

Department of State Health Services

**FORM A FACE PAGE**

**CONTRACTOR INFORMATION**

<b>1) LEGAL BUSINESS NAME:</b> Fort Bend County																			
<b>2) MAILING Address Information</b> (include mailing address, street, city, county, state and 9-digit zip code): <span style="float: right;"><b>Check if address change</b> <input type="checkbox"/></span> Fort Bend County Health & Human Services 301 Jackson Street, Richmond, TX 77469-3108																			
<b>3) PAYEE Name and Mailing Address, including 9-digit zip code</b> (if different from above): <span style="float: right;"><b>Check if address change</b> <input type="checkbox"/></span> Fort Bend County Auditor – 301 Jackson Street, Suite 701 – Richmond Texas 77469-3108																			
<b>4) DUNS Number (9-digit) required if receiving federal funds:</b> 081497075																			
<b>5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit):</b> 746001969 <small>*The Contractor acknowledges, understands and agrees that the Contractor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</small>																			
<b>6) TYPE OF ENTITY</b> (check all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input checked="" type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> Federally Qualified Health Centers</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Faith Based (Nonprofit Org)</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> Federally Qualified Health Centers	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private		<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____
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	<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____																	
<small>*If incorporated, provide 10-digit charter number assigned by Secretary of State: _____</small>																			
<b>7) PROPOSED BUDGET PERIOD:</b> <span style="margin-left: 50px;"><b>Start Date:</b> 01/01/2018</span> <span style="margin-left: 100px;"><b>End Date:</b> 12/31/2018</span>																			
<b>8) COUNTIES SERVED BY PROJECT:</b> Fort Bend County																			
<b>9) AMOUNT OF FUNDING REQUESTED:</b> \$288,722	<b>11) PROJECT CONTACT PERSON</b> Name: Kaye Reynolds, DrPH Phone: 281-238-3519 Fax: 281-342-7371 Email: Kaye.reynolds@fortbendcountytexas.gov																		
<b>10) PROJECTED EXPENDITURES</b> Does Contractor's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for Contractor's <u>current fiscal year</u> (excluding amount requested in line 9 above)? **  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																			
<small>**Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.</small>	<b>12) FINANCIAL OFFICER</b> Name: Ed Sturdivant Phone: 281-341-3760 Fax: 281-342-7371 Email: Ed.Sturdivant@fortbendcountytexas.gov																		
<b>13) AUTHORIZED REPRESENTATIVE</b> <span style="float: right;"><b>Check if change</b> <input type="checkbox"/></span> Name: Robert Hebert Title: County Judge Phone: 281-341-8608 Fax: 281-341-8609 Email: county.judge@fortbendcountytexas.gov																			

  
 8/24/2017



## FORM A-1 CONTACT PERSON INFORMATION

Legal Business Name of  
Contractor:

Fort Bend County Health and Human Services

This form provides information about the appropriate contacts in the Contractor's organization in addition to those on FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the **Contract Management Unit**.

<b>Contact:</b> Kaye Reynolds, DrPH	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b>
<b>Title:</b> Deputy Director, FBHHS	4520 Reading Road, Suite A-200
<b>Phone:</b> 281-238-3519 Ext.	Rosenberg
<b>Fax:</b> 281-342-7371	Fort Bend County
<b>Email:</b> Kaye.Reynolds@fortbendcountytx.gov	TX 77471
<b>Designated Emergency Contact (required)</b>	
<b>Contact:</b> M. desVignes-Kendrick, MD, MPH, FAAP	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b>
<b>Title:</b> Director & Health Authority	4520 Reading Road, Suite A-200
<b>Phone:</b> 281-238-3589 Ext.	Rosenberg
<b>Fax:</b> 281-238-3355	Fort Bend County
<b>Email:</b> md.kendrick@fortbendcountytexas.gov	TX 77471
<b>Executive Director / CEO (required)</b>	
<b>Contact:</b> Jorge Sanchez	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b>
<b>Title:</b> Risk Reduction Supervisor	307 Texas Parkway, Suite 148
<b>Phone:</b> 281-403-8036 Ext.	Missouri City
<b>Fax:</b> 281-403-8045	Fort Bend County
<b>Email:</b> jorge.sanchez@fortbendcountytexas.gov	TX 77489
<b>Project Manager / Coordinator (required)</b>	
<b>Contact:</b> Ngombe Bitendelo, RN,BSN, MPH	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b>
<b>Title:</b> Director, Clinical Health	4520 Reading Road, Suite A-200
<b>Phone:</b> 281-238-3548 Ext.	Rosenberg
<b>Fax:</b> 281-342-7371	Fort Bend County
<b>Email:</b> Ngombe.Bitendelo@fortbendcountytexas.gov	TX 77471
<b>Secondary Contact Person (required – must not be same as Project Manager / Coordinator)</b>	
<i>This person will be contacted as the backup to the Project Manager / Coordinator for programmatic questions.</i>	
<b>Contact:</b>	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b>
<b>Title:</b>	
<b>Phone:</b> Ext.	
<b>Fax:</b>	
<b>Email:</b>	



# **FORM I: BUDGET SUMMARY (REQUIRED)**

Legal Name of Respondent:

Fort Bend County Health and Human Services

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
A. Personnel	\$126,556	\$126,556	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$88,247	\$88,247	\$0	\$0	\$0	\$0
C. Travel	\$14,605	\$14,605	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$22,175	\$22,175	\$0	\$0	\$0	\$0
F. Contractual	\$24,000	\$24,000	\$0	\$0	\$0	\$0
G. Other	\$13,139	\$13,139	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$288,722	\$288,722	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$288,722	\$288,722	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings	\$0	\$0				

**NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).**

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$126,556	\$126,556	Fringe Benefits	\$88,247	\$88,247
	Travel	\$14,605	\$14,605	Equipment	\$0	\$0
	Supplies	\$22,175	\$22,175	Contractual	\$24,000	\$24,000
	Other	\$13,139	\$13,139	Indirect Costs	\$0	\$0

<b>TOTAL FOR:</b>	<b>Distribution Totals</b>	<b>\$288,722</b>	<b>Budget Total</b>	<b>\$288,722</b>
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\*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

## FORM B: RENEWAL APPLICATION TABLE OF CONTENTS AND CHECKLIST

*This form is provided as your Table of Contents and to ensure the renewal application is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted. Be sure to mark if the item is not applicable for this renewal application or if the document is include as part of the renewal application.*

<u>FORM</u>	<u>DESCRIPTION</u>	<u>NOT APPLICABLE</u>	<u>INCLUDED</u>
A	Face Page – completed, and proper signatures and date <u>included</u>		<input checked="" type="checkbox"/>
A-1	Contact Person Information -- completed and <u>included</u>		<input checked="" type="checkbox"/>
B	Table of Contents and Checklist – completed and <u>included</u>		<input checked="" type="checkbox"/>
C	Targeted Testing and Linkage to Medical Care -- Performance Measures – completed and <u>included</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Condom Distribution -- Performance Measures – completed and <u>included</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E	Community Mobilization and Coordination Performance Measures – completed and <u>included</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F	General Work Plan – completed and <u>included</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F-1	Targeted Testing and Linkage to Medical Care Work Plan – completed and <u>included</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F-2	Condom Distribution Work Plan – completed and <u>included</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F-3	Community Mobilization and Coordination Work Plan – completed and <u>included</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Budget Forms – completed and <u>included</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Condom Availability

*The program strives to make condoms available where the target population is found and where they engage in high-risk behaviors. For MSM, the program distributes condoms to bars that MSM frequent and through the geo-social apps. We believe distribution through the geo-social apps specifically increases availability for MSM as the apps are specific to MSM and also reach MSM who are seeking sex. Staff will continue to expand their reach to MSM through the apps.*

*For high-risk heterosexuals, the program distributes condoms at high-risk apartment complexes, women's shelters and treatment centers. Thus, condoms are available at places where HRH congregate. The program will seek additional places where sex workers and those who inject drugs may be found.*

- Condom Accessibility

*The program increases accessibility by distributing in multiple places other than drug stores that are convenient and safe for clients as well as easy to access. We will seek to identify and engage appropriate community partners. Providing condoms for free also increases accessibility.*

- Condom Acceptability

*Staff provide education about condom use and promote their use through demonstration and ways to make condoms more comfortable and natural. All sessions with clients testing positive include a discussion and education regarding condom use. The program provides a variety of condoms, including those most popular in the communities we target. Individuals tend to accept condoms that their friends talk about and use. We found in the condom assessment that attitudes of partners have a lot to do with acceptability of using condoms. Thus, addressing partners' attitudes and promoting condom use for all is one of our methods for increasing acceptability.*



**Contractor Name:** Fort Bend County Health and Human Services

**FORM C: PERFORMANCE MEASURES**  
**Targeted Testing and Linkage to Medical Care**

Performance Measures for All Contractors	
<b>OBJECTIVE A</b>	At least 75% of clients testing for HIV will receive results.
<b>OBJECTIVE B</b>	At least 95% of clients testing positive for HIV will receive results counseling.
<b>OBJECTIVE C</b>	At least 87% of clients who are HIV positive (all positives) and received results will be confirmed to HIV-related medical care.
<b>OBJECTIVE D</b>	Contractor will attain a 1.2% new positivity rate annually.
Projected Numbers to be Served by the End of the Contract Term	
<b>OBJECTIVE E</b>	
Number of tests to be performed:	850
<b>OBJECTIVE F</b>	
Number of newly diagnosed HIV positive persons (the state standard is attaining a 1.2% positivity rate):	10
<b>OBJECTIVE G</b>	
Of the total number of tests outlined in E, the contractor will provide at least the following numbers of tests to the selected priority populations.*	
Number of tests for MSM (men who have sex with men)	435
Number of tests for High Risk Heterosexuals	215
Number of tests for Others	200

\* A minimum of one priority population must be selected; Contractors may add lines as needed.

## FORM F-2: CONDOM DISTRIBUTION WORK PLAN

### Condom Distribution

#### 1. Service Delivery

- Provide an overview of current condom distribution activities, including a list of community partners (e.g. civic, retail, faith-based, social services, etc.) and the current number of distribution sites.

*Condoms and lubricant are distributed at established sites, and given to individual clients whether they test or not. Clients contacted through the geo-social apps often decline testing, but accept condoms and lube. Community partners include the FBHHS clinics in Rosenberg and Missouri City, a treatment center—the Fort Bend Regional Council on Substance Abuse, faith-based organization—the Resurrection Metropolitan Community Church, two Women's Shelters—one in Richmond and one in Rosenberg, Trend Barber College, gay bars—Guava Lamp, Neon Boots, Ripcord, Tony's Corner Pocket, apartment complexes in high-risk areas—Victoria Gardens, Carriage Glen, Mustang, and a physician who treats individuals with HIV—Dr. Shannon Schrader. We currently distribute at 15 sites.*

- Describe how the Contractor will conduct a condom assessment (availability, accessibility, acceptability) and condom distribution plan. If an assessment and plan have already been created, the Contractor must include a description of the process and findings with this application.

*In January 2017, the program conducted a condom assessment by distributing a survey for several weeks. The results and the discussion and plan for future action are attached as an excel file.*

- Provide a proposed list of community partners (e.g. civic, retail, faith-based, social service, etc.) and distribution sites. In addition, describe how the Contractor proposes to address barriers to condom distribution.

*In addition to the community partners and sites listed in the first bullet, the program proposes to engage other departments in Fort Bend's Health and Human Services, such as the Social Work department, the Indigent Health Center, Behavioral Health Services and Juvenile Probation. Other community partners will be explored.*

- Describe how condom distribution activities will be linked to other available HIV Prevention and treatment services.

*Staff distribute condoms to testing sites and distribute condoms to individuals tested. When recruiting testing through geo-social apps, individuals who don't test are nevertheless taken condoms when requested.*

- Describe how the contractor will increase condom use among people who are HIV positive and individuals at high risk of acquiring HIV in the three below areas:



**Contractor Name:** Fort Bend County Health and Human Services

**FORM D: PERFORMANCE MEASURES**  
**Condom Distribution**

**Numbers to be Served by the End of the Contract Term**

**OBJECTIVE A**

**Number** of distribution sites (including: number of sites where contractor supplies free condoms):

10

**OBJECTIVE B**

**Number** of community collaborators assisting with access or distribution efforts (i.e. retail, civic, faith-based, local advocacy groups):

10

**OBJECTIVE C**

**Number** of condoms distributed:

50,000

company used by FBHHS. Contractor will follow Fort Bend County purchasing procedures, and maintains documentation that tracks the distribution of tangible reinforcements.

- Describe Contractor's plan and proposed activities to establish linkage to HIV-related medical care<sup>1</sup> for people who are infected with HIV. Describe types of referrals that will be offered and how referrals will be tracked, documented, and confirmed. Describe how the Contractor plans to overcome barriers that may prevent linkage to appropriate medical care. Describe proposed agency staffing and staff time dedicated to linkage to HIV-related medical care.

*Staff discuss medical care as soon an HIV positive result is obtained, whether by a rapid test or standard test from venipuncture blood. Staff maintain a list of agencies that provide HIV medical care and other services for HIV clients. Staff encourages the client to choose a service agency at the results-giving session and to call for an appointment during the session; staff obtains the client's authorization to contact the agency that the client has chosen and to share HIV results with the agency. Staff maintain regular contact with each client to ensure linkage and to identify and solve any barriers to linkage to care. Staff will work with clients to identify barriers, will utilize the client's strengths in overcoming obstacles and make referrals when appropriate. As transportation is often a barrier, taxi vouchers are offered to those who require assistance in getting to appointments. Referrals and outcomes are documented on the positive log maintained by staff, then printed and added to the client's chart. Linkage to care is confirmed by information about appointments attended from the client and whenever possible verified by the service agency or the health department. Referrals for housing, support, substance treatment, counseling, and the like are given as needed and desired by the client. Testing staff is responsible for giving initial rapid positive results, referrals and obtaining appropriate authorizations. The supervisor is responsible for following clients identified with HIV and for ensuring linkage to care.*

- Describe how Contractor will partner with other organizations to implement this activity. All Contractors must maintain agreements with collaborating partners. A partner services procedure (PSP) with Contractor's local and/or regional health department that outlines how partner services are to be delivered must be included. The PSP is required to be maintained and submitted yearly.

*Memoranda of Understanding (MOU) are initiated for agencies with which we partner. Fort Bend requires that all agreements be presented and accepted by Commissioner's Court. In addition, agreements that go before Commissioner's Court must be accompanied by the Texas Ethics Commission's 1295 (conflict of interest affidavit) completed by the agency. The process makes it difficult to obtain all signatures needed to complete an MOU.*

*The program initiated a PSP with DSHS Region 6/5S in 2016 with the initial contract awarded FBHHS. Region 6/5S staff and FBHHS HIV program staff agreed on the partner services process, which both parties are following. The PSP was forwarded to DSHS Austin for approval and signature. In July 2017, we received an amended PSP from DSHS that is now being reviewed by the FBHHS attorney's office.*

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<sup>1</sup> *Linkage to HIV-related medical care is defined as working with a client to establish an HIV-related medical care appointment; follow up with the client and prepare client for medical care; confirm that the client attended the appointment.*



**Contractor Name:** Fort Bend County Health and Human Services

## **FORM F: GENERAL WORK PLAN**

*Contractor must describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments.*

Instructions: All Contractors must provide a description of how they will address the following across all funded activities (*including: Targeted HIV Testing and Linkage to Medical Care, Condom Distribution, Prevention with Positive Persons, Community Mobilization, and HE/RR*):

### **General Work Plan**

- Describe the managerial, supervisory, and quality assurance activities that will be used to ensure that proposed activities are implemented as required. Describe the responsible party for each of these activities.

*The Director of Clinical Health Services is responsible for the overall performance of the HIV Prevention Program. The Director oversees the Risk Reduction Supervisor and the HIV Prevention Consultant. The Risk Reduction Supervisor functions as supervisor and as a Risk Reduction Specialist. As Supervisor, this employee is responsible for daily operations, supervising staff and ensuring that quality assurance activities are conducted. The HIV Prevention Consultant guides the program by advising the supervisor and monitoring the supervisor's activities as a risk reduction specialist as well as assisting in writing reports. The Quality assurance activities done by the supervisor to ensure staff is performing and program goals are met include:*

- *Monitoring progress to achieving goals;*
  - *Observing staff testing & counseling and auditing charts according to the DSHS schedule;*
  - *Reviewing all laboratory related documentation, including logs for quality control, temperatures, corrective action, and rapid and send-out testing;*
  - *Ensuring the proper use and tracking of tangible reinforcements;*
  - *Communicating regularly with staff concerning program goals and methods for attaining goals;*
  - *Ensuring timely data entry and accuracy of data;*
  - *Ensuring satisfaction surveys are done as required, analyzed and changes implemented.*
- Describe how Contractor will ensure compliance with DSHS policies including data collection, data submitted on a timely basis, required documentation, and reporting systems.

*The Risk Reduction Supervisor along with the HIV Prevention Consultant monitors compliance with DSHS policies. The monthly data reports received from DSHS will be reviewed upon receipt to determine if data is accurate—i.e. entered timely, accurately, and submitted as required. The supervisor reviews required documentation for quality and accuracy, and reviews the positive log to ensure that HIV and syphilis cases are reported as required.*

- Describe the Contractor's plan to conduct continuous community assessments and other



- Describe how HIV test results will be provided. If Contractor proposes to provide negative test results over the phone, policies and procedures that detail this process must be included. Contractor must also address how they will attempt to deliver results to clients that don't return or call for results.

*Staff give rapid test results to clients as soon as the results are ready. For syphilis tests done by sending blood to the lab, clients are told that "no news, is good news," but that they may call for results. Staff attempts to contact clients when syphilis results are positive and it is verified by the Regional DSHS that they have a current syphilis infection; the DIS also are charged with finding clients and getting them treated.*

- Describe how the Contractor will provide syphilis testing via venipuncture for all clients requesting an HIV test (unless the client refused syphilis testing). Additionally, describe other STD testing the Contractor is performing or describe the process for STD testing referrals.

*It is program policy to test every client for syphilis. Clients are told we test for HIV and syphilis; blood is drawn before performing the rapid HIV test. When clients absolutely refuse to have blood drawn, or staff is unable to obtain blood via venipuncture, a rapid syphilis test is conducted. Staff test for Hepatitis C when clients use or share needles for drug injection or if they fall in the high-risk age cohort born from 1945-1965. Gonorrhea and Chlamydia testing is done on urine for males and with vaginal swabs for females when appropriate for MSM, and for people under the age of 25. For other STDs, and for anal/oral gonorrhea and Chlamydia, clients are referred to community clinics that perform these tests.*

- Describe process for providing HIV positive results including providing emotional support and counseling to assist the client in understanding the meaning of the test results and the benefit of initiating and remaining in HIV-related medical care.

*Clients are counseled and referred for medical care with positive HIV rapid results. The PBC model is used as guidance for counseling—assessing the client's understanding, giving the client time to absorb the result, reflecting feelings, answering questions, identifying support, and when the client is ready, discussing the importance of medical care and how the client will prevent transmission of the virus to others. The client is encouraged to make an appointment with a care provider during the session. It is also explained that a confirmatory test will be performed. Staff give clients their contact information and are available for clients to call after the sessions; staff follow-up with clients in the days immediately following to see how they are doing.*

- If Contractor proposes to use tangible reinforcements, detailed information must be provided on purpose, type, and dollar amount. Contractors proposing to use tangible reinforcements must describe policies and procedures for their purchase, use, and distribution. Contractors must maintain documentation that tracks the purchase and distribution of tangible reinforcements. **Note: Funds may not be used to make cash payments to intended recipients. Any use of tangible reinforcements must be pre-approved by DSHS.**

*Contractor gives \$15.00 gift cards to MSM recruited through the geo-social apps who decide to test. Gift cards of \$15 are also used at events to promote testing. Gift cards for \$50 are offered to clients newly diagnosed with HIV when they complete medical appointments through receiving their viral load and CD4 count and there is a determination if the client will be prescribed anti-retroviral medication. Tangible reinforcements may be used to pay for transportation to medical appointments; this will be done by taxi vouchers through the approved*



program data to evaluate and assess program success, development, and guide improvement.

*The Supervisor and staff continuously evaluate the success of the sites and methods used, including social media, to recruit and test the target populations by reviewing and analyzing testing numbers and results. Data regarding the best days, times and places to recruit using the geo-social apps is being collected and will be analyzed. Linkage to care data will be reviewed to identify and address any systemic barriers. The productivity of condom distribution sites and methods will be reviewed and analyzed similarly. Periodic community assessment surveys regarding testing, condom distribution and PrEP are conducted as needed.*

- Describe Contractor's capacity to make referrals to other services or agencies, including substance abuse, mental health, housing authority, domestic violence/sexual assault response, STD testing and treatment, Pre-exposure Prophylaxis (PrEP) and non-occupational Post Exposure Prophylaxis (PrEP), and HIV care and treatment.

*Contractor in their role as the local health department has established relationships with organizations providing substance abuse, mental health, and domestic/violence sexual assault services. Contractor also provides treatment for STD's and provides referrals to established providers for PrEP, PEP, HIV care and treatment and referrals for STDs not tested for or treated by the health department. As a local health department, we provide indigent health care and social services.*

- Describe Contractor's capacity to provide information and education to clients, participants, collaborators, stakeholders and/or community members about Pre-exposure Prophylaxis (PrEP) and non-occupational Post Exposure Prophylaxis (pep).

*Staff is knowledgeable about PrEP and PEP and so are able to inform others and have been doing so since the program started. Materials about PrEP and PEP are available to distribute to clients or they may be referred to online sources.*

- Describe program collaboration and integration of services for viral hepatitis, sexually transmitted diseases and other services. (Note: subcontracting is allowed and collaboration with community partners is encouraged)

*The program provides rapid testing for Hepatitis C and refers for the confirmatory test and treatment. The program is scheduled to test for gonorrhea and Chlamydia for penile and vaginal sites, and refer for oral, rectal sites and for treatment. The FBHHS tests and treats for many STDs in the clinic. Also, as the local health department, we collaborate with area physicians, community health agencies and DSHS to provide testing and treatment for STD's and other services.*

# **FORM F-1: TARGETED HIV TESTING AND LINKAGE TO MEDICAL CARE WORK PLAN**

## ***Targeted HIV Testing and Linkage to Medical Care***

### **1. Service Delivery**

- Describe recruitment strategies that will be used to reach proposed priority population(s) and specific venues and/or locations where project specific recruitment will be conducted.

*Geo-social apps are the primary means of recruiting MSM in Fort Bend County. We have Facebook and Twitter accounts that are used to advertise events as are promotional cards distributed at events and in condom packets. We recruit and test MSM at Guava Lamp, a gay bar, and the Resurrection Metropolitan Community Church, which caters to the LGBTQ community. We collaborate with the Fort Bend LGBTQ Community Group and with gay groups in Houston such as the Houston Area Bears, Men's Leathers, Big Man's Group, National Leather Group, Houston Council of Clubs, Bayou City Bears, Houston Mardi Gras, Krewe.*

*High risk heterosexuals (HRH), and some MSM, are located at Fort Bend County Jail, the Women's Shelter, and Fort Bend Regional Council on Substance Abuse. Outreach at apartment complexes and sites where at-risk HRH congregate and in high HIV/STD morbidity areas is provided and additional sites will be sought out.*

*Mondays staff test at the Missouri City Fort Bend County Clinic and use social media to promote walk-ins. The program also will conduct testing events centered around HIV testing awareness days.*

- Describe brief risk screen process to determine the services most appropriate for individual clients. Describe how the risk screening assessment will be conducted.

*Staff converses with each client regarding their particular sexual or injection risks so that together they may determine what tests or services the client needs. This information is captured on our FCT session form.*

If the Contractor proposes to use additional testing protocol or methodologies the Contractor must provide a description of what will be added and why.

- Describe testing technology to be used. If the Contractor proposes to conduct HIV rapid testing, include information about the specific test to be used, quality assurance plans for rapid testing, and a copy of the CLIA waiver.

*The HIV program uses a combination of standard and rapid testing. Rapid HIV testing is done with the INSTI test and blood is drawn for HIV Ab/Ag and syphilis testing by the DSHS laboratory. Rapid syphilis tests by HealthCheck are performed when staff is unable to obtain blood by venipuncture or if the client is adamant about not having their blood drawn. Quality assurance for rapid testing includes performing external controls and ensuring that tests are performed within the manufacturer's temperature limits. All results are recorded and reviewed by the supervisor.*