

Requirements for Collaboration with the Colorado Department of Public Health and Environment Sexually Transmitted Infection/Human Immunodeficiency Virus (STI/HIV) Client Based Prevention (CBP) Program

The Contractor shall work in a collaborative manner with the Colorado Department of Public Health and Environment (CDPHE) Sexually Transmitted Infection/Human Immunodeficiency Virus (STI/HIV) Client Based Prevention (CBP) Program.

- I. Within 10 business days of the start of any agreement the Contractor shall specify at least one individual to be the contact between the Contractor and CBP.
 - A. The specified contact individuals shall be designated as staff with “need to know” access to client information.
 - B. Each of the specified individuals shall sign the “STI/HIV Prevention Section Confidentiality Agreement” and provide the original agreement to the State contract monitor.
 - C. The Contractor should determine if compliance with any of the terms of this agreement require modifications to information provided to their clients and make adjustments accordingly.
- II. Partner counseling and referral services (PCRS) screening and referral
 - A. Contractors shall screen clients accessing HIV prevention services to determine client need for PCRS provided by CBP. Indications for referral to CBP for PCRS include (but may not be limited to):
 1. An HIV-infected client self-discloses that there are past or current partners or spouses with whom they have had unsafe behaviors (sex, needle sharing) and to whom they have not disclosed their HIV status
 2. A client who is a partner of a known HIV-infected client has not been notified of their risk and exposure
 3. An HIV-infected client is diagnosed with a sexually transmitted disease (STD), e.g., gonorrhea, Chlamydia or syphilis, subsequent to his/her HIV infection
 4. The Contractor has reason to believe (through other than client self-disclosure) that an HIV-infected client continues to place others at risk for HIV infection through unsafe behaviors (sex, needle sharing).
 5. A client has tested HIV positive for the first time
 - B. Offering PCRS to clients
 1. For clients with one or more of the PCRS referral indications listed in “II”, above, Contractors shall:
 - a. Present PCRS by CBP to the client as a service that can help people living with HIV:
 - i. notify their exposed partners (past and current), in a confidential manner
 - ii. help individuals identify readiness for behavior change
 - iii. help identify underlying issues that may affect risk behaviors
 - iv. help develop plans for risk reduction and for accessing referrals to medical and other prevention services.
 - v. If deemed helpful, provide clients with the following brochures/handouts (available from CDPHE upon request:
 - vi. “Who are DIS”, or
 - vii. “What is CRCS”
 - C. Making referrals for PCRS
 - a. Regardless of client consent, for clients with PCRS indicators listed under “II”, above, the Contractor shall notify CBP by contacting:

- i. Client Placement Coordinator (telephone: 303-692-2729), or
 - ii. Denver Metropolitan Disease Intervention Specialist Supervisor (telephone: 303-692-2771)
 - b. The Contractor shall provide CBP with the screening criteria met and:
 - i. Client name
 - ii. Date of HIV positive test
 - iii. Behavioral Risk
 - iv. All other available identifying and locating information that may be useful in locating the client, including but not limited to:
 - Home address or other place of contact
 - Date of birth
 - Telephone number
 - Physical description
- III. Risk reduction behavior change services
- A. When the Client Based Prevention Program identifies a Contractor as a current or former service provider of an individual under CBP purview, for purposes of coordinating efforts and developing strategies for risk reduction behavior change the Contractor will:
 1. Meet, as requested, with the State staff person assigned by CBP as the case manager and primary contact with the Contractor on all matters concerning the individual.
 2. When requested by CBP, the Contractor will share with CBP all information held by the contractor for the specific individual requested.
 3. Collaborate with CBP to evaluate potential risk reduction strategies for the individual. Collaborations may include, but not be limited to:
 - a. A meeting between CBP and the contact individuals specified by the Contractor (noted in paragraph I, above) to discuss the individual's challenges with adopting safer sex and/or needle sharing behavior
 - b. Development of strategies and a client specific action plan designed to assist and support the specified individual in making risk reducing behavior change. If CBP recommends the client for placement in any program offered by the Contractor, the Contractor will:
 - i. Engage the client toward the completion of the action plan as it relates to the Contractor's operation; the focus of the action plan elements should be reduction of unsafe sex and needle-sharing behaviors, client disclosure of HIV status to future partners, and the notification of partners who have been exposed.
 - ii. Submit monthly client reports, in a form and format to be provided by CBP within 10 days of the effective date of this contract. Submission of reports shall continue until the client has completed the recommended action plan.
 - iii. Notify CBP with 10 working day if any client fails to complete any part of the action plan.