

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The text is positioned on the left side of the slide, set against a white background that is partially framed by these green shapes.

Partner Services
Linking Contacts to Index Cases
Coordinators Meeting Update
May 10, 2016

Presenter: Karen Robinson

Partner Services - CDC Defined

- ▶ “Partner Services are a broad array of services that should be offered to persons with HIV or other sexually transmitted diseases (STDs) and their sexual or needle-sharing partners.
- ▶ By identifying infected persons, confidentially notifying their partners of their possible exposure, and providing infected persons and their partners a range of medical, prevention, and psychosocial services, partner services can improve the health not only of individuals, but of communities as well.”

Partner Service Field Operations

- ▶ Partner Notification

- ▶ Partner Elicitation

NJ Partner Services Objectives

- ▶ Inform HIV positive persons who did not return/stay for confirmatory HIV test results of their status and refer/link them to care
- ▶ Elicit contacts of HIV positive individuals for the purpose of notifying them of their exposure and provide rapid HIV testing
- ▶ Provide rapid HIV testing
- ▶ Provide field services to Link client into care and re-engage clients into care

Partner Service Operations

- ▶ Field follow-up of contacts of HIV positive individuals referred to the program by Counseling and Testing Sites (CTS) and Health care providers (HCP) for the purpose of notifying them of their HIV status and/or testing them for HIV
- ▶ Obtain additional information concerning HIV positive cases and their partners reported and entered into the NJ Partner Services Database
- ▶ Data submission to CDC : National HIV Monitoring and Evaluation variables (NHM&E) Data items can provide useful information for an evaluation.

Sources: PS Field Referrals

- ▶ HIV positive Individuals from the eHARS database
- ▶ Cases generated by Partner Services
- ▶ Counseling & Testing Sites
- ▶ Private Provider reports
- ▶ Out-of-State Calls
- ▶ PS Response to the Public

Client Referral process

- ▶ Referrals from CTS or private providers are called directly to the Partner Service Supervisor.
- ▶ Referrals: Contact/ HIV + Clients/ Preliminary + Lost to care
- ▶ Logged: Type of referral, date, client identification, other information
- ▶ Referrals from CTS and private providers are priority assignments
- ▶ Upon closure, the disposition is called back to the initiating agency.

Partner Services Database

- ▶ Developed in 2011.
- ▶ Electronic database which stores the outcomes of the PS investigations.
- ▶ Provides a link among the index patient and their contacts.
- ▶ Data is submitted to CDC Biannually (March & September)

National HIV Monitoring and Evaluation variables (NHM&E)

- ▶ Specific data : pieces of information are required by the CDC,
- ▶ Capturing data provides an better idea of how many people you serve, services you provide, etc.
- ▶ It gives accountability to your organization
- ▶ Prove/ supports program outcomes
- ▶ Satisfy funding agency requirements

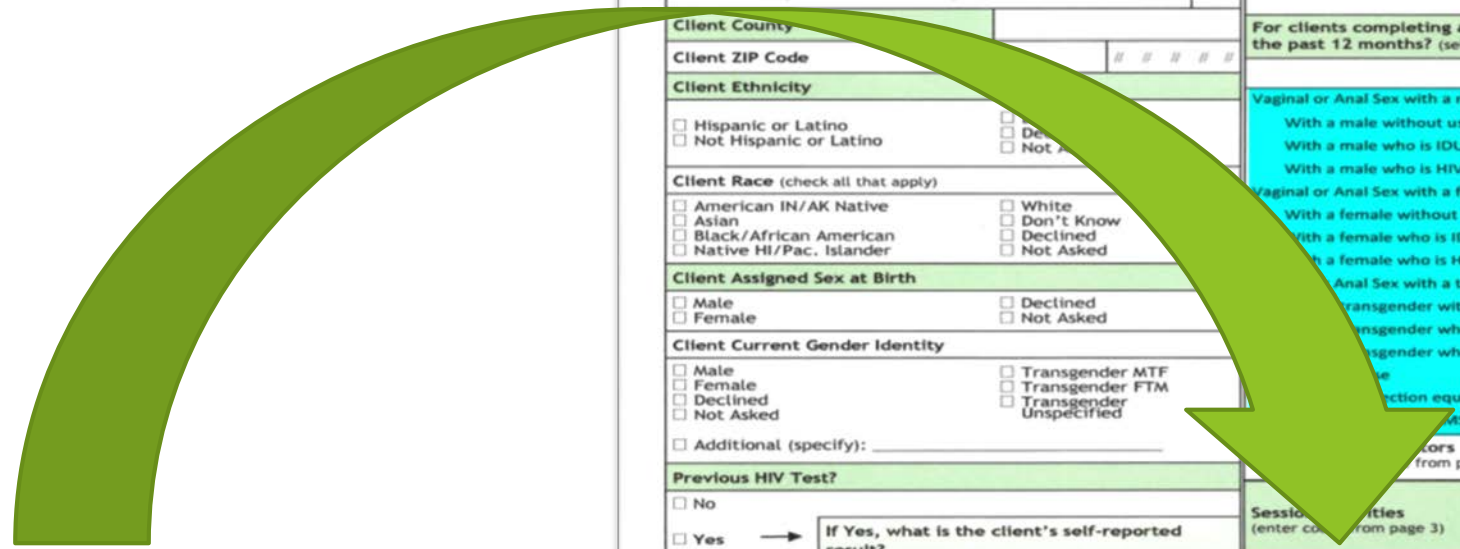
Linking Contacts to Index Cases

Enhancement of the NJ Partner Service Database

- ▶ Agency reports on new and newly identified HIV/AIDS clients linked to partners who also received their HIV test result from the CTRS
- ▶ Initiate procedures to link index patients to their partners in the EvaluationWeb LOCAL data field.
- ▶ Initiate processes to “link” Evaluation Web data in the Partner Services Database
- ▶ Unit collaboration and better service to our clients

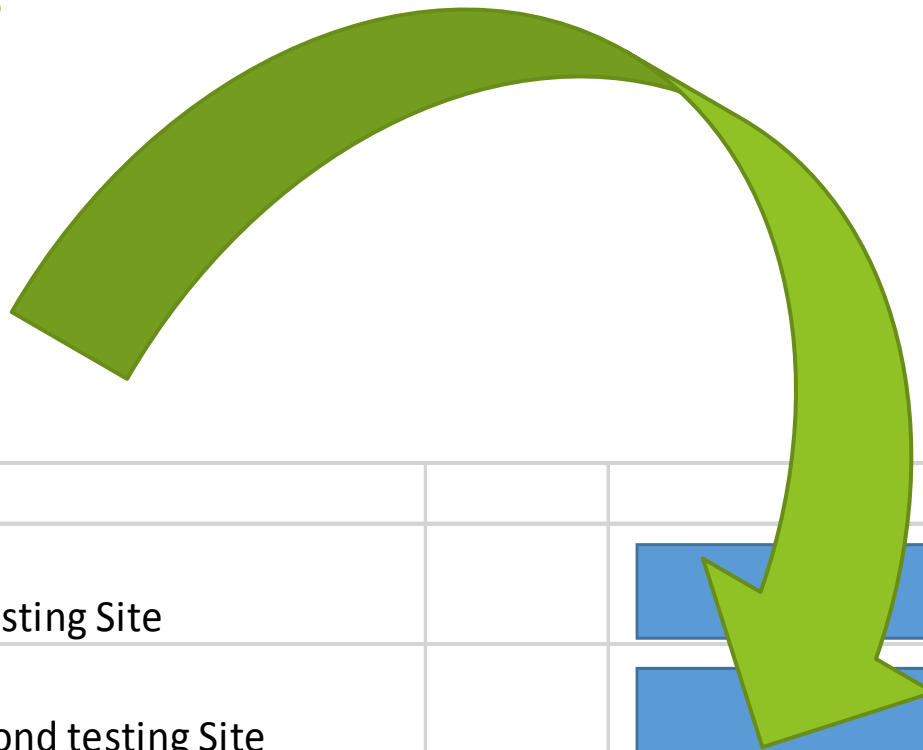
Linking Contact to Index Clients

Evaluation Web Forms Page 1



Enter or adhere Form ID	EVALUATIONWEB® 2016 HIV TEST TEMPLATE												PART ONE																															
Session Date			M	M	D	D	Y	Y	Y	Y	Sample Date			M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y															
Program Announcement (select only one)												HIV Test 1			HIV Test 2			HIV Test 3																										
<input type="checkbox"/> PS12-1201 Category A <input type="checkbox"/> PS11-1113 Category A-YMSM <input type="checkbox"/> PS12-1201 Category B <input type="checkbox"/> PS11-1113 Category B-YTG <input type="checkbox"/> PS12-1201 Category C <input type="checkbox"/> PS15-1502 Category A <input type="checkbox"/> PS12-1210 CAPUS <input type="checkbox"/> PS15-1502 Category B <input type="checkbox"/> MSM Testing Initiative <input type="checkbox"/> PS15-1506 PRIDE <input type="checkbox"/> PS15-1509 <input type="checkbox"/> OTHER: _____												Worker ID			Test Election			Test Technology			Test Result			Result Provided			If Results NOT provided, why?																	
If PS15-1502 Category A or B are selected, be sure to complete the required supplemental HIV test questions.												<input type="checkbox"/> Anonymously <input type="checkbox"/> Confidentially <input type="checkbox"/> Test Not Offered <input type="checkbox"/> Declined Testing			<input type="checkbox"/> Conventional <input type="checkbox"/> Rapid <input type="checkbox"/> NAAT/RNA Testing <input type="checkbox"/> Other			<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result			<input type="checkbox"/> No <input type="checkbox"/> Yes, client obtained results from another agency			<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did Not Return/ <input type="checkbox"/> Could Not Locate <input type="checkbox"/> Other																				
Agency Name/ID Number			Directly Funded CBO Agency ID (For CDC directly funded CBOs only)			Site Name/ID Number			Site Type (enter type code from page 3)			Site ZIP Code			Site County (enter 3-digit FIPS code)			Client ID			Client Record Number (PS15-1502 required. Numeric only)			Date of Birth (enter 01/01/1800 if unknown)			Client State (use USPS abbreviation)			Client County			Client ZIP Code			Client Ethnicity								
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino												<input type="checkbox"/> Declined <input type="checkbox"/> Not Asked			<input type="checkbox"/> American IN/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander			<input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked			<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Declined <input type="checkbox"/> Not Asked			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked			<input type="checkbox"/> Transgender MTF <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Transgender Unspecified			<input type="checkbox"/> Additional (specify): _____			<input type="checkbox"/> No <input type="checkbox"/> Yes → If Yes, what is the client's self-reported result? <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate			<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked			<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked		
Choose status of collection of behavioral risk profile <input type="checkbox"/> Client completed a behavioral risk profile <input type="checkbox"/> Client was not asked about behavioral risk factors <input type="checkbox"/> Client was asked, but no behavioral risks identified <input type="checkbox"/> Client declined to discuss behavioral risk factors												For clients completing a risk profile, did the client report the following behaviors in the past 12 months? (select all that apply)																																
												No			Yes			Don't Know																										
Vaginal or Anal Sex with a male																																												
With a male without using a condom																																												
With a male who is IDU																																												
With a male who is HIV +																																												
Vaginal or Anal Sex with a female																																												
With a female without using a condom																																												
With a female who is IDU																																												
With a female who is HIV +																																												
Anal Sex with a transgender person																																												
Transgender without using a condom																																												
Transgender who is IDU																																												
Transgender who is HIV +																																												
Other (specify): _____																																												
<input type="checkbox"/> Additional (specify): _____												<input type="checkbox"/> MSM (female only)																																
Previous HIV Test?												1			2			3			4																							
<input type="checkbox"/> No <input type="checkbox"/> Yes → If Yes, what is the client's self-reported result? <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate												1			2			3			4																							
<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked												L1			L2			L3			L4																							
Local Use Fields												L1			L2			L3			L4																							

Linking Contact to Index Clients Evaluation Webpage



LOCAL	Local Use Field 1- Site of Second Testing Site		<input type="text"/>
	Local Use Field 2- Worker ID of Second testing Site		<input type="text"/>
	Local Use Field 3- If Partner, Form ID of Index Client		<input type="text"/>
	Local Use Field 4- Was client referred to PrEP? (YES,NO)		<input type="text"/>

Partner Services Database: Index Patient

INDEX PATIENT

Current ID (G103)		Index Case Number (PCR101)				HARS ID		Jurisdiction (A02)			
#Name?		#Name?				#Name?		#Name?			
Case Open Date (PCR103)		Intervention ID (H01)	Site Type (S04)	Site ID (H10)	Site Zip (S10)	Agency ID (A01a)	Date of Disposition (H06)				
#Name? MM/DD/YYYY		4080571	F88	6599	07101	26	#Name? MM/DD/YYYY				
Reported to Surveillance? (PCR109)		If Yes, Date Reported to Surveillance (PCR108)		Demographic Collected Date (G101)		Last Name					
#Name?		#Name? MM/DD/YYYY		#Name? MM/DD/YYYY		#Name?					
0 1 9											
First Name			Middle Name	DOB (G112)		Age	Street Address				
#Name?			#Name?	#Name? MM/DD/YYYY		#Name?	#Name?				
City			State (G120)	County			Zip	Home Phone			
#Name?			NJ	#Name?			#Name?	#Name?			
Test Type		Test Date	Ethnicity (G114)		Race (G116)		Sex (G123)		Current Gender (G124)	Marital Status	Height
#Name?		#Name? MM/DD/YYYY	#Name? E1 E2 7 9		#Name? R1 R2 R3 R4 R5 77 89		#Name? 01 02 7 7		#Name? 01 02 03 04 05 77 89	#Name? S D W M SP U	#Name?
Size Build	Hair Color	Complexion		Eyes	Other Distinctive			Employment			
#Name?	#Name?	#Name?		#Name?	#Name?			#Name?			
Other Identifying And Locating Information (Be Specific)						Date Risk Collected (G200)		Risk Factors in Past 12 months (G211)			
#Name?						#Name? MM/DD/YYYY		#Name? 01 02 03 04 05 08 66 77 88			
Specify Other Risk (G211_1)		Additional Risk (G212_10)	Locate Outcome (X302)	Reason For Unsuccessful Attempt (X303)		If Other, Specify (X303a)		Enrollment Status (X306)			
#Name?		#Name? 0 1	#Name? 01 02	#Name? 01 02 03 8		#Name?		#Name? 01 02			
Time Period for Recall Months (X502)	Total Number of Claimed Partners (X503)		Total Number of Named Partner (X511)		Initiating Agency / Site ID			Initiating Counselor ID			
#Name?	#Name?		#Name?		#Name?			#Name?			
Agency Contact		Phone	Extension	First Test Date	Recent Test Date	Facility1					
#Name?		#Name?	#Name?	#Name? MM/DD/YYYY	#Name? MM/DD/YYYY	#Name?					
Facility1 City			Facility1 Phone		Facility2			Facility2 City			
#Name?			#Name?		#Name?			#Name?			
Facility2 Phone		Report Person			Phone Number		Most Recent ID (CTS)		Informed	Notified	
#Name?		#Name?			#Name?		#Name?		#Name?	#Name?	
Risk (Ehars)				Medical Record Number				PS Investigator			
#Name?				#Name?				#Name?			
Comments						Send To CDC		Date Received			
#Name?						#Name?		#Name? MM/DD/YYYY			

Partner Services Database: Contact

PARTNER

Index Case Number (PCR201)				Partner Unique Key (PCR202)				HARS ID			Jurisdiction (A02)	
#Name?				#Name?				#Name?			#Name?	
Case Open Date (PCR103)	Intervention ID (H01)	Site Type (S04)	Site ID (H10)	Site Zip (S10)	Agency ID (A01a)	Date of Disposition (H06)	Reported to Surveillance? (PCR109)	If Yes, Date Reported to Surveillance (PCR108)		Date Demographic Collect (PCR200)		
#Name?	4080571	F88	6599	07101	26	#Name?	#Name? 0 1 99	#Name? MM/DD/YYYY		#Name? MM/DD/YYYY		
Last Name			First Name			Middle Name			DOB (PCR212)	Age		
#Name?			#Name?			#Name?			#Name? MM/DD/YYYY	#Name?		
Street Address				City		State (G120)	County		Zip	Home Phone		
#Name?				#Name?		NJ	#Name?		#Name?	#Name?		
Ethnicity (PCR214)		Race (PCR215)		Sex (PCR215a)	Current Gender (PCR216)		Marital Status		Height	Size Build	Hair Color	
#Name?		#Name?		#Name?	#Name?		#Name?		#Name?	#Name?	#Name?	
E1 E2 77 99		R1 R2 R3 R4 R5 77 89		01 02 77	01 02 03 04 05 77 89		S D W M SP U					
Complexion		Eyes	Other Distinctive				Employment					
#Name?		#Name?	#Name?				#Name?					
Other Identifying And Locating Information (Be Specific)							Date Risk Collected (G200)		Risk Factors in Past 12 months (PCR235*)			
#Name?							#Name?		#Name? 01 02 03 04 05 08 66 77 89			
Specify Other Risk (PCR235_1*)			Additional Risk (PCR236_10*)	Locate Outcome (X302)	Reason For Unsuccessful Attempt (X303)		If Other, Specify (X303a)		Partner Notifiability (X600)			
#Name?			#Name?	#Name?	#Name?		#Name?		#Name? 01 02 03 04 88			
Actual Notification Method (X601)			Previous Test (X602)			Self Reported Test Result (X603)			Date First Exposure			
#Name?			#Name?			#Name?			#Name? MM/DD/YYYY			
Date Last Exposure		Last Test Date (X604)			Referral Date (X702)		Referred For Testing? (X703_01)		Was Partner Referred To Medicare? (X703_10)			
#Name?		#Name?			#Name?		#Name?		#Name?			
MM/DD/YYYY		MM/DD/YYYY			MM/DD/YYYY		0 1		0 1			
Did Partner Attend First Appointment? (X706)			Test Or Decline ID		Test Performed? (X712)		Test Result (X713)		Result Provided? (X714A)			
#Name?			#Name?		#Name?		#Name?		#Name?			
01 02 03 04 05					0 1		01 02 03 04 05		0 1			
Initiating Agency / Site ID				Initiating Counselor ID		Agency Contact			PS Investigator			
#Name?				#Name?		#Name?			#Name?			
Phone	Extension	Comments					Send To CDC		Date Received			
#Name?	#Name?	#Name?					#Name?		#Name? MM/DD/YYYY			

NJ Goals & National HIV Monitoring and Evaluation variables (NHM&E)

- ▶ Specific data : pieces of information are required by the CDC,
- ▶ Capturing data accountability to your organization
- ▶ Supports program outcomes and satisfy funding agency requirements

- ▶ Integrate services in NJ through collaborations
- ▶ Work more efficiently provide a better product
- ▶ Provide a better service to those seeking our assistance.
- ▶ Protect the public Health

Thank you



End of Discussion

Questions or Comments?

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