



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

HIV Partner Services Capacity Building Workshop

May 5-6, 2011 – Tumwater, Washington

Meeting Report



DOH 430-043 July 2011

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Acknowledgements

Funding for this meeting was provided by the Office of Public Health Systems Development. Special thanks to presenters and facilitators Dave Kern, Cynthia Morrison, Ann Bustamante, Jason Carr, and Mark Stenger. We appreciate participant contributions and commitment to the Partner Services improvement process.

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Executive Summary

Introduction

In Washington State, local health jurisdictions (LHJs) have primary responsibility for providing HIV Partner Services (HIVPS) to persons newly diagnosed with HIV infection. To support this vital work, the Washington State Department of Health (DOH) convened a capacity building workshop on May 5-6, 2011. The meeting brought together HIVPS providers, DOH HIV and STD prevention program staff and representatives from the Centers for Disease Control and Prevention (CDC). HIVPS providers included frontline disease intervention specialists and their supervisors from 10 local health jurisdictions (LHJs) with high or moderate HIV prevalence.¹

During the workshop, participants shared insights about their successes and challenges associated with providing HIVPS at the local level. The meeting included an overview of DOH's new HIV Prevention Framework, a presentation of expectations for the delivery of HIVPS in Washington State, current data on HIV/STD co-infection and DOH/CDC perspectives on the importance of data quality. The remainder of the meeting provided participants an opportunity to identify strategies for improving the delivery of HIVPS. Throughout the meeting, significant time was dedicated for discussion among participants to promote new learning and to share ideas about program planning, management and service delivery.

The workshop was the first of its kind in Washington State, but is only a first step in DOH's ongoing commitment to strengthening the delivery of HIVPS through collaborative efforts with its partners in the field.

Key Findings and Meeting Discussions

Much of the workshop centered around focused discussions among participants. Working in small groups, participants brainstormed responses to key questions and reported their thoughts back to the full group for discussion. The thoughts and ideas from group discussions were recorded for use during the remainder of the meeting and by DOH after the meeting.

First, participants discussed their vision for an ideal HIVPS program. Second, participants were asked to identify the barriers they face in their work. Third, participants were asked to suggest tactics and strategies to help their programs address the barriers they face in light of their desired vision. Finally, participants identified initial

¹ High prevalence jurisdictions are defined as jurisdictions that have at least 25 percent of the state's newly diagnosed HIV infections (over the most recent five-year period) and at least 25 percent of the state's prevalent HIV cases. Moderate prevalence jurisdictions are defined as jurisdictions that have between one and 24 percent of the state's newly diagnosed HIV infections (over the most recent five-year period) and between one and 24 percent of the state's prevalent HIV cases.

steps they could take to begin implementing some of the strategies that had been identified. Participants also made recommendations for steps that DOH could take to help support their efforts.

A key theme that arose during the workshop was an emphasis on better communication, coordination and service integration across all aspects of HIVPS programs. Other themes included:

- A need for capacity building, training and technical assistance for HIVPS programs on a variety of topics;
- A desire to build staff expertise and capacity and to better define expectations and roles related to the delivery of HIVPS, particularly in areas with limited staff available to provide these services;
- A need for cross-jurisdiction sharing of materials and information, including policies, procedures, techniques and strategies.
- A desire for better coordinated service delivery between jurisdictions and between HIVPS providers and other prevention programs (e.g., STD, surveillance and hepatitis programs), including integration of HIV/STD testing, linkage to care and treatment and referrals to other services providers.
- A desire for better defined and user-friendly data collection systems able to provide feedback on program performance.
- A need for capacity building to support the use of new media and technologies for contacting clients and notifying partners.
- A desire to better align existing Washington State statutes (RCW) and administrative rules (WAC) with current HIV prevention efforts (e.g., mandated HIV testing, behaviors endangering the public health, etc.).
- A desire to educate health care providers about the importance of HIVPS and the essential role public health providers play.

Next Steps

Over the next year, DOH will structure training, technical assistance and capacity building support to focus on the strategies and recommendations identified during the workshop. First steps include:

- Convening regular teleconferences and/or webinars to discuss specific topics that were raised during the meeting;
- Facilitating peer-to-peer technical assistance to address specific challenges faced by a single jurisdiction or small number of jurisdictions;
- Providing a mechanism for broader information sharing between all jurisdictions;
- Assessing the current capacity of jurisdictions to use new media and other technologies in the delivery of partner services;
- Developing a strategy for marketing the importance of HIVPS to health care providers; and
- Making current and relevant information about HIVPS available on the DOH website.

Full Meeting Report

Introduction

In Washington State, local health jurisdictions (LHJs) have primary responsibility for providing HIV Partner Services (HIVPS) to persons newly diagnosed with HIV infection. To support this vital work, the Washington State Department of Health (DOH) convened a capacity building workshop on May 5-6, 2011. The meeting brought together LHJ HIVPS providers, DOH HIV and STD prevention program staff and representatives from the Washington State Department of Corrections and the Centers for Disease Control and Prevention (CDC). LHJ HIVPS providers included frontline disease intervention specialists and their supervisors from 10 local health jurisdictions (LHJs) with high or moderate HIV prevalence², including Benton-Franklin Health Department, Clark County Public Health, Kitsap County Health District, Public Health Seattle & King County, Snohomish Health Department, Spokane Regional Health District, Tacoma Pierce County Health Department, Thurston County Public Health and Social Services Department, Whatcom County Health Department and Yakima Health District.

During the workshop, participants shared insights about their successes and challenges associated with providing HIVPS at the local level. The meeting included an overview of DOH's new HIV Prevention Framework, a presentation of expectations for the delivery of HIVPS in Washington State, current data on HIV/STD co-infection and DOH/CDC perspectives on the importance of data quality. The remainder of the meeting provided participants an opportunity to identify strategies for improving the delivery of HIVPS. Throughout the meeting, significant time was dedicated for discussion among participants to promote new learning and to share ideas about program planning, management and service delivery.

The workshop was the first of its kind in Washington State, but is only a first step in DOH's ongoing commitment to strengthening the delivery of HIVPS through collaborative efforts with its partners in the field.

Overview of Group Discussions with Findings

Much of the workshop centered around focused discussions among participants. Working in small groups, participants brainstormed responses to key questions and reported their thoughts back to the full group for more discussion. The thoughts and ideas from group discussions were recorded for use during the remainder of the meeting and by DOH after the meeting. Information about each discussion follows.

² High prevalence jurisdictions are defined as jurisdictions that have at least 25 percent of the state's newly diagnosed HIV infections (over the most recent five-year period) and at least 25 percent of the state's prevalent HIV cases. Moderate prevalence jurisdictions are defined as jurisdictions that have between one and 24 percent of the state's newly diagnosed HIV infections (over the most recent five-year period) and between one and 24 percent of the state's prevalent HIV cases.

Thursday, May 5, 2011

Small group discussion – Framing the Ideal Partner Services Program: a Vision for the Future

Facilitator: Cynthia Morrison (DOH STD Prevention Section)

Participants were grouped by jurisdiction. Jurisdiction teams paired up to create five groups. Each group was asked to develop responses to the following questions.

- *What is your vision for an ideal HIVPS program?*
- *Where is your HIVPS program now?*
- *Where do you want to be?*
- *What would an ideal HIVPS program look like?*

Each group spent approximately 30 minutes on brainstorming answers to these questions. Following brainstorming, each team reported its answers to all participants. Discussion and questions were encouraged following each report.

Findings: When asked to describe their vision for an ideal HIVPS program, participants shared the following elements:

- Sufficient program and staff capacity building and collaboration opportunities. (Capacity building includes providing opportunities for peer-to-peer technical assistance, program development, addressing specific training needs determined by LHJs and DOH and activities related to the following bullet-points.)
- Integrated and coordinated communication and service delivery between jurisdictions and prevention programs (i.e., STD, surveillance, hepatitis).
- Ease of use of data systems and accessibility of reports of program indicators.
- Use of current media and communication technology to reach clients and notify partners.
- Navigable integrated system of HIV and STD testing, partner services, and referrals to support services and care.
- Well informed medical provider community to work in tandem with local health jurisdictions.

- Clear and encompassing policies, procedures, roles, guidance and technical assistance from peers and DOH.

Small group discussion – Dealing with Difficult Issues: Challenges of Partner Services

Facilitator: Cynthia Morrison

Participants were grouped by role, three groups of frontline staff and two groups of supervisors. Groups were asked to consider their current HIVPS program and to develop responses to the following question: *What roadblocks / barriers are you currently facing in your PS program?* Groups were asked to consider five topic areas as they discussed their responses:

- *Data (collection and sharing)*
- *Bureaucratic / regulatory environment*
- *Drugs, sex and techno(logy)*
- *Staffing and program capacity*
- *Core transmitters*

Each group spent approximately 30 minutes on this brainstorming exercise. Following brainstorming, each team reported their answers to all participants. Discussion and questions were encouraged following the reports.

Findings: When asked to describe the barriers they currently face in their HIVPS programs, participants shared the following:

- Insufficient opportunities for collaboration.
- Unclear policies, procedures, roles and guidance on:
 - Data collection, data systems and data evaluation;
 - Standards of service delivery;
 - Staff and program roles; and
 - Expectations related to the use of new media and technology for contacting clients and notifying partners.
- Overburdened staff (e.g., in higher prevalence jurisdictions, staff are focused on large case loads and in moderate prevalence jurisdictions, staff are focused on HIVPS in addition to other public health concerns).

- Delay in notifying LHJs about new cases (primarily from providers).
- Apparent lack of medical provider awareness of partner services.
- Unhelpful Washington State statutes (RCW) and administrative codes (WAC) that do not support effective HIV prevention efforts, particularly mandated HIV testing for certain convictions.

World Café discussion – Moving Partner Services Forward: Addressing Challenges to Meet Our Vision Part 1

Facilitator: Dave Kern (DOH HIV and Adult Viral Hepatitis Prevention Section)

Participants were asked to consider tactics and strategies that would help HIVPS programs address identified barriers in order to move toward participants' vision for the future (from small group discussions). Participants gathered around one of five flip charts to provide input. After five minutes, participants were asked to shift to another topic and flip chart. After five rounds, all participants provided input at each flip chart and in response to the five following questions.

- *What tactics and strategies can help address challenges related to data?*
- *What tactics and strategies can help address challenges related to the bureaucratic / regulatory environment?*
- *What tactics and strategies can help address challenges related to drugs, sex and techno(logy)?*
- *What tactics and strategies can help address challenges related to staffing and program capacity?*
- *What tactics and strategies can help address challenges related to core transmitters?*

Findings: When asked to describe specific tactics and strategies that can help our programs address challenges in order to move toward the vision for our future, participants identified the following:

- Have ongoing, relevant capacity building and collaboration opportunities. Have peer-to-peer technical assistance.

- Develop clear guiding policies, procedures and standards of partner service delivery.
- Clarify agency and staff roles at LHJs and DOH. Prioritize partner services efforts with effective approaches, considering workload and other public health duties.
- Improve monitoring and evaluation to measure partner service efforts and determine effective partner service strategies.
- Build capacity around the use of new media and technology for contacting clients and notifying partners.
- Improve communication with surveillance, laboratories and medical providers to refer newly diagnosed persons to partner services without delays.
- Coordinate service delivery between jurisdictions and between HIVPS providers and other prevention programs (e.g., STD, surveillance and hepatitis programs), including integration of HIV/STD testing, linkage to care and treatment and referral to other services.
- Inform medical provider community about partner services.
- Align WAC and Regulatory codes with community and prevention objectives to reduce policy and bureaucratic barriers.

Friday, May 6, 2011

Full group discussion – Moving Partner Services Forward: Addressing Challenges to Meet Our Vision Part 2

Facilitator: Dave Kern

In a full group discussion, participants were asked to identify short-term strategies they could take to help move their programs forward locally. Participants responded to the following questions.

- *Given the ideal program, the barriers and the tactics and strategies you described yesterday, what are two or three short term steps you can take to help your program move forward? Who will be responsible for ensuring these steps are taken?*
- *Given the ideal program, the barriers and the tactics and strategies you described yesterday, what are two or three short term steps DOH can take to help programs across the state move forward?*

Findings: Participants identified the following:

- Have ongoing, relevant capacity building and collaboration opportunities.
- Foster development of guiding policies, procedures, and technical assistance from peers and DOH.
- Build capacity around use of new media and technologies for contacting clients and notifying partners.
- Clarify staff and program roles.
- Establish standards of service delivery.
- Define and improve data collection systems.
- Provide feedback on performance to improve service delivery.
- Prioritize efforts to optimize prevention, given available resources and other limitations.

Overview of Meeting Presentations

Presentations can be viewed at the Washington State DOH HIV Prevention web page at <http://www.doh.wa.gov/hiv/prevention/services/default.htm> .

Thursday, May 5, 2011

Partner Services in the HIV Prevention Framework (Dave Kern)

The new DOH HIV Prevention Framework was explained by Dave Kern, DOH HIV and Adult Viral Hepatitis Prevention Section Manager.

CDC and DOH Expectations (Ann Bustamante and Elin Begley)

Performance and reporting expectations were described by Ann Bustamante, DOH HIVPS Coordinator, and Elin Begley, CDC Division of HIV Prevention Program Evaluation Branch.

Friday, May 6, 2011

Enhancing the Value of HIV Partner Services Data (Jason Carr)

Jason Carr, DOH HIV Epidemiologist, explained the value of data and shared examples of how data are used for programmatic and public health measures and decisions.

Prioritizing Cases for Syphilis and Resistant GC in MSM and HIV Co-infection (Mark Stenger)

Mark Stenger, DOH STD Epidemiologist, described trends in STD and HIV co-infection in Washington State and implications for HIV partner services.

Internet Partner Services: Leveraging New Media to Enhance Partner Services (NASTAD video)

This video on Internet partner services (IPS) highlighted challenges and successes associated with delivering IPS.

Next Steps

DOH is committed to supporting LHJs in their efforts to deliver HIVPS. Over the next year, DOH will structure training, technical assistance and capacity building support to focus on the strategies and recommendations identified during the workshop. First steps include:

- Convening regular teleconferences and/or webinars to discuss specific topics that were raised during the meeting;
- Facilitating peer-to-peer technical assistance to address specific challenges faced by a single or small number of jurisdictions;
- Providing a mechanism for broader information sharing between all jurisdictions;
- Assessing the current capacity of jurisdictions to use new media and other technologies in the delivery of partner services;
- Developing a strategy for marketing the importance of HIVPS to the health care provider community; and
- Making current and relevant information about HIVPS available on the DOH website.

Appendix A: Agenda

**HIV Partner Services Capacity Building Workshop
May 5 – 6, 2011
Town Center East Building 1
101 Israel Road SE, Room 163
Tumwater, WA 98501**

Meeting Agenda – May 5, 2011

8:30 a.m. – 9:30 a.m.	Registration and Refreshments
9:30 a.m. – 9:45 a.m.	Welcome and Introductions David Heal
9:45 a.m. – 10:15 a.m.	Partner Services in the HIV Prevention Framework Dave Kern
10:15 a.m. – 10:45 a.m.	CDC and DOH Expectations Ann Bustamante and Elin Begley
10:45 a.m. – 12:00 p.m.	Framing the Ideal Partner Services Program: a Vision for the Future Facilitator: Cynthia Morrison
12:00 p.m. – 12:45 p.m.	Lunch
12:45 p.m. – 2:15 p.m.	Dealing with Difficult Issues: Challenges of Partner Services Facilitator: Cynthia Morrison
	Break
2:30 p.m. – 4:00 p.m.	Moving Partner Services Forward: Addressing Challenges to Meet Our Vision Part 1 Facilitator: Dave Kern
4:00 p.m. – 4:30 p.m.	Day One Wrap-up

HIV Partner Services Capacity Building Workshop
May 5 – 6, 2011
Town Center East Building 1
101 Israel Road SE, Room 163
Tumwater, WA 98501

Meeting Agenda – May 6, 2011

8:30 a.m. – 9:15 a.m.	Registration and Refreshments
9:15 a.m. – 9:30 a.m.	Welcome, Introduction to Day 2
9:30 a.m. – 10:15 a.m.	Enhancing the Value of HIV Partner Services Data Jason Carr
10:15 a.m. – 11:30 a.m.	Moving Partner Services Forward: Addressing Challenges to Meet Our Vision Part 2 Facilitator: Dave Kern
11:30 a.m. – 12:15 p.m. HIV Co-infection	Prioritizing Cases for Syphilis and Resistant GC in MSM and Mark Stenger
12:15 p.m. – 1:00 p.m.	Lunch
1:00 p.m. – 1:30 p.m.	Internet Partner Services: Leveraging New Media to Enhance Partner Services
1:30 p.m. – 2:00 p.m.	Next Steps Ann Bustamante and Dave Kern
2:00 p.m. – 2:15 p.m.	Meeting Wrap-up and Adjourn

Appendix B: Contact List

Agency	First Name	Last Name	Phone
Benton Franklin Health District	Heather	Hill	(509) 460-4232
Benton Franklin Health District	Leslie	Rivera	(509) 460-4235
Clark County Public Health	Sandi	Kendrick	(360) 397-8086
Clark County Public Health	Alice	Powers	(360) 397-8425
Clark County Public Health	Pat	Shaw, RN, BSN	(360) 397-8000 ext.7336
Kitsap County Health District	Kerry	Dobbelaere	360) 337-5238
Kitsap County Health District	Johanna	Hanssen-Keller	(360) 337-5260
Public Health - Seattle and King County	Edith	Allen	(206) 744-4377
Public Health - Seattle and King County	Robert	Marks	(206) 744-2275
Public Health - Seattle and King County	Michelle	Perry	(206) 744-226
Snohomish Health District	David	Bayless	(425) 339-5238
Snohomish Health District	Brenda	Newell	(425) 339-5239
Snohomish Health District	Carrie	Parker	(425) 252-8806
Spokane Regional Health District	Maryellen	Cooley	(509) 324-1544
Spokane Regional Health District	Lisa	St. John	(509) 324-1534
Tacoma-Pierce County Health Department	Claudia	Catastini	(253) 798-2841
Tacoma-Pierce County Health Department	Steele	Desmarais	(253) 798-7681
Tacoma-Pierce County Health Department	Roberto	Gonzalez	(253) 798-2936
Thurston County Public Health	Monica	Lyons	360)867-2536
Thurston County Public Health and Social Services	Jeanie	Knight	360)867-2500
Whatcom County Health Department	Alice	Simmons	(360) 676-4593 x32029
Yakima Health District	Marylou	Briceno	(509) 249-6518
Yakima Health District	Carlos	Contreras	(509) 249-6559
Yakima Health District	Marianne	Patnode	(509) 249-6517
WA State DOC	Lauren	Fanning	(360) 725-8700
WA State DOH	Lisa	Baldoz	(509) 249-6531
WA State DOH	Ann	Bustamante	(360) 236-3422
WA State DOH	Jason	Carr	(360) 236-3462
WA State DOH	Jessica	Gehle	(360) 236-3482
WA State DOH	David	Heal	(360) 236-3517
WA State DOH	Bob	Housner	(425) 257-2150
WA State DOH	Cynthia	Morrison	(360) 236-3498
WA State DOH	Jon	Stockton	(360) 236-3389
WA State DOH	Julie	Zink	(509) 324-1609
WA State DOH	Mark	Aubin	(360) 236-3467
WA State DOH	Dave	Kern	(360) 236-3424
WA State DOH	Mark	Stenger	(360) 236-3446