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HIV PREVENTION HEALTH PLAN FOR NORTHEAST COLORADO

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HIV PREVENTION HEALTH PLAN FOR NORTHEAST COLORADO

I. Goals of the HIV Prevention Health Plan

- a. Increase availability of rapid HIV and testing.
- b. Increase rates of rapid HIV testing and counseling among at-risk individuals.
- c. Provide HIV prevention training to providers.
- d. Increase community knowledge about sexual health statistics, science-based programs for adolescent HIV prevention, and Colorado State Law on Content Standards for Instruction for Human Sexuality
- e. Two community based organizations or schools will utilize technical assistance to select, implement, evaluate or sustain science-based adolescent HIV prevention programs.
- f. Raise provider HIV awareness, knowledge, and linkage opportunities by hosting an annual Community Education and Action Conference.
- g. Evaluate the progress of the HIV Prevention Health Plan

II. Recommendations for Meeting Goals

- a. Increase availability of rapid HIV testing.
 - i. Contract with the Northern Colorado AIDS Project (NCAP) to expand the number of testing sites and or the number of testing hours within the 6 counties in their service region.
 - i. Currently they provide testing in Sterling and Fort Morgan monthly.
 - ii. Work with Rural Solutions and an advisory group to identify appropriate testing locations that would be acceptable to the communities and easily accessible.
 - ii. Explore options that will enable us to offer rapid testing in the 4 counties that are outside of NCAP's service region.
 - i. Rural Solutions will engage the Southern Colorado AIDS Project (SCAP) in conversations about the feasibility of expanding testing to one or more of those counties.
 - ii. Rural Solutions will engage Denver Health in conversations about including these counties in their rural outreach programs.
 - iii. Rural Solutions will explore options that would enable rapid testing to become more cost effective for rural areas given the limited number of tests administered, the number of tests that must be ordered at a time, and shelf life of a test, and other considerations.
 1. Include Rapid Testing in Rural Regions as a track at the Community Education and Action Conference to engage providers and the community in this conversation.
- b. Increase rates of rapid HIV testing and counseling among at-risk individuals.
 - i. Target: 24 tests of at risk individuals in the 10 county region.
 - ii. Enhanced outreach and advertisement is needed.
 - i. In addition to advertising testing in the paid newspapers, advertising should be posted in the free community newspapers that are within an hour driving distance of testing sites.

1. Work with community groups to identify the appropriate advertising venues.
 - ii. Coordinate with the Family Resource Centers in Kit Carson, Morgan, Washington, and Yuma County.
 1. They provide support for families and the community but can also assist us with outreach in the initial implementation of the Health Plan.
 - iii. Efforts should also be made to distribute advertising materials to various ethnic and racial minority groups and to high risk groups.
 1. Coordinate with Salud, One Morgan County and other critical groups to ensure this happens.
- c. Provide HIV prevention training to providers.
 - i. Contract with NCAP to provide HIV and HCV education.
 - i. Target: Between June 2009 and June 2010 NCAP will provide HIV and HCV education to 12 rural service providers in the 6 counties within their service region.
 1. NCAP will work with Rural Solutions to gain connections with local providers in the 6 counties within their service region.
 2. Efforts will be made to move beyond the counties they have been able to reach in the past (e.g., Morgan and Logan) and expand their exposure throughout the region.
 - ii. Contract with Colorado AIDS Education and Training Center (CAETC) to provide HIV training targeting the areas identified in the needs assessment provider survey.
 - i. Target: Between June 2009 and June 2010 CAETC will provide HIV continuing education for approximately 100 mental health counselors, substance abuse counselors, and other providers in Northeast Colorado.
 1. We will initially work with Centennial Mental Health, Kit Carson County Health and Human Services Department, and the Northeast Colorado Health Department since they have expressed strong interest in having their staff training in HIV prevention.
 2. Training efforts will expand from there but would target a broad array of providers including, but not limited to physicians, nurses, health educators, substance abuse counselors, mental health counselors, social workers, etc.
- d. Increase community knowledge about sexual health statistics, science-based programs for adolescent HIV prevention, and Colorado State Law on Content Standards for Instruction for Human Sexuality
 - i. Contract with Colorado Organization for Adolescent Pregnancy, Parenting and Prevention (COAPPP) to provide two trainings to education community members, school personnel, public health nurses, and other professionals.
 - ii. Determine which schools are most open to implementing comprehensive sexual health education curriculum.
 - i. Ensure that staff members from those schools are invited to participate in training.

- ii. Encourage participants who received the training and from identified schools to attend the COAPP conference by providing scholarships if the Rural Solutions proposal is funded by CHAPP.
- e. Two community based organizations or schools will utilize technical assistance to select, implement, evaluate or sustain science-based adolescent HIV prevention programs.
 - i. Contract with COAPPP to provide technical assistance throughout three quarters of the year to two community organizations.
 - i. Priority will be given to organizations who have staff members that have received the COAPP training or have been identified as open to implementing comprehensive sexual health education curriculum.
 - ii. Rural Solutions will assist in identifying community organizations and schools that need the technical assistance and that are open to implementing comprehensive sexual education.
- f. Raise provider HIV awareness, knowledge, and linkage opportunities by hosting an annual Community Education and Action Conference.
 - i. Consider rotating the location of the event so that all counties can feel ownership in the project.
 - ii. The focus on the conference will change from year to year to reflect the changing needs and awareness of the community and providers.
 - iii. The first conference should be used to raise community awareness, educate providers and generate excitement for the project if funding for implementation is secured from CHAPP.
 - iv. A major emphasis should be placed on how establishing prevention efforts that fit within existing business models so that they can be sustained when grant funding is unavailable.
- g. Evaluate the Progress of the HIV Prevention Health Plan
 - i. Contract with the Center for Research Strategies to work with Rural Solutions and each subcontractor to monitor the progress of the HIV Prevention Health Plan
 - ii. Create easy tracking tools that can be utilized by the subcontractors to monitor their progress.
 - iii. Create annual survey to track knowledge and needs of providers.
 - iv. Consider ways to incorporate assessment of at-risk individuals.

III. Key Findings from the Needs Assessment

1. Geographic availability of HIV prevention services:

HIV prevention services are limited in the region. There are a wide range of STD educational efforts that sometimes incorporate HIV prevention information. At the high school level, nurses from family planning clinics provide 1-5 hours of instruction which often has a heavy emphasis on abstinence; HIV/AIDS prevention information is incorporated into STD prevention education. For the adult population, the majority of STD educational efforts are targeted toward heterosexual Caucasian women. This is not intentional; rather it reflects the population that tends to seek health care services in the region.

2. Availability of HIV antibody testing and counseling:

While HIV testing can be done at a medical physician's office or a hospital, the barriers are substantial. Confidentiality is often compromised because individuals are likely to see people they know if they go to a hospital for testing. Costs at hospitals and doctor's offices may also be high because a sliding pay scale may not be offered, and lack of insurance is a chronic problem in the region. Health department offices in the region do not provide HIV testing. Many health care providers, clinics, and health departments refer their patients to larger cities where rapid HIV testing can be provided. Rapid testing is provided in Fort Morgan and Sterling by NCAP one day a month at the Northeast Colorado Health Department offices, but many providers we contacted were unaware of the service and those that were aware of it said that it was not widely advertised.

3. Availability and accessibility of mental health and substance abuse services for at-risk persons:

Services in general tend to be limited and difficult to access in rural regions such as Northeast Colorado; substance abuse and mental health services are no exception. The largest and most consistent provider of mental health and substance abuse treatment services in the 10 county region is Centennial Mental Health. Centennial Mental Health provides outpatient treatment services in all of the counties and provides community support programs in Fort Morgan and Sterling. Additional providers of services include NCAP which provides outpatient substance abuse and mental health services once a month in Fort Morgan and Sterling when they provide rapid HIV testing services. Their counseling services are available for no charge. Additionally, services can be obtained from hospitals and private practitioners.

4. Barriers that negatively impact the provision of HIV prevention services for those at-risk:

Agency directors and providers brainstormed ideas about institutional and community barriers to providing HIV prevention services for those at-risk for contracting HIV in the community at the utilized time at the January 2009 Needs Assessment Planning Conference to. A broad range of ideas were suggested and these were included on the provider survey to determine the importance attributed to each by providers. Five major barriers were identified: awareness, funding, training, geography, and confidentiality.

5. Co-morbid issues impacting HIV/AIDS risk (other sexually transmitted infections, hepatitis, untreated mental illness and substance abuse, etc):

Based upon the information available, the co-morbid issues impacting HIV/AIDS risk in Northeast CO do not appear to be different than the co-morbid issues in many other areas. Specifically, Hepatitis C and substance abuse are both substantial co-morbid issues impacting HIV/AIDS in Northeast CO.

6. Extent of sexual and drug-related risk behaviors among populations in your jurisdiction:

Based upon state and local data, injection drug use is a significant risk behavior in Northeast Colorado. Among women utilizing family planning clinics operated by the Northeast Colorado Health Department in 2008 or early 2009, 6.5% reported they had injected street drugs. Lifetime incidence rates, obtained from the 2004 Integrated Epidemiological Profile of HIV and AIDS Prevention and Care Planning Report published by CDPHE with data from the Colorado Department of Human Services' Alcohol and Drug Abuse Division, showed that Northeast Colorado was tied with Denver for the highest rates of injection drug users in the state of Colorado. Approximately 1.6% of the residents of Northeast Colorado injected drugs at some point in their lifetime.

While data on rates of unprotected sex were not available to us for the needs assessment, rates of sexually transmitted infections could be used as a distal proxy for unsafe sex practices. County level data for Chlamydia and Gonorrhea were obtained from state reports for 2003 – 2007. For many of the smaller counties, the data were unstable due to the small number of cases reported. However, stable interpretable rates were reported for the larger counties. The largest rates were observed in Kit Carson, Logan, and Morgan counties where rates of Chlamydia and exceeded 200 per 100,000 persons in some years. These rates suggest that there is a need for greater access to and utilization of safe sex education and supplies in the region.

IV. Existing Health Resources at the Local Level

Resources at the local level include local health departments and public health agencies, a regional mental health agency, providers at medical and health facilities, two AIDS Service Organizations, SALUD Family Health Centers and sexuality and/or reproductive health education with pregnancy prevention, STD and HIV prevention programs provided by public health nurses in some of the schools. The health resources vary from county to county in the Northeast, and are lacking with regard to HIV rapid testing, which is only provided by the NCAP in two counties and at Yuma District Hospital. In a May 14, 2009 project conference call, Dale Duff, a mental health provider of integrated health services in Limon, Lincoln County, commented that, "resources are limited" in the southern part of the Northeast region. With regard to existing resources, there are only two medical family practitioners in the hospital and in Limon, one county health department and a medical office with limited resources, but in the process of growth. Persons incarcerated in prisons in Logan, Lincoln and Kit Carson counties also have HIV testing and prevention education needs.

a. Northeast Health Colorado Department and County Public Health Agencies

The Northeast Colorado Health Department, which is headquartered in Sterling, has offices in six counties that make up northeast Colorado, including: Logan (in Sterling), Morgan (in Ft. Morgan), Phillips (in Holyoke), Sedgwick (in Julesburg), Washington (in Akron) and Yuma (in the city of Yuma) counties. Office hours are 8:30 a.m. – 4:30 p.m., Monday through Friday or by appointment. The health department services include public information, community outreach and education, environmental health, environmental health, client services (family planning, a health care program for children with special needs, immunizations, the Nurse-Family Partnership, and WIC), and administrative services.

Within the other four counties, there are public health agencies or clinics:

- Cheyenne County Public Health (in Cheyenne Wells) which provides HIV/AIDS literature and 5th-6th grade reproductive health, including HIV/AIDS prevention,
- Elbert County Public Health Department (in Kiowa and office in Simla) which has family planning services with HIV assessments, education, literature and classes that include HIV/AIDS prevention in the public schools,
- the Kit Carson County Public Health Agency (in Burlington) which includes STD prevention counseling in the Women's Health Program, STD literature and a 9th grade sexuality and STD/pregnancy prevention program, and
- Lincoln County Public Health Department (in Hugo and satellite office in Limon) which has literature on HIV/AIDS prevention, communicable disease prevention and control, Women's Health program and adult health/education (http://www.lincolncountyco.us/public_health_nurse.htm).

b. Centennial Mental Health <http://www.centennialmhc.org/>

The Centennial Mental Health Center (CMHC) is a non-profit organization dedicated to providing the highest quality comprehensive mental health services to the rural communities of northeastern Colorado. Six county directors manage local services in 10 northeastern counties: Logan, Morgan, Phillips/Sedgwick, Washington/Yuma, Elbert, and Cheyenne/Lincoln/Kit Carson. Administrative offices are located in Sterling, CO, the home base for the Executive, Deputy, Finance, and Medical Directors. There are offices in Akron, Burlington, Elizabeth, Fort Morgan, Holyoke, Julesburg, Limon, Sterling, and Yuma with services available in Cheyenne Wells and Wray.

Services include:

- 24-Hour Emergency Services (crisis interventions and evaluations to determine need for psychiatric hospitalizations),
- Family Preservation (services to families with children at risk for out-of-home placement include intensive family therapy, extensive case management and interagency collaboration),
- Outpatient Counseling (for children, adolescents, adults and the elderly) with a variety of therapy options such as individual, couple, family, group, and substance abuse counseling,
- Community Support Program for individuals with severe and persistent mental disorders (therapeutic intervention, case management services, partial hospitalization, medication management, assessment of functioning level, social and leisure skills development and training in life and work skills),
- Evaluation Services (psychological testing and evaluation, psychiatric consultation for those ages 5 and older),
- Medication Services (medication management and monitoring), and
- Adult Residential Program, located in Sterling, for individuals who are disabled by serious mental illness with the overall goal of enabling clients to live and function independently in the community.

c. Medical Facilities (Hospitals, Clinics, Pharmacies and Staff)

The following medical facilities (<http://www.theagapecenter.com/Hospitals/Colorado.htm>) are available within the ten-county region of Northeast Colorado. While most facilities offer the standard HIV testing in which specimens are sent to a laboratory for analysis and counseling, rapid testing with immediate counseling is not readily available.

Table 1. Medical Facilities Available Within Northeast Colorado

County	Medical Facilities & Staff
Cheyenne County	<ul style="list-style-type: none"> • Keefe Memorial Hospital 602 West 6th North, P.O. Box 578, Cheyenne Wells, CO 80810 Phone:(719) 767-5661 Fax: (719) 767-8042 10 physicians, 2 physician assistants, 1 dentist, 2 anesthesiologists; services include anesthesia, cardiology, dentistry, family practice, obstetrics/ gynecology, orthopedics, otolaryngology (ENT), radiology, emergency medicine, rehabilitation, public health, Well Women’s Clinic, online Health Search http://www.keefememorial.com/getpage.php?name=index • Prairie View Clinic 560 West 6th North, P.O. Box 578 Cheyenne Wells, CO 80810 Office: (719) 767-5669 http://www.townofcheyennewells.com/ourcommunity/medical.htm • Wells Pharmacy 180 S 1st East, P.O. Box 5 Cheyenne Wells, CO 80810 Phone: (719) 767-5676 http://www.rebeltec.net/~tbill/
Elbert County	No local hospital – medical physician
Kit Carson County	<ul style="list-style-type: none"> • Kit Carson Memorial Hospital Burlington, CO
Lincoln County	<ul style="list-style-type: none"> • Lincoln Community Hospital & Nursing Home 111 6th Street, Hugo, CO 80828 (Critical Access Level IV Trauma) – 9 Family Practice Physicians/Allied Health. Services include: inpatient, outpatient & emergency services, endoscopic exams, echocardiology, obstetrical, physical therapy, occupational therapy, speech therapy, mammography, ultrasound , mobile MRI, CT Scan exams, home health, hospice, long term care, lab/x-ray. cardiac rehabilitation, dexta scan, advanced nuclear medicine, anesthesia; consulting specialty clinics. http://lincolncommunityhospitalandnursinghome.com/default.aspx
Logan County	<ul style="list-style-type: none"> • Sterling Regional Medical Center (Banner Health) 615 Fairhurst Street, Sterling, CO 80751 (970) 522-0122 36-bed acute care hospital with state-of-the-art technology providing a full range of health care services; wide range of programs and services to aid in prevention, diagnosis and treatment of illnesses and resources for infants, emergency care, cancer care, kidney dialysis, heart care, occupational health, rehabilitation, wellness, medical imaging, women’s care, family care clinic and lab services. http://www.bannerhealth.com/Locations/Colorado/Sterling+Regional+MedCenter/About+Us/About+Us.htm

Table 1. Medical Facilities Available Within Northeast Colorado (continued)

County	Medical Facilities & Staff
Morgan County	<ul style="list-style-type: none"> • Colorado Plains Medical Center 1000 Lincoln St., Ft. Morgan, CO 80701 970-867-3391 50 bed acute care, accredited hospital; Level III Trauma Center serves two counties, 24 hr emergency room, MRI, nuclear medicine, CT, radiology, mammography, ultrasound, physical therapy, occupational therapy, speech therapy, cardiopulmonary, obstetrics, surgery, dietary, social services, home health, lab services. Full array of medical specialties. http://www.coloradoplainsmedicalcenter.com/index.php • East Morgan County Hospital 2400 W. Edison, Brush, CO 80723 A 24 bed hospital provides comprehensive health, medical, and wellness services. http://www.hospitalsoup.com/listing/6118-east-morgan-county-hospital
Phillips County	<ul style="list-style-type: none"> • Haxtun Hospital District 235 W. Fletcher, Haxtun, CO 80731 970.774.6123 25 bed facility, critical care access hospital with specialty clinics. http://haxtunhealth.org/index.html • Melissa Memorial Hospital Holyoke, CO
Sedgwick County	<ul style="list-style-type: none"> • Sedgwick County Memorial Hospital 900 Cedar St, Julesburg, CO 80737
Washington County	<ul style="list-style-type: none"> • Akron Clinic 82 Main Ave., Akron, CO (970) 345-6336 Board Certified Family Practice Physician and Family Nurse Practitioner; lab, x-ray services on site; physical therapy and home health care. http://www.yumahospital.org/Demo/Clinics/Pages/AkronClinic.html
Yuma County	<ul style="list-style-type: none"> • Yuma District Hospital 1000 W. 8th Ave., Yuma CO 80759 970-848-5405 Acute inpatient health services, including 12 acute care beds, two labor/delivery/post partum beds, bassinets, surgical services, 24-hour emergency services and the Yuma Clinic. Associated with the Yuma Clinic is the Center for Specialty Medicine, a practice location for a wide range of medical and surgical specialists, and the Akron Clinic. http://www.yumahospital.org/ • Wray Community District Hospital 1017 W 7th St Wray, CO 80758 (970) 332-4811 15-bed Special District Level IV Critical Access Hospital with labor and delivery, birthing suites, nursery, mammography, ultrasound, CT and MRI, diabetic teaching & childbirth classes, prevention and wellness programs, wound care consultant, active auxiliary program, respiratory therapy, surgery, lab and x-ray, nuclear medicine, cardiac services, rehabilitation, and community case management. 24-hour emergency care, 24-hour anesthesia and a full-time board certified surgeon. http://www.wcdh.org/

d. AIDS Service Organizations

The 10 counties in Northeast Colorado fall within the service delivery area of two AIDS Service Organizations: the Northern Colorado AIDS Project (NCAP), <http://www.ncaids.org/>, located in Ft. Collins, and Southern Colorado AIDS Project (SCAP), <http://s-cap.org/>, located in Colorado Springs. SCAP does not currently provide any direct services within the four counties that are part of their service delivery area.

Northern Colorado AIDS Project: The Northern Colorado AIDS Project (NCAP) offers behavioral counseling, community outreach, safer sex and drug use supplies, confidential rapid HIV and Hepatitis C testing options, health care referrals, education and case management services in northern Colorado, including Morgan (Ft. Morgan) and Logan (Sterling) counties in the northeastern region. In Ft Morgan, services are provided the first Thursday of the month (12:00-4:00 pm) and in Sterling, on the third Thursday of month (12:00-4:00 pm).

e. Salud Family Health Centers <http://www.saludclinic.org/>

Salud’s ultimate goal is “to provide quality, comprehensive primary health care services, and to improve the overall health of the communities it serves by reducing barriers to health care.” Within Northeast Colorado, the Salud Clinics in Fort Morgan and Sterling provide health services to low income families, including bilingual health care services, family planning, HIV testing, education and counseling.

f. Reproductive (Sexuality) and/or STD Education in the Public Schools

The county public health nurses typically provide some reproductive or sexuality education with STD (including HIV prevention) in the public schools, but this type of education varies from county to county in terms of the students served and education provided.

Table 2. Reproductive (Sexuality) and/or STD Education in the Public Schools in Northeast Colorado

County	Reproductive or Sexuality Education	STD (& HIV/ AIDS Prevention) Education	Targeted Grades
Cheyenne County	Reproductive Health	HIV/AIDS and other STDs	Grades 5-6
Elbert County	Reproductive Health	HIV/AIDS and other STDs	Not specified
Kit Carson County	Sexuality Education Program	Pregnancy & STD Prevention – abstinence focus	Grade 9
Lincoln County	-	-	-
Logan County	-	-	-
Morgan County	-	-	-
Phillips County	Reproductive Health	HIV/AIDS and other STDs	Not specified
Sedgwick County	Reproductive Health	HIV/AIDS and other STDs	Not specified
Washington County	Reproductive Health	HIV/AIDS and other STDs	Not specified
Yuma County	Reproductive Health	HIV/AIDS and other STDs	Not specified

V. Infrastructure and Capacity Building Requirements Needed to Implement This Plan

For us to build the networking infrastructure and capacity, it's essential that we have all voices at table so that we can build a rural voice for restructuring needed resources. SCAP (Southern Colorado AIDS Project) is not in a position to expand. Despite this, it would be helpful to have their input in our discussions so that when they are prepared to expand a relationship is already in place.

- a. **Referral Network** – A regional referral network that will link providers to NCAP and other community-based providers of HIV prevention, education, and testing services. Currently the limited information and services available are fragmented. NCAP is the primary provider of rapid testing services in the 10-county region and the most highly knowledgeable provider of HIV prevention information and resources. Many providers are unaware of the services provided by NCAP; as a result, they do not refer clients to NCAP for testing or other services. We will seek to build this referral network at the Community Education and Action Conference.
- b. **Advertising Plan** – Advertising related to HIV prevention, testing, and services as well as general risk prevention services is limited. In addition to the absence of a referral network and the short period of time they have been available locally, minimal advertising and advertising in the wrong places contributes to the underutilization of services currently offered by NCAP. Local community based organizations, providers, and NCAP need to work together to develop an effective regional strategy for advertising the limited array of HIV prevention, education, and testing services that can be accessed locally. Local partners may also be able to use their free media time to promote the services provided by NCAP.
- c. **Risk Assessment Tool** – Key partners need to identify a risk assessment tool that could be easily utilized by local providers with their patients/clients. Centennial Mental Health offered to share a copy of their risk assessment tool with interested parties but warned that it was not a tool that could be used with everyone. In order to convince providers to become more engaged in risk assessment, we need to provide them with a tool that assists them in conducting risk assessments quickly and in a manner that they feel will not alienate their patients. Further training on conducting risk assessments is needed in the area and is part of the overall plan.
- d. **Grant Funding** – Regional entities need to work together to pursue grant funding to cover payment for services and to ensure the ability of local providers to keep HIV prevention, screening, and treatment services local, to the extent possible. Currently, residents in most counties have limited access to rapid testing services. Rapid testing is not available in the four southern counties (Cheyenne, Elbert, Kit Carson and Lincoln) that are in SCAP's service delivery region and SCAP is not currently in a position to expand service to these counties. Although the 6 most northern counties in the northeast region are covered by NCAP, NCAP does not have a physical presence in all of those counties. Additional grant funding could address these access issues.

VI. How Will Resources be Integrated and Shared to Optimize Efficiency and Effectiveness of Services in Your Jurisdiction

As in many rural areas, services are already very lean. There is minimal duplication of services; the greater issue in the region is insufficient access to services. Despite this, services could be better integrated to optimize efficiency and effectiveness.

- a. Access to information will optimize the efficiency and effectiveness of services in the northeast. This can be done through a service provider directory, a community referral network, publicity and local navigators. The development of a northeast Colorado directory of HIV providers and services for the June conference would be helpful.
 - Rural Solutions can assist in the development of this directory, which will include a list of physicians, hospitals, and other service providers.
 - A starting point could be the individual directories that have already been developed by Rural Solutions, Kit Carson county, Morgan county's Early Childhood Council and other northeast counties.
- b. A referral network will be developed that should help to increase the effectiveness of services.

VII. Strategies to Develop and Promote Culturally and Linguistically Appropriate Services

- a. Rural Solutions will contract with The Colorado AIDS Education and Training Center (CAETC) to offer curriculum such as "Puertas de Diversidad: Culturally Guided Interventions with Latinos" to providers.
- b. HIV prevention materials are already available in Spanish. These materials can be made available in locations outside of medical offices so they are more easily accessible.
 - i. The feasibility of obtaining or producing HIV prevention materials in languages appropriate for the Somali community will be explored.
- c. Rural Solutions will engage the major partners providing services to racial and ethnic minority groups throughout the ten county region to engage them in systematic HIV prevention outreach efforts. Also included in these efforts will be community agencies such as One Morgan County and members of racial and ethnic minority communities.

VIII. Estimated Cost of Implementing the Plan the First Year: \$205,824

- a. Rural Solutions Personnel and Fringe Total: \$77,350
 - i. Jackie Reynolds, Executive Director: \$16,250
 - ii. Project Coordinator: \$52,000
 - iii. Michelle Sharp, Bookkeeper, Administrative Asst, Information Technology Coordinator: \$9,100
- b. Travel: \$2,468
 - i. Mileage: \$2168
 - ii. Meals during travel: \$300
- c. Contractual Total: \$102,528
 - i. Center for Research Strategies (Evaluation): \$30,000
 - ii. Colorado Organization for Adolescent, Pregnancy, Parenting, and Prevention: \$20,610
 - iii. Colorado AIDS Education and Training Center: \$10,000
 - iv. Family Prairie Center in Kit Carson County: \$7,200
 - v. Morgan County Family Resource Center in Morgan County: \$7,200
 - vi. Northern Colorado AIDS Project: \$20,316
 - vii. Rural Communities Resource Center in Washington and Yuma Counties: \$7,200
- d. Supplies: \$4,500
 - i. Office supplies, presentation/training supplies, and equipment including a laptop computer
- e. Other Operating: \$12,790

- i. Expenses for annual Community Education and Action Conference in Northeast Colorado: \$6,400
- ii. Training and conference expenses for project manager: \$1,000
- iii. Stipends to send 5 people to COAPP 2-day conference in Denver: \$4190
- iv. Expenses for food, beverages, and location rentals for COAPP trainings: \$1200
- f. Indirect Costs: \$6,188

IX. Strategy for Coordinating Service Delivery Within Our Jurisdiction

The overall service goals for the ten-county region with Northeast Colorado include: (a) increasing availability of rapid HIV testing, (b) increasing rates of rapid HIV testing and counseling among at-risk individuals, (c) increasing provider training, and (c) enhancing community knowledge about HIV prevention, statistics and science-based programs for adolescent HIV prevention. The Northern Colorado Aids Project (NCAP) and Yuma District Hospital are the sole known public providers of rapid HIV testing in the Northeastern region. Although NCAP is responsible for 6 of the 10 northeast counties, services are currently available in two counties, Morgan and Logan counties. HIV testing by NCAP is available for free or at a greatly reduced rate, confidentiality is assured and clients who use the services in NCAP locations may prefer this type of provider due to location and cost. Expanding NCAP personnel into the other 4 northern counties and providing greater publicity of these services through local media (e.g. newspaper, radio, printed materials) and information to potential health care providers who could make referrals to NCAP would be an appropriate strategy for expanding the current limited rapid HIV testing and counseling services. The expansion of SCAP (the Southern Colorado AIDS Project) services into one or more of the 4 southern counties of the Northeast region through conversations with Rural Solutions and health care providers of this area may also help promote HIV prevention, education and services in this part of the region. A third possibility is for Rural Solutions to begin conversations with Denver Health about the possibility of including these counties in their rural outreach programs.

An essential strategy that will increase the coordination of HIV prevention, education and testing services in the region includes the training of providers within each county and the region on HIV prevention, education, HIV testing and counseling services and how to make referrals by NCAP and other local, county or state trained providers of HIV prevention and education. This could be done at the county level, in combination with neighboring counties (e.g. Morgan and Logan; Washington and Yuma; Sedgwick and Phillips; Elbert, Kit Carson, Cheyenne and Lincoln counties), or for the entire ten-county region, with travel and training support from various county and state funding sources.

Other strategies that will increase the coordination of HIV prevention, testing and counseling services within the Northeast Colorado region include the creation of a community referral network among health care providers within each county and the region, and the development of an electronic directory of service providers (including health, medical, mental health, oral providers, hospitals and clinics, etc.) for HIV testing, education and counseling in the Northeast, which can be created by staff at Rural Solutions, which has already develop a directory of social service agencies and services for the region.

Lastly, education for the community on HIV prevention, local statistics and science-based programs for adolescent HIV prevention, can be accomplished through collaborative efforts of

existing or newly developed county and regional groups that include the local health department, NCAP, SCAP, Rural Solutions, health care providers, local school districts and other agencies and individuals who have the potential to create greater community awareness about HIV prevention for all its residents, and in particular, for those who are at greatest risk of HIV/AIDS.

X. Measurable Indicators of Effectiveness and Success

- a. Increase availability of rapid HIV and testing.
 - i. A 50% increase in the number of sites and/or the number of hours that NCAP offers rapid HIV testing will be observed by the end of the first fiscal year.
- b. Increase rates of rapid HIV testing and counseling among at-risk individuals.
 - i. Create a client tracking tool to document the number of people tested, their demographic characteristics, and their risk characteristics.
 - ii. By the end of the first fiscal year, anticipate testing 24 high-risk individuals in the 10 county region.
- c. Provide HIV prevention training to providers.
 - i. Create a client tracking tool to document the number of providers trained, their field of practice, demographic characteristics, and interest in further HIV education opportunities.
 - ii. By the end of the first fiscal year, anticipate educating 100 providers in the 10 county region.
- d. Increase community knowledge about sexual health statistics, science-based programs for adolescent HIV prevention, and Colorado State Law on Content Standards for Instruction for Human Sexuality
 - i. Create a client tracking tool to document the number of school officials, public health department employees, and other individuals trained, their field of practice, demographic characteristics, and need for further training.
 - ii. By the end of the first fiscal year, anticipate training 60 individuals.
- e. Two community based organizations or schools will utilize technical assistance to select, implement, evaluate or sustain science-based adolescent HIV prevention programs.
- f. Raise provider HIV awareness, knowledge, and linkage opportunities by hosting an annual Community Education and Action Conference.
 - i. Create an exit survey for use at the Community Education and Action Conference to assess the impact of the conference on attendees.