

COUNTY OF LOS ANGELES

Public Health

JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JOHN F. SCHUNHOFF, Ph.D.
Chief Deputy Director

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October 16, 2007



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TO: Each Health Deputy

FROM: Anna Long, Ph.D., M.P.H. *AL*
Chief of Staff

SUBJECT: **NOTIFICATION OF DEPARTMENT OF PUBLIC HEALTH'S INTENT TO ENTER INTO A SOLE SOURCE AGREEMENT WITH THE URBAN COMMUNITY RESEARCH CENTER AT CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS**

This is to advise you that the Department of Public Health intends to enter into a sole source agreement to distribute \$50,000 of Net County Cost funds to the Urban Community Research Center at California State University, Dominguez Hills under the direction of Ricky N. Bluthenthal, Ph.D. to provide data collection, cleaning, analysis, evaluation and reporting services related to the Department of Public Health's needle exchange program. The on-going analysis and evaluation of these data will inform our efforts to monitor and improve the services provided through contracts with five agencies.

Specifically, under the direction of Ricky N. Bluthenthal, Ph.D., researchers at California State University, Dominguez Hills (CSUDH) in consultation with Public Health, will provide on-going data collection, cleaning, analysis and reporting of electronic data from five needle exchange programs operating throughout Los Angeles County. This will include the development of the database, programming of the handheld computers, training of needle exchange program staff, and routine data reporting to Public Health.

A key factor in the decision to request a sole source agreement with the Urban Community Research Center is the fact that they are implementing a similar evaluation of the LA City funded needle exchange programs. The computer-based data collection program will be used by these needle exchange programs at their city funded sites. This will allow us to compare and contrast data and obtain an understanding of IDUs and their use of needle exchange services and the provision of these services throughout the County.

This project will help the Los Angeles County Department of Public Health gain insight into the use of this new service, demand for services, and areas where additional services may be needed. On-going data monitoring and analysis will also be essential to maintaining and improving services quality.

If you have any questions or need additional information, please contact me at (213) 240-8036.

alhd101507 mem


Attachment

c: Sheila Shima
Jonathan Fielding, M.D., M.P.H.
John Schunhoff, Ph.D.

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
BIOTERRORISM PREPAREDNESS PROGRAM**

April 11, 2007

TO: John F. Schunhoff, Ph.D.
Chief Deputy

FROM: Anna Long, Ph.D., M.P.H. 
Chief of Staff

SUBJECT: **REQUEST FOR A SOLE SOURCE AGREEMENT WITH RICKY N. BLUTHENTHAL,
PH.D. AND CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS**

This is to request permission to enter into a sole source agreement to distribute \$50,000 of Net County Cost funds to the Urban Community Research Center at California State University, Dominguez Hills under the direction of Ricky N. Bluthenthal, Ph.D. to provide data collection, cleaning, analysis, evaluation and reporting services related to the Department of Public Health's needle exchange program. The on-going analysis and evaluation of these data will inform our efforts to monitor and improve the services provided through contracts with five agencies.

Specifically, under the direction of Ricky N. Bluthenthal, Ph.D., researchers at California State University, Dominguez Hills (CSUDH) in consultation with Public Health, will provide on-going data collection, cleaning, analysis and reporting of electronic data from five needle exchange programs operating throughout Los Angeles County. This will include the development of the database, programming of the handheld computers, training of needle exchange program staff, and routine data reporting to Public Health.

This project will help the Los Angeles County Department of Public Health gain insight into the use of this new service, demand for services, and areas where additional services may be needed. On-going data monitoring and analysis will also be essential to maintaining and improving services quality.

Background

On August 5, 2005, the Board approved the use of \$500,000 in tobacco master settlement funds, as allowed for health related projects, to support the Department's institution of a NEP certification process for a period of one year. This action was taken in recognition of the public health crisis related to the transmission of HIV and hepatitis due to needle sharing among injection drug users (IDUs), and the considerable literature indicating the efficacy of needle exchange as an effective risk reduction intervention. The Department of Public Health (DPH), issued a Request for Proposals (RFP) for Certified Needle Exchange Program Services competitive selection document to select and certify NEP providers which could provide NEP services in any of the areas of Los Angeles County where the DPH determined NEP services currently did not exist or were inadequately provided. It is important to note that, the City of Los Angeles has provided NEP services for a number of years within their city limits, data indicates there are a number of areas outside of the city limits that could benefit from such services. Only agencies currently providing needle exchange services through LA City funding were eligible to apply for County funding as they were deemed as the local experts in the provision of these services. Five agencies were selected to provide NEP services. A key component of the implementation of this service in new areas of the county, and a requirement of the Board was the close monitoring of levels of utilization and evaluation of the needle exchange services provided through county funding.

The program overseeing the implementation of needle exchange services through the five selected contractors has very limited personnel resources and is unable to conduct the intensive work that will be required to develop and implement the on-going evaluation. To address this we are requesting permission to engage Dr. Bluthenthal to conduct the following services:

1. To collect standard demographic and NEP utilization data from individuals participating in Los Angeles County-funded NEPs.
2. To conduct semi-annual quality improvement exercises for purposes of identifying programmatic strengths and weaknesses and techniques for service improvement at Los Angeles County funded NEPs.
3. To disseminate process evaluation and other information to a diverse array of audiences, including other HIV service and prevention specialists, public policy makers, and city, county and state officials.

This project will assist us in monitoring the progress of our contractors, reveal early any issues that should be addressed to improve services and disseminate the results to related services providers and stakeholders to improve HIV risk reduction activities throughout the County. Attachment I provides the proposed project scope of work and budget.

Term

The term for the project will be twelve months.

Justification/Vendor Qualification

The proposed evaluation services will be conducted under the direction of Ricky N. Bluthenthal, Ph.D., Director of the Urban Community Research Center at California State University, Dominguez Hills. Dr. Bluthenthal has been conducting research funded by the Centers for Disease Control and Prevention and National Institute on Drug Abuse on needle exchange programs (NEPs) since 1992 (see attached CV). In addition, Dr. Bluthenthal has an extensive background in community collaborative research methods and has already collaborated with needle exchange programs in Los Angeles County and in other jurisdictions. Dr. Bluthenthal will be responsible for developing methods and providing training to all NEP staff funded by Los Angeles County on data collection, handling, and safety. He will also monitor processes for data entry and provide analytic assistance to Los Angeles County-funded NEPs for purposes of report development and quality improvement activities.

A key factor in the decision to request a sole source agreement with the Urban Community Research Center is the fact that they are implementing a similar evaluation of the LA City funded needle exchange programs. The computer-based data collection program will be used by these needle exchange programs at their city funded sites. This will allow us to compare and contrast data and obtain an understanding of IDUs and their use of needle exchange services and the provision of these services throughout the County.

Work on the project will begin as soon as an agreement has been approved and will extend for a period of twelve months. The attached sole source justification provides additional detail (Attachment II).

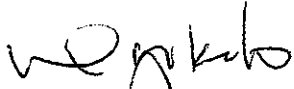
If you have any questions or need additional information, please let me know.

AML:aml

Attachments

NOTED and APPROVED:

NOTED and APPROVED:



Miles Yokota
Administrative Deputy

4/17/07

Date



John F. Schunhoff, Ph.D.
Chief Deputy

4-12-07

Date

SCOPE OF WORK

Evaluation of Syringe Exchange Services

Evaluation of needle exchange services will be coordinated by Ricky N. Bluthenthal, Ph.D., Director of the Urban Community Research Center (UCRC) at California State University, Dominguez Hills. Dr. Bluthenthal has been conducting research funded by the Centers for Disease Control and Prevention and National Institute on Drug Abuse on syringe exchange programs (SEPs) since 1992 (see attached CV). In addition, Dr. Bluthenthal is well versed in community collaborative research methods and has already collaborated with SEPs in Los Angeles County and elsewhere on three research projects since 2001 (the California Syringe Exchange Program Study (CalSEP), 2001-04, Operational Characteristics of Syringe Exchange Programs (Op-SEP), 2002-07, and the Overdose Needs Assessment, 2006.

Specific Activities

Dr. Bluthenthal will be responsible for developing methods and providing training to all SEP staff funded by Los Angeles County on data collection, handling, and safety. He will also monitor processes for data entry and provide analytic assistance to LA County-funded SEPs for purposes of report development and quality improvement activities. Below is a statement of the objectives for the evaluation component of this project and a brief description of how each goal will be addressed.

The objectives of the evaluation are as follows:

- To collect standard demographic and SEP utilization data from individuals participating in Los Angeles County SEPs.
- To conduct semi-annual quality improvement exercises for purposes of identifying programmatic strengths and weaknesses and techniques for service improvement at Los Angeles County funded SEPs.
- To disseminate process evaluation and other information (e.g., personal experience) to a diverse array of audiences, including other HIV service and prevention specialists, public policy makers, and city, county and state officials.

Collection of Standard Data. Standard Enrollment and Encounter forms are currently being used by SEPs operating in Los Angeles City to document service utilization patterns and basic demographic information on clients participating in each agency's SEP.

At the beginning of the project all clients of SEPs will complete an Enrollment Form, to be developed by Los Angeles Public Health Department, SEPs, and research staff. New clients to the SEPs will also be required to complete this form. This one-page form collects information about each client, including gender, date of birth, place of birth, length of time in the LA area, ethnicity, residential status, years injecting, and other items to be determined. This information

is collected one time and provides information about some of the specific needs of new clients (e.g., residential stability, specific drugs injected, etc.).

Service utilization data will be collected using Encounter Forms. Information recorded on this form includes the date and location of service delivery, gender, last drug injected, number of needles coming in and going out, and secondary exchanges. Also recorded on these forms is information regarding service referrals, case management, and harm reduction supplies/literature received among others. A unique identifier (comprised of clients' first and last initials, date of birth and gender) will be used to link data collected from each service encounter to document (or identify) use patterns and trends across the client population and within subgroups of this population.

- Summary reports on process evaluation data will be provided on a quarterly and annual basis to the Los Angeles County Department of Public Health. These data collection activities will continue throughout the entire funding period.

Data entry from the Enrollment and Encounter forms, and data checking, make use of the Questionnaire Development System (QDS). QDS permits electronic collection of data at SEP service sites using a desktop, laptop or personal digital assistant. Once entered in QDS, data can easily be converted into a SPSS format for reporting and statistical analysis. SEPs will be required to email data files (.QAD) to the Urban Community Research Center at California State University Dominguez Hills daily. Once received, the .QAD file will be logged and warehoused by UCRC staff.

- Data from the programs will be transmitted to Public Health twice per month.

Continuous Quality Improvement. During the funding period, Dr. Bluthenthal will meet with SEP staff to review data collected on clients by drug use characteristics, geographic location, and risk profiles. The aim of these semi-annual reviews will be to identify client needs, opportunities for service improvement, and barriers to change among Los Angeles County funded SEPs and their clients. These efforts should result in improved service delivery and a better understanding of client needs and opportunities.

Disseminating Process Evaluation and Other Data. Perhaps more so than other HIV prevention intervention strategies, SEPs require ongoing dissemination of program results to key stakeholders including local politicians and other city and county officials, statewide decision-makers, law enforcement agencies, and other interested parties. For 15 years Dr. Bluthenthal has been engaged in such activities throughout California. Information on Los Angeles County funded SEPs will be provided to the County Public Health Department and other key stakeholders as requested. In addition, quality improvement activities that have documented improvements will also be shared with these individuals as well as with other SEPs in the Los Angeles Basin and California. Lastly, to the extent possible, and with the permission of Public Health abstracts and presentations will be developed and given at scientific conferences. To date, Dr. Bluthenthal has presented results from various studies at nearly 100 local, national and international conferences and published over 50 manuscripts in peer-reviewed scientific journals.

Los Angeles County Budget

Budget Item	Year 1	Year 2
A. Personnel		
Data Analyst salary of \$61,000. Year 1 at ~.25 FTE; Year 2 at .5 FTE. COLA at .38% per year	18,300	23,875
B. Fringe Benefits		
Data Analyst at 28% of salary and wages	5,124	6,685
Total Personnel	23,424	30,560
C. Operating Expenses		
Statistical software 2 SPSS Complex Samples 2 STATA	4,000	
Supplies	576	440
D. Equipment		
One Computer	3,000	
H. Indirect Costs at 38%	19,000	19,000
	50,000	50,000
Total Costs	50,000	50,000

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Ricky N. Bluthenthal		POSITION TITLE	
eRA COMMONS USER NAME RICKYBLU			
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
University of California, Santa Cruz	B.A.	1986	History & Sociology
University of California, Berkeley	M.A.	1990	Sociology
University of California, Berkeley	Ph.D.	1998	Sociology

A. Positions and Honors**Positions**

- 1998 - Senior Social Scientist (Associate 1998 to 2001; Full 2002 to 2005), RAND, Santa Monica, California
 2002 - Professor of Policy Analysis, Pardee RAND Graduate School
 2006- Director, Urban Community Research Center, California State University Dominguez Hills
 2006- Professor, Sociology Department, California State University Dominguez Hills

Federal Government public advisory committees

2000. Special Emphasis Panel – AARR-7(01), ad hoc member, August & December.
 2002-06 Community Influences on Health Behavior (Formerly Community-Level Health Promotion – Non-Interventions). Standing member (ad hoc member in 2001).

Honors

- 2004 President's Award, RAND Corporation
 2004 Junior Scholar Award, Drinking and Drugs Division, Society for the Study of Social Problems
 1989 Fellow, Ford Foundation Predoctoral Fellowship Program
 1985 Fellow, Sloan Foundation Minority Public Policy Program

B. Selected Peer-Reviewed Publications (Selected from 54)

- Bluthenthal RN**, Kral AH, Erringer EA, Edlin BR. Drug Paraphernalia Laws and Injection-Related Infectious Disease Risk among Drug Injectors. *J Drug Issues*. 1999;29:1-16.
Bluthenthal RN, Lorvick J, Kral AH, Erringer EA, Kahn JG. Collateral Damage in the War on Drugs: HIV Risk Behaviors among Injection Drug Users. *Int J Drug Policy*. 1999;10:25-38.
Bluthenthal RN, Kral AH, Gee L, Erringer EA, Edlin BR. The Effect of Syringe Exchange Use on High-risk Injection Drug Users: A cohort study. *AIDS*. 2000;14:605-11.
 Longshore D, **Bluthenthal RN**, Stein M. Needle Exchange Program Attendance and HIV Risk Avoidance among Injection Drug Users in Providence, Rhode Island. *AIDS Educ Prev*. 2001;13:78-90.
Bluthenthal RN, Gogineni A, Longshore D, Stein M. Factors Associated with Readiness to Change Drug Use among Needle Exchange Users. *Drug Alcohol Depend*. 2001;62:225-30.
 Kral AH, **Bluthenthal RN**, Lorvick J, Gee L, Bacchetti P, Edlin BR. Sexual transmission of HIV-1 among injection drug users in San Francisco, USA: Risk-factor analysis. *Lancet*. 2001;357:1397-1401.
 Seal KH, Kral AH, Gee L, Moore L, **Bluthenthal RN**, Lorvick J, Edlin BR. Predictors of Non-fatal Overdose among Street-Recruited Injection Drug Users in the San Francisco Bay Area, 1998-1999. *Am J Public Health*. 2001;91:1842-46.
Bluthenthal RN, Kral AH, Gee L, Lorvick J, Moore L, Seal K, Edlin BR. Trends in HIV seroprevalence and risk among gay and bisexual men who inject drugs in San Francisco, 1988 to 2000. *J Acquir Immune Defic Syndro*. 2001;28:264-69.
 Heimer R, Clair S, Grau L, **Bluthenthal RN**, Marshall PA, Singer M. Hepatitis-Associated Knowledge is low and risks are high in a cohort of HIV-savvy injection drug users. *Addiction*. 2002;97:1277-88.

- Riehman KS, **Bluthenthal RN**, Juvonen J, Morral A. Adolescent social relationships and the treatment process: Findings from quantitative and qualitative Analyses. *J Drug Issues*. 2003;33:865-96.
- Anderson RL, Clancey L, Flynn NM, Kral AH, **Bluthenthal RN**. Delivering syringe exchange services through "Satellite Exchangers": Sacramento Area Needle Exchange. *Int J Drug Policy*. 2003;14:461-3.
- Kral AH, **Bluthenthal RN**. What is it about needle and syringe exchange programs that make them effective for preventing HIV transmission? *Int J Drug Policy*. 2003;14:361-3.
- Riehman KS, Kral AH, Anderson R, Flynn N, **Bluthenthal RN**. Sexual relationships, secondary syringe exchange, and gender differences in HIV risk among drug injectors. *J Urban Health*. 2004;81:249-59.
- Bluthenthal RN**, Malik R, Grau L, Singer M, Marshall P, Heimer R. Sterile syringe access conditions and variations in HIV risk among drug injectors in three cities. *Addiction*. 2004;99:1136-46.
- Kral AH, Anderson R, Flynn N, **Bluthenthal RN**. Injection risk behaviors among clients of syringe exchange programs with different syringe dispensation policies. *J Acquir Immune Defic Syndro*. 2004;37:1307-12.
- Bogart L, Kral AH, Scott A, Anderson R, Flynn NM, Gilbert ML, **Bluthenthal RN**. Sexual risk among injection drug users recruited from syringe exchange programs. *Sex Transm Dis*. 2005;32(1):27-34.
- Bluthenthal RN**, BrownTaylor D, Guzman-Becerra N, Robinson P. Characteristics of malt liquor beer drinkers in a low-income racial minority community. *Alcohol Clin Exp Res*. 2005; 29(3):402-09.
- Kanouse DE, **Bluthenthal RN**, Bogart L, Iguchi MY, Perry S, Sand K, Shoptaw S. Recruiting drug-using men who have sex with men into behavioral interventions: A two-stage approach. *J Urban Health*. 2005;(82 (1 suppl 1):109-119.
- Bluthenthal RN**, Heinzerling K, Martinez A, Kral, AH. Police crackdowns, societal Cost, and the need for alternative approaches. *Int J Drug Policy*. 2005;16:137-38.
- Cohen DA, Kanouse D, Iguchi MY, **Bluthenthal RN**, Galvan FR, Bing EG. Screening for STDs in non-traditional settings: Policy recommendations. *Int J STDs AIDS*. 2005;16(8):521-27.
- Bogart L, Kral AH, Anderson R, Flynn NM, **Bluthenthal RN**. Condom attitudes among injection drug users participating in California syringe exchange programs. *AIDS Behav*. 2005;9(4):423-32.
- Grau L, **Bluthenthal RN**, Marshall P, Singer M, Heimer R. Psychosocial and behavioral differences among drug injectors who use and do not use syringe exchange programs. *AIDS Behav*. 2005;9(4):495-504.
- Heinzerling KG, Kral AH, Flynn NM, Anderson R, Scott A, Gilbert ML, Asch SM, **Bluthenthal RN**. Unmet need for recommended preventive health services among clients of California syringe exchange programs: Implications for quality improvement. *Drug Alcohol Depend*. 2006;81(2):167-78.
- Wells KB, Staunton A, Norris KC, **Bluthenthal RN**, Chung B, Gelberg L, Jones L, Kataoka S, Koegel P, Miranda J, Mangione CM, Patel K, Rodriguez M, Shapiro M, Wong M. Building an academic-community partnered network for clinical services research: The Community Health Improvement Collaborative (CHIC). *Ethn Dis*. 2006;16(1 Supplement 1):S3-S17.
- Bluthenthal RN**, Jones L, Fackler-Lowrie N, Ellison M, Booker T, Jones F, McDaniel S, Moini M, Williams K, Klapp R, Koegel P, Wells K. Witness for Wellness: Preliminary findings from a community-academic participatory research mental health initiative. *Ethn Dis*. 2006;16 (1 Supplement 1):S18-S34.
- Punzafan C, Paxton KC, Guentzel H, **Bluthenthal RN**, Staunton AD, Mejia G, Morales L, Miranda J. Seeking community input to improve implementation of a lifestyle modification program. *Ethn Dis*. 2006;16 (1 Supplement 1): S79-S88.
- French MT, BrownTaylor D, **Bluthenthal RN**. Price elasticity of demand for malt liquor beer: Findings from a pilot study. *Soc Sci Med*. 2006;62(9):2101-11.
- Lorvick J, **Bluthenthal RN**, Scott A, Riehman KS, Anderson R, Flynn NM, Kral AH. Secondary syringe exchange among users of 23 California syringe exchange programs. *Subst Use Misuse*. 2006;41(6/7):865-82.
- Cohen DA, Ghosh-Dastidar B, Scribner R, Miu A, Scott M, Robinson P, Farley TA, **Bluthenthal RN**, BrownTaylor D. Alcohol outlets, gonorrhoea, and the Los Angeles civil unrest: A longitudinal analysis. *Soc Sci Med*. 2006;62(12):3062-71.
- Heinzerling KG, Etzioni DA, Hurley B, Holtom P, **Bluthenthal RN**, Asch SM. Hospital utilization for injection drug use-related soft tissue infections in urban versus rural counties in California *J Urban Health*. 2006;83(2):176-81.
- Galvan FH, **Bluthenthal RN**, Ani C, Bing EG. Increasing HIV testing among Latinos by bundling HIV testing with other test. *J Urban Health*. 2006; 83(5):849-59.
- Jacobson JO, Robinson R, **Bluthenthal RN**. A multilevel decomposition approach to estimate the role of

program location and neighborhood disadvantage in racial disparities in alcohol treatment completion. *Soc Sci Med*. 2007;64(2):462-76.

Martinez AN, **Bluthenthal RN**, Lorvick J, Anderson R, Flynn NM, Kral AH. The impact of legalizing syringe exchange programs on arrest among injection drug users in California. *J Urban Health*. (In press).

Jacobson, Jerry O, Robinson P, **Bluthenthal RN**. Understanding racial disparities in alcohol treatment outcomes: Addiction severity, demographics, and economic factors do not fully explain differences in retention. *Health Serv Res*. (In press).

Bluthenthal RN, Riehman KS, Jaycox L, Morral AS. Perspectives on therapeutic treatment from adolescent probationers. *J Psychoactive Drugs*. (In press).

Bluthenthal RN, Heinzerling KG, Flynn NM, Anderson R, Kral AH. Approval of syringe exchange programs in California: Mixed results from a local approach to HIV prevention. *Am J Public Health*. (In press).

Stopka TJ, Marshall C, **Bluthenthal RN**, Webb DS, Truax SR. HCV and HIV counseling and testing integration in California: An innovative approach to increase HIV counseling and testing rates. *Public Health Rep*. (In press).

Bluthenthal RN, Ridgeway G, Schell T, Flynn NM, Anderson R, Kral AH. Examination of the association between syringe exchange program (SEP) dispensation policy and SEP client-level syringe coverage among injection drug users. *Addiction*. (In press).

Heinzerling KG, Kral AH, Scott A, Gilbert ML, Anderson R, Flynn NM, **Bluthenthal RN**. HIV and Hepatitis C testing at syringe exchange program: Availability and outcomes. *Journal of Substance Abuse Treatment*. (In press).

Bluthenthal RN, Anderson R, Flynn NM, Kral AH. Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. *Drug and Alcohol Dependence*. (In press).

C. Ongoing Research Support

R01 DA14210 Bluthenthal (PI) 09/30/02 - 05/31/07

NIH/National Institute on Drug Abuse (NIDA)

Community Context, SEP Operations & HIV risk among IDUs

The overall aim is to determine how differences in SEP operational characteristics may impact changes in HIV risk behavior among SEP clients.

R01AA013749 Cohen (PI) 09/30/03-9/29/07

NIH/NIAAA

GIS, Alcohol Marketing, and Alcohol-Related Outcomes

This study aims to determine the association between alcohol availability, alcohol marketing, and alcohol morbidity and mortality in Louisiana and Southern California.

Completed Research Support (last 3 years)

R21 AA013813 Bluthenthal (PI) 05/01/03-04/30/06

NIH/National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Understanding Outcome Disparities in Alcohol Treatment

This study aims to determine what factors are associated with racial disparities in treatment outcomes using client data from all publicly funded alcohol treatment episodes in Los Angeles County between 1998-2000.

IS02-Drew-705 Bing (PI), 01/01/00 – 12/31/05

Universitywide AIDS Research Program, University of California

Drew Center on AIDS Research, Education and Services

This center aims to support HIV/AIDS research at Charles R. Drew University of Medicine and Science.

R06/CCR918667 Bluthenthal (PI) 10/01/00 – 09/29/04

Center for Disease Control and Prevention,

Principal Investigator/Program Director (Last, First, Middle):

HIV Impacts of Local Legalization of SEPs in California

This study aims to document the impacts of local legalization of SEPs on program characteristics, HIV risk among clients, and economic cost for 24 SEPs in the California.

R21AA13534 Bluthenthal (PI)

09/29/01 – 08/31/04

NIH/NIAAA

Malt Beverage Use & Outcomes In A Minority Community

This study aims to measure malt liquor beverage consumption and adverse consequences of alcohol consumption among a community sample of drinkers recruited at off-premise alcohol outlets.

Requisition # Q40592

Item:

Item: Evaluation of Certified Needle Exchange Program Services - Ricky N. Bluthenthal, Ph.D., Urban Community Research Center at California State University, Dominguez Hills.

Date: April 11, 2007

Department: Department of Public Health, Public Health Policy – Special Projects

SOLE SOURCE REQUESTS

DOCUMENTATION FOR SOLE SOURCE JUSTIFICATION MUST INCLUDE RESPONSES TO THE FOLLOWING QUESTIONS WHEN APPLICABLE:

1. What is being requested?

This is to request permission to enter into a sole source agreement to distribute \$50,000 of Net County Cost funds to the Urban Community Research Center at California State University, Dominguez Hills under the direction of Ricky N. Bluthenthal, Ph.D., Director of to provide data collection, cleaning, analysis, evaluation and reporting services related to the Department of Public Health's needle exchange program. The on-going analysis and evaluation of these data will inform our efforts to monitor and improve these services provided by agencies contracted through out program.

Specifically, under the direction of Ricky N. Bluthenthal, Ph.D., researchers at California State University, Dominguez Hills (CSUDH) in consultation with Public Health, will provide on-going data collection, cleaning, analysis and reporting of electronic data from five needle exchange programs operating throughout Los Angeles County. This will include the development of the database, programming of the handheld computers, training of needle exchange program staff, and routine data reporting to Public Health.

This project will help the Los Angeles County Department of Public Health gain insight into the use of this new services, demand for services, and areas where additional services may be needed. On-going data monitoring and analysis will also be essential to maintaining and improving services quality.

2. Why is the product needed - how will it be used?

When the Board of Supervisors directed the Department to develop a plan for implementing needle exchange program (NEP) services it was indicated that an evaluation of the services provided must be a key program component. Because this is the first time these services will be offered outside of the City of Los Angeles, and there is a need to have a comprehensive County-level understanding of the program clients and well as their utilization of services, it is vital that a standardized data collection and evaluation process be implemented for all needle exchange services. The Urban Community Research Center is developing a hand-held computer based data collection system for real-time use in the field during the provision of needle exchange services. Years of experience with paper-based data collection systems by the City-funded needle exchange programs prompted them to opt for a computer-based system as a more efficient and effective method of collecting this important data.

We are requesting this agreement to implement this more effective evaluation system with our NEP service providers as soon as their services start. The County-funded sites will utilize a similar program that will allow for comparison of data collected from City funded sites. Working with Dr. Bluthenthal and Center staff we will ensure that the needed county data elements are included in the program. The Center will provide all training and technical assistance for the evaluation system with each of the five contracted agencies and will routinely receive, clean, compile and analyze the electronically transmitted data.

3. *Is this "brand" of product the only one that meets the user's requirements? If yes, what is unique about the product?*

Yes. This is the only computer-based system that has been developed for the evaluation of needle exchange services. Although this technology has been used to collect field-based research data in the past, this will be the first time its use has been expanded to the evaluation of needle exchange providers. This system in place for use at the LA City-funded needle exchange sites and as discussed above, it is vital that one system be implemented among both City and County funded needle exchange services.

Dr. Bluthenthal brings his expertise in this area and knowledge of local needle exchange to the development of this system.

4. *Have other products/vendors been considered? If yes, which products/vendors have been considered and how did they fail to meet the user's requirements?*

Three factors were considered in exploring other options: (1) Were there others with expertise to develop and implement a system with in-depth knowledge of needle exchange; (2) Would another system be sufficiently compatible with the system being used by the City-funded needle exchange programs? (3) Would another vendor have sufficient experience in this specialized service to provide the on-going technical assistance and support to our contractors as they implemented the system?

Following our consideration we concluded: (1) Although other vendors might be able to develop the hand-held system, they would not have sufficient experience with local needle exchange programs needed to implement the system with our contractors. (2) The City has already engaged the Center to conduct its evaluation system and it made more sense to use the same system rather than trying to re-create a similar system; (3) Dr. Bluthenthal and Center staff have the expertise to provide the needed training, technical assistance and on-going support to our NEP contractors.

5. *Will purchase of this product avoid other costs, e.g. data conversion, etc. or will it incur additional costs, e.g. training, conversion, etc.?*

Yes. In order to implement this evaluation in-house the Department would need to hire an additional staff person at a level of a Research Analyst II and dedicated some of the time of existing staff to work with programs to provide training and technical assistance. We had previously considered using a paper-based Scantron system for our evaluation component. However in addition to the reduced efficiency and increased error rate of this approach, this would have required the purchasing of a scantron equipment, considerable programming

expertise (not currently available) and staff time to collect, scan and clean the data. The requested sole source agreement was considered a more cost-effective option.

6. *Is the product proprietary or is it available from various dealers?*

This service is not available from other vendors.

7. *Reasonableness of Price. Does the County obtain a percentage discount or special discount not available to the private sector?*

Needle exchange programs will operate for 12 months. There are five contractors who will be monitored during the evaluation period. The cost breakdown for training, technical assistance, monitoring, data collection, compilation analysis and reporting for these agencies based on the \$50,000 figure is approximately \$ 833.33 per month. This is very reasonable considering that the first -step monthly salary without benefits for a Research Analyst I is \$3,495.27. We estimate that a full-time Research Analyst II would be needed to provide this service in-house.

8. *What is the dollar value of existing equipment and the Purchase Order No. for the existing equipment?*

N/A

Proposed Vendor Contract Information

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