

Michigan HIV Prevention Partner Services Program

Partner Services (PS) is a statewide program, operating within the Michigan Department of Community Health (MDCH), Bureau of Disease Control, Prevention, and Epidemiology. The mission of the program is to help reduce the transmission of HIV/STDs infection among sex and needle-sharing partners of persons diagnosed as having acquired immunodeficiency syndrome (AIDS/HIV) and other sexually transmitted diseases (STDs) inclusive of syphilis, gonorrhea, and chlamydia.

Through Partner Services, persons infected with HIV/STDs are counseled about their infection by their provider or certified health department PS staff, and provided risk reduction information, treatment as appropriate, and/or referral to other care services. Infected clients are also counseled on the importance of notifying their at-risk sex and needle-sharing partners and the availability of assistance from public health to do so. PS depends on the voluntary cooperation of infected populations to work with local health departments and other medical providers to share information about their at-risk partners so that they may be confidentially notified of their potential exposure, provided risk reduction counseling and referral to treatment, and other support services.

Information provided in this outline references the origin of PS, and the scope of PS offered to Michigan communities infected with HIV/STDs.

In 2011, the Division integrated PS delivery for HIV and STDs at the direction of the Centers for Disease Control. While the process for PS delivery may differ to some degree based on the nature of infection, key principles for PS delivery are highlighted as part of Michigan's *Recommendations for Conducting Integrated Partner Services in the Prevention of HIV and STDs* for medical providers, funded community-based agencies and local health departments. Key principles support:

- Client-Centered Counseling: PS delivery be tailored to the behaviors, circumstances and specific needs of each client
- Confidentiality: At no time shall the name, or any identifying information about the infected client be shared with a partner
- Voluntary nature of PS participation: A client has a right to choose to participate in PS and not experience coercion if they elect not to.
- Free: PS should be made available at no cost

- Evidenced based: PS staff should use data to determine the best use of recourse to plan and implement effective PS
- Culturally, linguistically and developmentally appropriate: PS should be provided in a nonjudgmental manner.
- Accessible and available to all: All infected clients should receive PS as soon as possible after diagnosis
- Comprehensive and integrative: PS should be part of an array of services that are integrated to the extent possible
- Continuous quality improvement: Funded HIV/STD programs and medical providers should routinely monitor and evaluate PS efforts for compliance with program standards

Current PS Program Operations:

Sixteen high morbidity (high disease prevalence) local health departments (LHDs) and thirteen community-based agencies (CBOs) are funded to provide various levels of PS for HIV/STDs throughout Michigan. A list of current agencies is provided in Appendix A. In addition, PS is also provided at both state and county correctional facilities and may be provided by medical providers who diagnose and provide HIV/STD care services. Training in PS methodology can vary according to the type of providers offering PS. The type and scope of PS offered by providers is highlighted in the table below:

Provider Types	Level of PS Delivery
<i>Local Health Departments</i>	<ul style="list-style-type: none"> • Case investigations of HIV/STD infected clients to provide prevention counseling • Elicit demographic information of at-risk partners • Investigation of partners to provide confidential notification of exposure and prevention counseling • Case clustering to identify other persons who might benefit from counseling, testing, and other intervention services • Linkage to care (ensure access to treatment or referral to care \support services) • Closure/follow up

	<p>Local health departments are also responsible for responding to cases which constitute a health threat to Others situation (HTTOs). These cases typically involve the provision of support services to the county offices that have identified a person who has been diagnosed as having HIV, who willingly engages in sexual activities that can transmit HIV, and fails to disclose their status to sex partners prior to engaging in sexual activity. Program recommendations provide the necessary guidance for local health departments to respond to HTTO situations, and identifies steps that can be taken to offer further support to the infected client</p>
<p><i>PS provided by community based agencies</i></p>	<ul style="list-style-type: none"> • Prevention counseling of infected HIV clients • Elicitation of identifying information of partners at risk for HIV • Referral of elicited partner information to LHD for follow up • Screening for STDs (gonorrhea, chlamydia, and syphilis) by designated sites only • Result delivery of STDs (gonorrhea, chlamydia) by designated sites only
<p><i>PS provided by medical care providers can include:</i></p>	<ul style="list-style-type: none"> • Prevention counseling of infected HIV/STD clients • Care and treatment of patients • Elicitation of identifying information of at-risk partners to HIV • Confidential notification of at-risk partners to HIV or referral to local health department • Referral of all STD diagnosis to local health department for follow up
<p><i>PS provided by county/state correctional staff:</i></p>	<ul style="list-style-type: none"> • Screening for HIV/STDs • Delivery of test results • Treatment of infections • Referral of HIV/STD diagnosis to local health department for PS delivery

Interface across the Division and Community:

Partner Services has developed strong linkages to other Divisional Programs. For example, STD prevention screening practices routinely include screening for HIV at all levels of patient engagement, and prevention initiatives targeted to reach populations at high risk for syphilis include initiatives to identify those also at high risk for HIV. PS shares in efforts to utilize technologies such as InSpot, and other web-based partner notification services to facilitate partner contact and referral efforts. Additionally, many STD Disease intervention Specialists participate in MDCH sponsored PS certification trainings to enhance HIV field investigation skills.

Grantees receiving funding through the Health Disparities Reduction and Minority Health Unit to build capacity to improve health outcomes of residences, are required as part of their contracts, to build collaborative relationships with their local health department so that cases involving HIV/STD may be appropriately addressed. Similarly, programs receiving continuum of care dollars to ensure client access to care and treatment for HIV work closely with PS staff through a program to help expedite access to care via the use of the Client Authorization for Counselor Assisted Referral form. Clients who chose to participate in this initiative may seek the assistance of a case manager to help them access care services that best meet their emerging health care needs.

PS staff also works closely with community partners such as the HIV/AIDS Surveillance Section and MATEC to ensure that medical providers understand their role in PS delivery and referral. By conducting presentations and workshops at scheduled events, PS staff familiarizes physicians and other care providers with information about PS laws, referral procedures and respond to questions impacting HIV/STD care and treatment. Other initiatives supported by PS participation include:

- World AIDS Day: Annual event conducted to commemorate the impact of HIV/AIDS on the world
- Representation on the Co-infection Task Force to address needs associated with dual HIV/STD infections of men who have sex with men (MSM) community
- Representation on the Ohio Nurses association to support accreditation of nursing credits
- Representation on the Perinatal (MGGW) to help reduce the transmission of HIV to newborns
- Representation on the workgroup to develop healthy sex messages for school-aged youth

Quality Assurance of PS:

All PS activities are monitored to assess program performance through the use of several tools including the use of the HIV Event System (HES) and through technical assistance visits. The HES is an electronic system used by local health department staff and designated HIV/AIDS community-based organizations to input encrypted information of services provided to infected clients, partners and educational services to the community. The system includes four (4) modules which are as follows:

1. Counseling, Testing and Referral
2. Health Education, Risk Reduction, and Outreach
3. Partner Services
4. Provider Education

Local Health departments and community-based organizations are able to utilize the system to generate reports to evaluate trends within their specific jurisdictions to develop strategies to work more effectively with those populations who are mostly impacted by HIV/AIDS. For more information on the HIV Event System, go to: www.hapis.org.

Other means of providing quality assurance are conducted through:

- Technical assistance visits to the sixteen high morbidity health departments. These visits consist of working with the local health department staff on a variety of topics which may include but is not exclusive to the reviewing of HES data, number of cases assigned to staff, timely initiation of cases, collaboration efforts with community partners and reporting providers, and health threat to other situations. The PS program staff developed a PS Technical Assistance Monitoring form to detail the visit.
- Telephone consultation as needed

The PS Program also has developed supportive tools for the use by local health departments and HIV/AIDS community-based organizations. These tools include the following:

- Confidential Request for Local Health Department Assistance for Partner Services (DCH-1221): This form can be used by providers to refer HIV/AIDS infected individuals to local public health for assistance with PS. This form can be accessed at www.michigan.gov/hivstd
- Local Health Department PS Patient Field Investigation Form (DCH-1275): This form is used by PS field staff to document their field investigation.

- Client Authorization for Counselor-Assisted Referral (CARF – DCH 1225): This form is used by CTR sites to referral HIV-infected clients who test confidentially in case management services.
- HIV/STD Partner Services Fact Sheet for Local Health Departments: A fact sheet used by local health departments to help infected clients understand the role and benefits of public health in the delivery of PS. The factsheet can be accessed at www.michigan.gov/hivstd
- HIV/STD Partner Services Fact Sheet for Community-Based Organizations: A fact sheet used by HIV/AIDS community-based organizations to help infected clients understand the role and benefits of CBOs in the delivery of PS. The factsheet can be accessed at www.michigan.gov/hivstd
- Partner Services Palm Cards: A small business card used by local health departments and community-based organizations to refer at-risk partners into the department or other clinical care facility

Ensuring that the benefits of PS are available to a wide range of vulnerable populations within the community, services are also provided to infected prisoners housed in local and state correctional institutions – see our section **Partner Services in Prisons** for more information.