word files and a spreadsheet program able to import and export Microsoft Excel files.
- Refrain from utilizing a subcontractor to fulfill any obligations without the prior written consent of the Department and where applicable the Lead Agency.

In service provision, providers must:

- Ensure that all services funded through this service agreement are provided in a manner that is confidential, culturally competent, and appropriate with respect to HIV risk, language, gender, literacy level and ability.
- Ensure that staff conduct themselves in a professional manner while providing services under the context of this grant agreement.
- Ensure that all staff refrain from using alcohol, illicit drugs, or being under the influence of alcohol or illicit drugs while providing any and all services under this grant.
- Adhere to HIPAA and AIDS Confidentiality Act to protect the confidentiality of information reported by HIV prevention recipients, including but not limited to substance use history, sexual history, HIV status, history of STD or other medical diagnoses.
- Maintain signed documentation of collaborative agreements between sites and HIV testing outreach locations such as nightclubs, bars, businesses, etc.
- Immediately place a notice on any applicable website, prominently displayed on the web page(s) most likely to be first encountered by viewers, notifying the potential viewing public that “this site contains HIV prevention messages that may not be appropriate for all audiences.” This CDC requirement applies to those recipient web sites funded in whole or part with CDC funds that contain HIV educational information subject to the CDC guidelines, even if the website itself is not funded by CDC. The complete guidelines are available from the CDC website at www.cdc.gov/od/pgo/forminfo.htm .
- Submit all materials for publication for approval by the Regional Community Review Panel (RCRPA) or the Departments community review panel prior to printing, broadcast, or publication. Upon approval from the RCRP or IDPH community review panel, all brochures,

booklets, flyers, journal articles, programs, advertisements (including print and out-of-home), multimedia presentations, videos, and other printed or electronic materials (including, but not limited to web sites), prepared with funds from this grant/contract must include the following statement: Funding for this (event, publication, etc.) was made possible by funds received from the Office of Health Protection, Illinois Department of Public Health.

- Provide interventions as outlined in the agency's work plan, targeting services provided under this grant for promoting and providing HIV prevention services to HIV+ persons and persons at increased risk, defined as MSM (Men who have Sex with Men), HRH (female and male heterosexuals with high-risk behavior or high risk sexual partners), IDUs (female and male Injection Drug Users) and MSM/IDU (males with both MSM and IDU risk history) and as specified in their current work plans

In reporting, providers must:

- Report data on delivered HIV prevention interventions using the Department's Provide Enterprise system. Data for all CTR and HE/RR interventions shall be entered to the Provide Enterprise system by the fifteenth day of the month following the month in which services were provided, (e.g., for all clients served in March, data must be submitted by April fifteenth).
- Submit quarterly reporting to the IDPH Grant Monitor or Lead Agency using the "quarterly report" form and schedule as provided by the Grant Monitor or Lead Agency.

In assuring quality, providers must:

- Require Program managers to attend all of the required biannual site visits and intervention observations scheduled by the IDPH Grant Monitor or Lead Agency.

In planning and coordination efforts, providers must:

- Participate in planning and assessment activities as required by the Department including but not limited to regional needs assessments and resource inventory data collection for the Illinois HIV Planning Group.
- Attend monthly or quarterly grantee meetings facilitated by the IDPH Grant Monitor or the Lead Agency Coordinator.
- Participate in local community forum, focus group, community assessment and community planning activities, as requested by the HIV Section and/or the Lead Agency Coordinator.

In billing, providers must:

- Expend moneys according to the funding level specified in the budget for each line item.
- Request reimbursement from the HIV Section or Lead Agency in accordance with provided instructions and forms and in adherence to the approved current grant or subgrant budget.

High Impact HIV Prevention

The Centers for Disease Control and Prevention (CDC), as the primary funder of HIV prevention in Illinois, asks the Illinois Department of Public Health to work with its HIV planning group to identify strategies and interventions to achieve the goals of the National HIV/AIDS Strategy (NHAS). The overarching NHAS goals are:

- Reduce the number of new HIV infections.
- Increase access to care and improve health outcomes for people living with HIV.
- Reduce HIV-related health disparities.

The CDC recommends jurisdictions implement a High-Impact Prevention (HIP) approach to help achieve the goals of the National HIV/AIDS Strategy. This approach maximizes limited resources and more effectively reduce rates of new HIV infection by providing a combination of proven effective public health strategies and interventions. To leverage limited prevention resources for maximize reductions in new HIV infections, strategies and interventions should be selected that can be combined in the most efficient ways possible to target the populations and areas at greatest risk and most affected by the epidemic.

The HIP approach prioritizes strategies and interventions that meet the following criteria:

- Most cost-effective overall at reducing new HIV infections
- Practical to implement on a large-scale at reasonable cost
- Able to reach a large number of the target population
- Able to effectively interact when combined with other strategies and interventions to reach the most affected populations
- Have the greatest potential to reduce HIV infections

To help determine programs that best meet these requirements, strategies and interventions are categorized into four categories:
1) Key Public Health Strategies
2) Emphasized Interventions
3) De-Emphasized Interventions, and
4) Unsupported Interventions.

Key Public Health Strategies can be used to target all prioritized risk, race and age groups with the following two exceptions:

- Counseling, Testing and Referral services (CTR) must be specific to persons who are HIV ***negative*** or have an ***unknown*** serostatus.
- Harm Reduction Counseling (HRC) (including syringe exchange and over dose prevention) must be specific to persons who are Injection Drug Users (IDU).

Emphasized Interventions are evidence-based programs that are proven to elicit behavior change for HIV prevention. These interventions include a greater emphasis on evidence-based interventions (EBIs) that meet High Impact Prevention Goals for people living with HIV and for MSM populations of all races and ethnicities. Their emphasis can be on single session interventions (particularly those which can be implemented in clinic settings), or EBIs that are community-level and can go to scale to reach large numbers. Prevention with HIV positive individuals falling within any of the risks identified should be a top priority within each risk category and specific strategies to engage this population should be developed, including linkage to treatment. Prevention with positives should include reproductive health education for females and their partners, including linkage to perinatal care.

De-Emphasized Interventions are interventions that serve populations at lower risk for HIV infection and interventions with a large number of sessions. These interventions are not excluded for consideration, but must be (1) strongly justified as more appropriate for the local target population than available Emphasized Interventions and (2) approved by the IDPH grant monitor or Lead Agent prior to implementation. Examples of these are listed in the document under the appropriate risk group sections (e.g., MSM, HRH, IDU, etc.).

Interventions No Longer Supported by CDC are behavioral interventions that will no longer be funded by CDC due to their demonstrated weak cost-effectiveness. CDC support will be limited to maintaining on-line resources for some of these interventions. As some Illinois grants are funded with a combination of state and federal or state only resources, while these interventions are not absolutely excluded from consideration, applicants are strongly advised to consider targeting higher risk populations with more cost-effective interventions. To be funded, CDC-unsupported Interventions must be (1) strongly justified as more appropriate for the local prioritized target population than available Emphasized Interventions and (2) approved in writing prior to implementation by the IDPH grant monitor or Lead Agent. Examples of these are listed in the document under the appropriate risk group sections (e.g., MSM, HRH, IDU, etc.).

IMPORTANT: ***Please be sure to read the description of interventions listed at the back of this document thoroughly! The risks, ages and races allowed for each intervention will be listed directly in the description.***
There may be some interventions listed in the Emphasized* AND *De-Emphasized categories. This is most likely due to the fact that an intervention can be 'emphasized' for one age and/or race group and 'de-emphasized' for a different age and/or race group within the same risk group.

Appendix I:

2014 Prioritized Risk Group Definitions and Points of Consideration

Approved at the September 13, 2013 ILHPG Meeting

1. HIV positive and HIV negative Men Who Have Sex with Men (MSM):

A high-risk MSM is defined as:
• any male (including FTM transgender) who has ever had anal sex with a male (including FTM transgender).

Prioritized for Health Education/Risk Reduction services only:
• A high-risk MSM adolescent is defined as any male (including FTM transgender), age 13-19 years, who reports ever having had oral sex with a male (including FTM transgender) or who states he is sexually attracted to males (including FTM transgender).

2. HIV positive and HIV negative High Risk Heterosexuals (HRH):

An HRH is defined as:
Males (including FTM transgenders) not meeting MSM definitions and Females (including MTF transgenders) who:
(1) do not meet IDU definition, and
(2) disclose ever having vaginal or anal sex with the other gender and
(3) also disclose meeting one of the criteria below:

• Males or Females living with HIV Disease
• Males or Females who ever had vaginal or anal sex with an HIV positive partner of the other sex
• Females with a laboratory-confirmed STDs in the past 12 months
• Females who ever had condomless anal sex with a male
• For prioritization evaluation only: Females who have had sex with males while using Crack

3. HIV positive and HIV negative Injection Drug User (IDU):

A high-risk IDU is defined as a Female, Male, MTF or FTM who:
• does not meet the MSM definition, and
• discloses ever sharing injection equipment or supplies

4. HIV positive and HIV negative MSM/IDU:

A high risk HIV positive and HIV negative MSM/IDU is defined as any male or FTM who meets the definitions of both MSM and IDU who discloses:
• ever having anal sex with a male or FTM, and

• ever sharing injection equipment or supplies

5. HIV positive persons with "Other Risk" are prioritized for all interventions and services except Prevention with negatives and HIV testing:

Population Definition: HIV positive person with Other Risk is defined as any male, female, MTF or FTM who:

- is not known to meet the MSM, IDU, HRH, or MSM/IDU definitions, and
- who has been reported to IDPH HIV Surveillance as confirmed HIV+ and
- and who also meets one of the following criteria:
  - HIV-diagnosed within the past 12 months OR
  - No CD4 or VL reported within the past 12 months OR
  - An STI Co-infection reported within the past 12 months

Other important points of consideration:

- **HIV positive individuals** falling within any of the risks identified above should be a top priority within each subpopulation category.
- **Transgender** individuals may be included within any priority population based on *personal risk history* and *current gender identification.* Transgender identity does not mean an individual engages in risk behaviors. Gender reassignment surgery should not be assumed, and unless a transgender client *opts* to disclose an operative status, risk assessment should assess sexual risks inclusive of the possibilities for male and female anatomy.
- **Persons in circumstances that may be associated with risk vulnerability such as incarceration or domestic violence** may be prioritized in any risk group based on their individual risk and biomedical histories.
- **Young adults** with any of the risks identified above should be prioritized within each subpopulation category.
- **For HRH individuals**, the HIV testing seropositivity rate of HRH increases as age increases. Blacks and Hispanics are more likely to test positive than whites. Females who reported having sex with known HIV positive individuals are more likely to test positive than the general heterosexual population tested. Females are less likely to test HIV positive if they report using condoms, but males reporting condom use were just as likely to test positive.

Appendix II:

2014 HIV Interventions and Services Priorities

MSM - Men Who Have Sex with Men

Key Public Health Strategies

- Comprehensive Risk Counseling Services (CRCS)
- Counseling, Testing and Referral (CTR) with Linkage to Treatment
- Group Prevention & Support (GPS)
- Hepatitis A & B Vaccination; (HABV)
- Human Papilloma Virus Vaccination (HPVV)
- Hepatitis B Testing (HBVT)
- Internet Risk Reduction Counseling (IRRC)
- Partner Services (PS)
- Risk Reduction Counseling (RRC)
- STI Screening (gonorrhea, Chlamydia, syphilis)

Emphasized Interventions ARTAS

- Personal Cognitive Counseling (PCC)
- CLEAR
- Popular Opinion Leader (POL)
- Community PROMISE
- Project Start
- d-up: Defend Yourself!
- Respect
- Healthy Relationships
- Safe in the City
- Many Men, Many Voices (3MV)
- Together Learning Choices
- Mpowerment
- VIBES
- Partnership for Health (PFH)
- Peer Navigation

De-Emphasized Interventions

- Cuídate!*
- Focus on Youth (FOY) with ImPACT
- SHIELD*
- Street Smart*

***These interventions are no longer supported by CDC.**

2014 HIV Interventions and Services Priorities, continued

HRH - High Risk Heterosexuals

Key Public Health Strategies

- Comprehensive Risk Counseling Services (CRCS)
- Counseling, Testing and Referral (CTR) and Linkage to Treatment (LTT)
- Group Prevention & Support (GPS)
- Partner Services (PS)
- Risk Reduction Counseling (RRC)
- STI Screening (gonorrhea, Chlamydia, syphilis)

Emphasized Interventions

- ARTAS
- CLEAR
- Community PROMISE
- CONNECT
- Healthy Relationships
- Partnership for Health (PFH)
- Popular Opinion Leader (POL)
- Project Start
- Respect
- Safe in the City
- Together Learning Choices
- TWISTA (for Transgenders)
- VIBES
- WILLOW

De-Emphasized Interventions

- Cuídate!*
- Focus on Youth (FOY) with ImPACT
- NIA*
- Project AIM
- Platicas de Comadres
- SIHLE*
- Street Smart*

- RAPP*
- SHIELD*
- SISTA*
- SISTA - adapted for Latinas*
- VOICES/VOCES*

***These interventions are no longer supported by CDC.**

2014 HIV Interventions and Services Priorities, continued

Injection Drug Users

Key Public Health Strategies

- Comprehensive Risk Counseling Services (CRCS)
- Counseling, Testing and Referral (CTR)
- Group Prevention & Support (GPS)
- Hepatitis A & B Vaccination;
- Human Papilloma Virus Vaccination
- Harm Reduction/Syringe Exchange/Naloxone
- Internet Risk Reduction Counseling (IRRC)
- Partner Services (PS)
- Risk Reduction Counseling (RRC)

Emphasized Interventions

- ARTAS
- Popular Opinion Leader (POL)
- CLEAR
- Project START
- Healthy Relationships
- Respect
- Partnership for Health (PfH)

De-Emphasized Interventions

- Modelo de Intervencion Psicomedica (MIP)*
- Safety Counts*
- SHIELD*

***These interventions are no longer supported by CDC.**

2014 HIV Interventions and Services Priorities, continued

MSM/IDU - Men Who Have Sex with Men with Injection Drug Use

Key Public Health Strategies

- Comprehensive Risk Counseling Services (CRCS)
- Internet Risk Reduction Counseling (IRRC)
- Counseling, Testing and Referral (CTR)
- Partner Services (PS)
- Group Prevention & Support (GPS)
- Partner Services (Health Departments)
- Harm Reduction/Syringe Exchange/Naloxone
- Risk Reduction Counseling (RRC)
- Hepatitis A & B Vaccination;
- Human Papilloma Virus Vaccination
- Hepatitis B &C Testing
- STI Screening (gonorrhea, Chlamydia, syphilis)

Emphasized Interventions

- All Public Health strategies and interventions approved for MSM or IDU populations are approved for MSM/IDU. See pages 4 and 6 for specific interventions.

De-Emphasized Interventions

- All Public Health strategies and interventions deemphasized for MSM or IDU populations are deemphasized for MSM/IDU. See pages 6 and 8 for specific interventions.

Interventions No Longer Supported by CDC

- All Public Health strategies and interventions no longer supported by CDC for MSM or IDU populations are no longer supported by CDC for MSM/IDU. See pages 6 and 8 for specific interventions.

2014 HIV Interventions and Services Priorities, continued

PWH-OR – People with HIV – Other Risk

Prioritized solely for Surveillance-based Services including:

- Linkage to HIV/STI Treatment (LTT)
- Partner Services (PS)
- Risk Reduction Counseling (RRC)

Appendix III: Overview of IDPH HIV Prevention Grants

Category A/Core HIV Prevention Services - Regional Grant
Illinois HIV Prevention Regional Grant funds are contracted to lead agencies chosen to fund and monitor subgrantees to implement Regional HIV prevention service plans for prioritized highest risk Illinois residents in each region except Region 9, the City of Chicago. (The CDC directly funds the Chicago Department of Public Health to provide HIV Prevention services in Region 9). IDPH selected HIV Prevention Regional Grant Lead Agencies for Regions 1 through 8 through a competitive application process in December 2011

Regional Service plans have been developed to ensure that in Regions 1-8 as a whole, within each region, and in each service class, service units are distributed by target population so that:

- Prevention service resources are distributed between regions proportionately to recent case distribution between those regions
- service class proportions conform to CDC grant guidelines
- service units are distributed within regions based upon a gap analysis of other HIV prevention services in accordance to CDC grant guidelines
- service units are distributed to prioritized populations by risk by race/ethnicity so that the overall services delivered (for this grant plus others) in the region will be proportionate to recent case regional distribution between those risk groups.

Funds are allocated among Regions by a weighted epidemiologic composite of 90% Incident cases, 5% Prevalent cases and 5% Late Diagnosed Cases(AIDS diagnoses within 0-12 months of HIV-Infection Diagnosis), a formula recommended by the Illinois HIV Prevention Community Planning Group to ensure close correspondence between its priorities and resource allocation.

Gap Analysis attempts to identify in each region those prioritized populations recently *underserved* relative to epidemiologic proportions by HIV prevention services funded by any funding source *other* than the Regional Grant (RG) for which recent service data is available. It then identifies the numbers of RG service units needed to bring the proportion of *total* services (i.e. for all grants combined including RG) delivered to a given prioritized population into alignment with its proportion of the epi. Each RG funding cycle will adjust the recent service profile of other grant streams towards an overall epidemiologically proportioned total.

Additional Applicant Eligibility Criteria for Regional Grants:

- Organizations may apply to provide services outside of the Illinois Region in which they are based (e.g., an agency based in Region 9, Chicago could apply for Region 8 funds to provide services at Regions 8 locations.) However, lead agencies may take into account the travel cost (e.g., staff time and mileage, etc.) if two agencies with an equal likelihood of engaging and effectively serving a prioritized population will have marked different travel costs.
- Organizations may apply to deliver services in more than one region.
- Organizations should generally apply to serve sites within the geographic boundaries of the region for which funded was awarded. Exceptions may be made for a provider to cross regional boundaries to promote or provide a service at a nearby site in a neighboring region

with advanced written approval from Lead Agencies of both regions. This boundary crossing may occur if no other funded providers serve that site and the site is the most efficient means of reaching a target population residing in the funding region. (Example: A Region 6 applicant located near the Region 7 border may propose to conduct HIV Test Counseling at a nearby Region 7 Methadone Clinic not served by other providers because 80% of the clinic's recently injecting clients actually live in Region 6. Prior to awarding Region 6 funds to serve this Region 7 site, the Region 6 Lead Agent would need approval in writing from the Region 7 Lead Agent.)

Category B/Expanded HIV Testing for Disproportionately Affected Populations
Category B funding includes two components:

- Routine, opt-out HIV screening in healthcare settings serving the target populations;
- Targeted HIV testing in non-healthcare venues frequented by high-risk individuals.

The purpose of this funding is to increase HIV testing opportunities for populations disproportionately affected by HIV (African-Americans, Hispanics, Men who have Sex with Men and Injection Drug Users), primarily in health care settings and expand targeted testing in non-healthcare settings and venues where high-risk members of these populations can be accessed. This funding category also works toward Linkage to Treatment and integration of testing for viral hepatitis, sexually transmitted diseases (STDs) and tuberculosis (TB) with HIV testing and prevention services.

Currently, IDPH implements routine opt-out HIV testing in STD Clinic Settings. Additionally, community health centers and medical/ambulatory care locations have been funded for routine opt-out HIV testing.

Category C/Innovative HIV Testing Activities/Enhanced Linkage to and Retention in Care
IDPH has developed a new program, the MSM and Transgender of Color Project. This program will target black and Latino men and transgender persons who have sex with men (BLTMSM). The program includes four components:

- Test and Treat
- Enhanced Disease Investigation Services (EDIS)
- Public Health Professional Capacity Building
- Community-level Treatment Engagement Intervention

Care and Prevention in the United States (CAPUS) Demonstration Project
The CAPUS Demonstration Project is a 3-year cross-agency demonstration project led by the CDC. The purpose of the project is to reduce HIV and AIDS-related morbidity and mortality among racial and ethnic minorities living in the United States. The primary goals of the project are to:

- Increase the proportion of racial and ethnic minorities with HIV who have diagnosed infection by expanding and improving HIV testing capacity, and

- Optimize linkage to, retention in, and re-engagement with care and prevention services for newly diagnosed and previously diagnosed racial and ethnic minorities with HIV.

The Illinois CAPUS Project includes the following six planned initiatives:

- Expand routine HIV testing in four health systems and six county jails.
- Build a statewide culturally competent Disease Intervention Specialist (DIS) network.
- Transform the Patient Navigator program into a statewide Peer-led empowerment/retention in care program for HIV+ people of color.
- Provide logistical support statewide for retention in care.
- Collaborate with Chicago Department of Public Health and CDC-direct funded programs; align data systems where feasible and possible.
- Launch a youth of color initiative in East St. Louis to co-locate medical (including LGBT health) and other services in a single setting.

Quality of Life

The Quality of Life Endowment Fund was created as a special fund in the Illinois State Treasury. The net revenue from the Quality of Life special instant scratch-off game is deposited into the Fund for appropriation by the Illinois General Assembly solely to the Illinois Department of Public Health (IDPH) to support HIV prevention education and support services for people living with HIV Disease by making grants to public or private entities in Illinois that serve people living with Disease and/or the highest risk populations for acquiring HIV infection.

Grants are targeted to serve at-risk populations in proportion to the distribution of recently reported Illinois HIV Disease cases among risk groups as reported by the Illinois Department of Public Health. The recipient organizations must be engaged in HIV prevention education or HIV healthcare treatment and supportive services.

The grant funds may not be used for institutional, organizational, or community-based overhead costs, indirect costs, or levies. Grants awarded from the Fund are intended to augment the current and future State funding for the prevention and treatment of HIV Disease and are not intended to replace that funding.

African-American AIDS Response Act

The African-American AIDS Response Fund was created as a special fund in the Illinois State Treasury. Grants shall be awarded for programs to prevent HIV transmission, to treat HIV Disease and to create an HIV Disease service delivery system to reduce the disparity of HIV Disease between African-Americans and other population groups in Illinois.

The key components of this act include developing, implementing and maintaining a stable HIV Disease service delivery infrastructure. This fund seeks to provide resources to develop, implement and maintain an infrastructure for African-American community service organizations to make them less dependent on government resources; and to create and maintain at least 17 one-stop shopping HIV Disease facilities across the state.

Additional Applicant Eligibility Criteria for AARA:

- For African-American Response Act Grants:
    - Applicants must have a Board of Directors, the majority of members of which are African-American.
    - Applicants must provide services to individuals or families impacted by HIV.
    - Applicants must be physically located within the community to be served.
    - Applicants must provide HIV/AIDS services, including, but not limited to HIV prevention, case management and treatment services, in communities primarily populated by individuals and families that identify themselves as African-American.
    - Applicants must be in existence for at minimum one year prior to applying for a grant award from this fund.

General Revenue Fund (GRF)

Monies allocated to the IDPH HIV/AIDS Section in the General Revenue Fund are used to fund proposals for a variety of HIV prevention, surveillance and support services. These include HIV prevention services for persons who are HIV positive, surveillance-based partner services and programming/capacity building to increase service for designated underserved or geographically, unevenly served populations in Illinois. Providers may propose projects that fit one of the following categories:

- Perinatal HIV Prevention Projects
    - Routine First Trimester Testing and Referral coordination with Prenatal care and Labor/Delivery units for expectant and new mothers
    - Enhanced perinatal HIV case management for pregnant HIV+ women

- Correctional HIV Prevention and Care Projects
    - Counseling, Testing and documented Linkage to Treatment and services for correctional populations
    - Peer support programs
    - Evidence-based HIV prevention interventions designed for correctional populations
    - Case management service delivery coordination with regional HIV Care Connect offices

- Harm Reduction Projects
    - Syringe Exchange
    - Risk Reduction Counseling with Injecting Drug Users (IDUs)
    - Opiate Overdose Prevention and Reversal

- HIV Prevention Projects
    - HIV Counseling, Testing and Referral (HCT)
    - Group Level Intervention (GLI)
    - Individual Level Intervention (ILI)
    - Comprehensive Risk Counseling Services (CRCS)
    - Partner Services

    - Surveillance-based Partner Services
    - Behavioral and Biomedical Prevention for People Living with HIV
- Projects to support persons living with HIV/AIDS
    - Core services:
        - Programs to increase medication adherence
        - Programs to ensure linkage and continued connection to medical case management
        - Provision of mental health services
        - Provision or connection to outpatient/ambulatory health services or substance abuse services – outpatient
        - Partner Services/enhanced Linkage to Treatment/retention in care services
    - Support services:
        - Case management services (nonmedical)
        - Child care
        - Emergency financial assistance
        - Food bank/home-delivered meals
        - Housing services
        - Legal assistance
        - Medical transportation services
        - Case finding/Outreach
        - Psychosocial support services/disclosure support
        - Rehabilitation service
        - Support Groups for HIV positives
        - Risk Reduction for HIV positives
        - Individual and Group therapy for discrimination and Stigma reduction
        - Early Intervention services (e.g. *timely Linkage to Treatment for newly identified positives and those lost to care and follow up, support for serodiscordant couples, group support for incarcerated individuals who are reentering the community, peer education/support services*)