

- **How you will make unaware individuals aware of their HIV status and refer them into care**
Successful identification of HIV unaware individuals, making them aware of their HIV positive status, and linking them to care is where HIV prevention and testing services intersect with HIV care services. In the Riverside/San Bernardino, CA TGA, HIV prevention and testing services have not historically been well coordinated with Ryan White care services due to, among other things, separate and exclusive funding requirements. Thus, the proposed plan represents a renewed effort to re-engage in active, deliberate coordination of activities to identify those individuals that are unaware of their HIV status, make them aware, and bring them into care. The proposed plan is the result of input obtained by the Ryan White Grantee from both counties in the TGA, their HIV prevention and testing programs, HIV epidemiology staff, and the Inland Empire HIV Planning Council (IEHPC). The plan outlined below presents measurable objectives followed by the key activities needed to achieve the objective.

Identifying unaware individuals and making them aware of their HIV positive status

1. By August 31, 2010, in collaboration with the IEHPC and the two county health departments, the Grantee will identify and document gaps in services for identifying and linking HIV unaware individuals to medical care.

- By June 30, 2010, the Grantee will complete an inventory of available services designed to identify unaware HIV positive individuals. This will include but is not limited to: HIV counseling and testing services and sites; partner counseling and referral services; partner notification; reproductive health clinic services; outreach services; early intervention services; and jail/prison/parolee services.
- By June 30, 2010, the Grantee will survey local emergency rooms and urgent care centers to determine the availability of information available to patients regarding HIV counseling and testing services as well as primary medical care services.
- By July 31, 2010, the TGA's two Health Officers, who are both IEHPC members, will assist the Grantee in assessing knowledge of physicians who work in publicly-funded health facilities concerning CA Senate Bill 1894, a 2009 state law that increases the accessibility/availability of routine HIV testing in medical care settings.
- By July 31, 2010, the Grantee will complete a survey of publicly-funded health facilities, CBOs, the Veterans Affairs (VA) Healthcare System, etc. to identify existing processes for identifying and referring HIV positive individuals into care (e.g., referral agreements, memoranda of understanding, etc.).
- By August 31, 2010, the Grantee will complete a written report documenting gaps in services for identifying unaware HIV positive individuals and linking them to care. The report will include a plan to address gaps with deliverables and timeline.

2. By February 28, 2011, the Grantee will strengthen the infrastructure in the TGA needed to enhance collaboration and the coordination of services to unaware HIV positive individuals. This will be demonstrated through new/revised policies and procedures, data collection and reporting, and integration into the TGA's Comprehensive HIV Plan and annual Priority Setting and Resource Allocation (PS&RA) process.

- By June 30, 2011, the IEHPC will review current planning council membership and ensure representation from the two counties' *prevention/education* programs.
- By June 30, 2011, the IEHPC will incorporate, as part of their routine monthly agendas, a standing report from the counties' prevention/education representatives on HIV testing activities; coordination between applicable county departments (e.g. reproductive health, HIV clinics, HIV testing); HIV seropositivity rates, including demographic breakdowns; and linkages to care.

- By June 30, 2011, the Grantee will develop and integrate new contract language for all Ryan White-funded organizations related to the tracking of linkages to care for newly diagnosed individuals and referrals for other services.
- By July 31, 2010, the Grantee, in collaboration with the HIV epidemiology staff of both counties, will develop an estimate of unaware HIV positive individuals, including their demographic profile to include in the data presentations that are part of the IEHPC's annual PS&RA process, beginning Fiscal Year 2011.
- By August 31, 2010, the two counties will revise the language of the current Intergovernmental Agreement (IGA) to reflect cooperative efforts to identify unaware and bring them in to care.
- By February 28, 2011, the IEHPC will review and update, as appropriate, Standards of Care for Ryan White services to ensure language is present related to the identification of HIV positive unaware individuals and linking them to care.
- By February 28, 2011, the IEHPC will update its Comprehensive HIV Plan to include specific achievable coordinated activities, deliverables, and timeline related to the identification of HIV positive unaware individuals, making them aware of their HIV positive status, and linking them to care.

3. By December 31, 2010, the Grantee will improve current systems for data collection, analysis, and reporting that monitor the HIV unaware population and their linkages to care.

- By April 30, 2010, the Grantee will contact HIV epidemiology and HIV prevention staffs from both county health departments, and other applicable county departments to identify existing data resources that may be used to collect relevant data regarding the HIV unaware population; the Grantee will also identify gaps in data.
- By June 30, 2010, the Grantee will develop contract language that requires all Ryan White-funded organizations to gather and track relevant data to fill data gaps (e.g., number of newly diagnosed HIV positive individuals receiving services, including HIV medical care).
- By July 31, 2010, the Grantee will review the TGA's existing management information system (i.e., ARIES) to identify how to utilize the system to track relevant data that is not currently being captured. The Grantee will implement any changes needed to refine the system.
- By July 31, 2010 and ongoing, the Grantee will continuously monitor the number of PLWHA being brought into care in the TGA (e.g., newly diagnosed, new to the Ryan White system of care, those returning to care, those from other jurisdictions).
- By July 31, 2010, the Grantee will prepare a data report for the IEHPC to include in its annual PS&RA process documenting the estimate of the size of the HIV unaware population as well as the number of HIV unaware successfully linked to care.
- By December 31, 2010, the Grantee and the IEHPC will review the TGA's Needs Assessment methodology and survey instrument to include specific questions that will help determine barriers that impede access to care when individuals are newly diagnosed with HIV, delaying their entry into care. This will be used for the next three-year comprehensive needs assessment process in 2011.

4. By February 28, 2011, the Grantee and the IEHPC will implement a TGA-wide media campaign to raise awareness regarding communication/information dissemination.

- By April 30, 2010, the Grantee will develop and submit a proposal to Kaiser Permanente Southern California for a TGA-wide HIV Awareness and Anti-Stigma Media Campaign to include messages that reach high risk populations as well as those who do not perceive themselves to be at risk of contracting HIV.

- By August 31, 2010, the Grantee, the two Health Departments' HIV prevention staff, with input from the IEHPC will develop the content and messages for the TGA-wide media campaign.
- By February 28, 2011, the Grantee will implement the TGA-wide media campaign with an emphasis for the campaign on key dates, which may include but are not limited to National Latino HIV/AIDS Awareness Day (October 15th), World AIDS Day (December 1st), and National Black HIV/AIDS Awareness Day (February 7th).

5. By February 28, 2011, the Grantee will collaborate with other county departments and key stakeholders to track and monitor the provision of outreach, HIV counseling and testing, and linkages to care for unaware HIV positive individuals.

- By July 31, 2010, the Grantee will revise contract language to expand Ryan White Part A-funded Outreach Services to target individuals who are unaware of their HIV status.
- By July 31, 2010, the Grantee will complete an inventory with a brief description of current outreach efforts across the TGA designed to identify unaware individuals.
- By July 31, 2010 and ongoing, the Grantee will coordinate with other county departments and CBOs to collect data on street-based outreach efforts targeting high risk populations (e.g. MSM, IDU, high-risk females, transgender women, etc.).
- By July 31, 2010, the Grantee will complete an inventory of anonymous and confidential HIV testing sites throughout the TGA and will track testing data monthly.
- By February 28, 2011, the Grantee, IEHPC, HIV prevention staff, and other community stakeholders will complete development of a plan to enhance current outreach efforts (e.g., using non-traditional locations such as faith-based gatherings and other community assemblies/events, peer-based social networking activities, and strengthening Partner Counseling and Referral Services) to identify the HIV positive unaware population.
- By February 28, 2011, the TGA will test a minimum of 7,000 individuals whose HIV serostatus is unknown, identifying a minimum of 84 HIV positive individuals (1.2% seroprevalence). In 2008-09, only 1.5% (6 individuals) newly reported through HARS did not return for their test result of the 390 cases reported in San Bernardino County. The TGA addresses barriers to testing by having accessible testing sites, walk-in availability, rapid testing (i.e., OraQuick), and immediate referrals and linkages to care.

▪ **A description of State and local initiatives regarding unaware individuals**

The majority of state and local initiatives regarding HIV unaware individuals has occurred primarily through HIV prevention and HIV counseling and testing efforts targeting high-risk individuals. In July 2009, state budget cuts decimated programs designed to identify unaware individuals and link them to care. These included the state's BRIDGE program, an early intervention program targeting unaware individuals as well as PLWHA with unmet need who know their status but are not in care, and counseling and testing services. The California State Office of AIDS now allocates funding to each of the TGA's two counties as a single allocation, giving each county the authority to determine how best to allocate these limited resources.

Locally, each county has implemented numerous efforts targeting unaware individuals. In terms of HIV prevention services, each county has conducted outreach targeting high risk individuals, many of whom represent specific behavioral risk groups (e.g., MSM, IDU). Each county also supports HIV prevention education and HIV counseling and testing services targeting high risk unaware individuals. These include programs targeting the prisons and recently released individuals, court-ordered education and testing of individuals due to sex crimes or substance abuse related crimes, and public and private alcohol and drug rehabilitation programs. The TGA also has HIV prevention interventions targeting youth incarcerated in the Juvenile Halls. Other

services delivered through the counties include: partner counseling and referral services, partner notification, screening for HIV risk in juvenile halls, jails, and prison system, and referral to HIV medical care for individuals testing HIV positive. Both counties currently utilize rapid testing technology, thereby virtually eliminating the number of individuals who do not return for their test results. Outreach, prevention, and testing services are available at locations throughout the TGA, increasing accessibility to the community. In terms of care services, San Bernardino County has a Ryan White Part C Early Intervention Services contract designed to identify unaware individuals and link them early into HIV primary care. The IEHPC also prioritized and funded Outreach Services as an important category for identifying newly diagnosed individuals as well as PLWHA with unmet need and linking them into primary medical care. The TGA has integrated specific questions into its needs assessment survey regarding their HIV testing and barriers to care after initial diagnosis.

▪ **Quantifiable data with regard to testing and services of unaware individuals**

As part of the plan described earlier, the Grantee will work to improve its data collection and reporting systems to include information on unaware HIV positive individuals (e.g., number identified through testing, number who receive their test results, and number who are successfully linked to medical care and other support services). The TGA's MIS (i.e., ARIES) will be reviewed to identify how best to capture Ryan White medical and other services to newly diagnosed individuals. The Grantee will also coordinate with other county departments and CBOs that provide HIV testing services to obtain aggregate HIV counseling and testing data, including the number of individuals tested, number of HIV positive tests, the number of test results delivered, and the number of newly diagnosed individuals linked to care. As there is current representation for prevention and testing services on the IEHPC, the planning council will add a standing agenda item for a report on outreach, education, and testing services. As ARIES is refined, the Grantee will also begin reporting on the number of newly diagnosed individuals linked to Ryan White medical care and other services.

To inform its planning efforts, which culminate in the IEHPC's annual priority setting and resource allocation (PS&RA) summit held in June or July each year, the Grantee will work with HIV epidemiology staff in both counties to develop a reasonable estimate of the size of the unaware HIV positive population. Although the TGA estimates reported seroprevalence annually, this represents only people living with HIV/AIDS (PLWHA) who are aware of their status and are either in care or not in care (i.e., unmet need). Thus, the Grantee will coordinate the development of the TGA's first estimate of the size of the unaware population to be completed no later than July 31, 2010 to be used in time for the IEHPC's annual PS&RA process. The Grantee will utilize the CDC's 2006 HIV prevalence estimates to serve as the foundation for the TGA's estimate (i.e., 447.8 per 100,000 population).¹ When applied to the TGA's 2008 adolescent/adult population (i.e., 13 years and older), this yields a total HIV prevalence in the TGA of **14,840** individuals. Through December 31, 2008, there are **8,870** PLWHA reported in the TGA. However, epidemiology staff identified 3,864 PLWHA who are receiving services in the TGA who do not show up in the local HARS databases and have likely moved into the area, totaling **12,734** aware PLWHA. Given these two disparate numbers, the TGA preliminarily estimates that there may be an unaware population of **2,106** (14,840 – 12,734) **to 5,970** (14,840 – 8,870) individuals. This estimate needs to be refined based on current population projections by race/ethnicity, trends in the local HIV/AIDS epidemic, and the CDC's prevalence estimates by race/ethnicity. However, it does provide a reasonable starting point.

¹ ML Campsmith, P Rhodes, HI Hall, and others. HIV Prevalence Estimates -- United States, 2006. *Morbidity and Mortality Weekly Report*. 57(39):1073-1076. October 3, 2008.