SANTA CLARA COUNTY
2012-2014

Comprehensive HIV Prevention & Care Plan for San José, CA TGA

Santa Clara County
PUBLIC HEALTH

Santa Clara County
HIV Planning Council
for prevention & care

JSI

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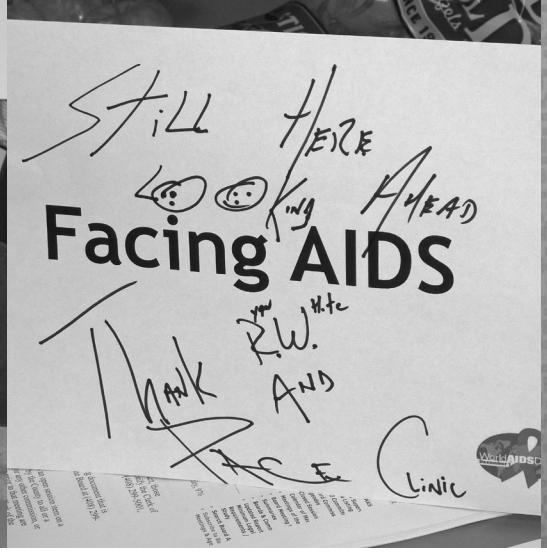

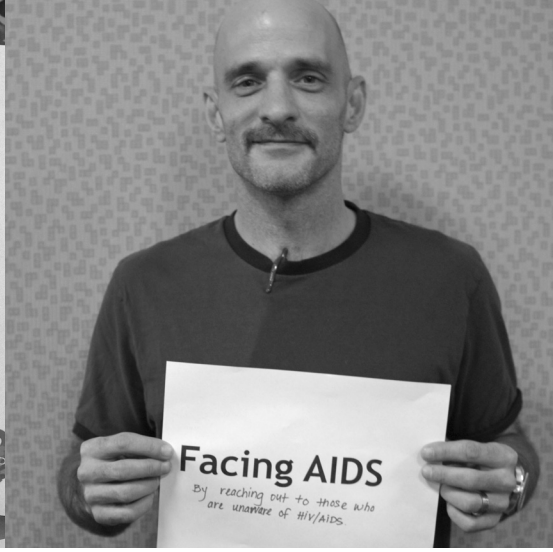

Acknowledgements

The *Santa Clara County 2012-2014 Comprehensive HIV Prevention & Care Plan for San José, CA Transitional Grant Area* is a collaborative effort involving many individuals. Thank you to everyone who contributed to its development. Contributors include: members of the Santa Clara County **HIV Planning Council for Prevention and Care** (the "Planning Council"), Santa Clara County **Public Health Department** staff, HIV prevention and care **service providers**, **people living with HIV or AIDS**, and **other community members**. All of your voices and perspectives helped shape this Comprehensive Plan, and will ultimately help guide HIV prevention and care efforts and services in the County.

A special thank you to the following individuals who committed extensive time and effort to this Comprehensive Plan:

- Jerry Larson, *Co-Chair, Planning Council*
- Bob Reed, *Co-Chair, Planning Council*
- Karl Vidt, *Chair, Planning & Resources Committee, Planning Council*

In addition to these Planning Council members, the larger Planning Council played a critical role in developing the goals and objectives of this plan and implementing the HIV needs assessment, which helped inform the plan. 2011 Planning Council members include:

- Charles Adams
- Hilary Armstrong
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- Joseph Caccia
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- Laura Valdez, *Management Aide, Department of Public Health Administration*

In addition, JSI staff who worked on this project included Jennie Anderson, Stewart Landers, Mindy Nichamin, and Jenette Spezeski.


I Am
Facing AIDS
20 Years &
Counting

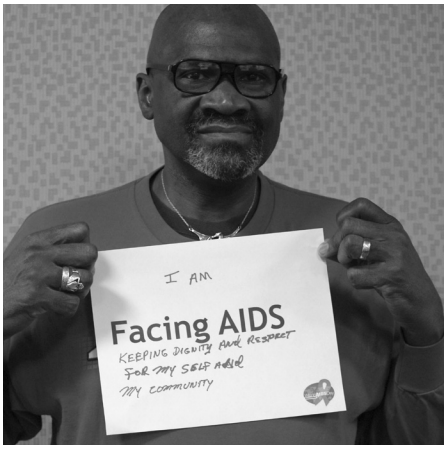

I'm
Facing AIDS
because I don't
believe in the gift
of time!


Facing AIDS
20 YEARS AND
COUNTING


I am
Facing AIDS
in remembrance
and
in solidarity.


Im
Facing AIDS
By
FACING AIDS


Facing AIDS
To Stop the
Stigma


I AM
Facing AIDS
KEEPING DIGNITY AND RESPECT
FOR MY SELF AND
MY COMMUNITY


Facing AIDS
Because I care and would like to
see a change in our community and
worldwide!


Facing AIDS
So my grandchildren won't
ever have to

Executive Summary

The *Santa Clara County 2012-2014 Comprehensive HIV Prevention & Care Plan for San José, CA Transitional Grant Area (TGA),* or the "Comprehensive Plan," presents an overview of where the Transitional Grant Area is now, where it is going, and how it will get there. As with most planning efforts, the process of conceptualizing, producing, reviewing, revising, monitoring, and implementing the plan is as essential to its success as the contents.

The Santa Clara County HIV Planning Council for Prevention and Care (the "Planning Council") worked continuously throughout 2011 and early 2012, in conjunction with STD & HIV Prevention and Control (the "STD & HIV Program") of the Santa Clara County Public Health Department (PHD) and its contractor, John Snow, Inc. (JSI), to produce the Comprehensive Plan. With it now completed, the Planning Council and its partners have a roadmap of activities to guide its mission to "support and enhance an effective, compassionate, and comprehensive system of HIV prevention and care services for all people living in Santa Clara County."

HIV and AIDS in Santa Clara County

In 2010, there were 818 reported cases of people living with HIV and 2,193 reported cases of people living with AIDS in the County. However, in 2009, there were an estimated 742 people living with HIV or AIDS

(PLWH/A) who were unaware of their status. Also in 2009, it was estimated that 36% of those living with HIV or AIDS had "unmet need," meaning that they were not receiving regular medical appointments or laboratory monitoring of their illness.

In Santa Clara County, the majority of HIV cases are among men (85%). With respect to race/ethnicity, the case mix included Whites (45%), Hispanic/Latino (32%), African American (12%), and Asian/Pacific Islander (9%). Two-thirds of cases (67%) were among men who have sex with men. Looking at 75 cases of HIV newly reported in 2010, 35% of these cases were ages 20-29, compared with only 14% of prevalent (total living) cases.

AIDS cases are similar in distribution to HIV cases. However, the prevalent (total) group living with AIDS was older (43% were 50 and older), compared to those with HIV (28% were 50 and older). Also, AIDS incidence in 2010 was highest among Hispanic/Latino persons (42%) followed by Whites (36%), Asian Pacific Islanders (11%), and African Americans (10%).

The needs of people living with HIV or AIDS in Santa Clara County

As part of the comprehensive needs assessment process, the Planning Council, the STD & HIV Program, and JSI collected data from people living with HIV or AIDS to help inform decision making in 2011 and going forward. A survey of 123 PLWH/A was conducted, three focus groups with individuals perceived to have emerging needs convened, and 15 key informant interviews with publicly-funded and non-publicly-funded service providers were conducted. The survey of PLWH/A yielded the following list of needed services, ranked from most to least frequently cited:

1. HIV medical care
2. HIV and other prescription medications
3. Oral/dental care
4. Food assistance
5. Mental health care
6. Housing assistance
7. Legal assistance
8. Emergency financial assistance
9. Housing placement
10. Support groups
11. Transportation
12. Co-pay assistance
13. Referrals to HIV services
14. Drug addiction counseling
15. Language translation
16. Child care

This prioritization of need helped the Planning Council and the STD & HIV Program in its 2011 priority-setting and resource allocation process and also guided the prioritization of activities proposed within the plan.

Time between diagnosis and receiving care: Most PLWH/A surveyed in the needs assessment reported that they were linked to care quickly after diagnosis, with nearly nine in 10 (88%) receiving care within 12 months. However, a small percentage reported waiting five years or more to be linked to care (10%) or never receiving HIV medical care (2%).

Barriers to care: A plurality (40%) of PLWH/A surveyed said there were no barriers to care. However, the barriers identified by at least 10% of those surveyed included: having to go to different places for different services (24%), not knowing where to go for services (21%), not having transportation (19%), not having enough energy (19%), feeling uncomfortable or unwelcome (14%), not wanting others to know one has HIV (12%), or not being able to afford a service (11%).

San José, CA TGA Comprehensive Plan goals 2012-2014

A number of challenges, including funding cuts, were identified in establishing goals for the Comprehensive Plan. To meet these challenges, it will be essential to target those with the greatest need and assure that the priorities of the TGA align with those of the National HIV/AIDS Strategy (NHAS), among other strategies. The following goals were agreed upon:

1. Reduce the number of new HIV infections in Santa Clara County (and beyond) through comprehensive prevention, education, and outreach efforts.
2. Increase linkages into care for people who test positive for HIV.
3. Provide comprehensive high-quality health care to people living with HIV or AIDS through a diverse group of providers who are knowledgeable, compassionate, and work together.
4. Increase community awareness and involvement, and decrease stigma around HIV/AIDS in Santa Clara County.

Additional highlights

Alignment with goals of the National HIV/AIDS Strategy: The goals of the Comprehensive Plan align closely with the goals of the NHAS. Specifically, the San Jose, CA TGA seeks to reduce new infections in line with the reduction sought by the NHAS. An assessment is underway to look strategically at the currently-funded activities and to identify how the County can meet the requirements of the new Centers for Disease Control and Prevention (CDC) funding opportunity announcement. Further, early identification of PLWH/A and the success rate of linkage to care will assist in achieving this goal.

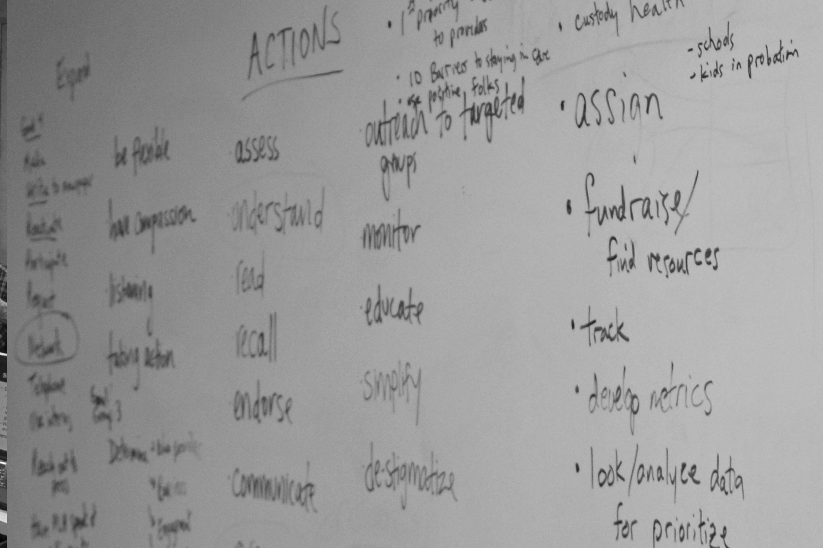
It is a challenge to improve quality of care in an environment of decreasing resources. However, the extensive experience of the Ira Green PACE clinic (PACE), the main provider of publicly-funded HIV medical services, has enabled it to maintain and improve high-quality services. The needs assessment conducted

in conjunction with this Comprehensive Plan indicates that a very high percentage of PLWH/A are able to access medical care and medication services. Also, the newly-completed quality management plan identifies progress measures and strategies for improvement to guide providers of medical services.

Increasing prevention with positives: The San Jose, CA TGA merged its Ryan White Planning Council with its HIV Prevention Planning Group in 2007. As such, the TGA is positioned well for responding to a new cycle of CDC funding requirements to increase prevention with positives. "Treatment as prevention" has become widely accepted, and new efforts to expand access to treatment can help reduce the community viral load overall.

Conclusion

The San Jose, CA TGA has worked diligently over the course of the HIV epidemic to reduce the number of new infections, improve quality of care and life expectancy for those with HIV or AIDS, and to reduce disparities among groups affected by HIV/AIDS. The *2012-2014 Comprehensive HIV Prevention & Care Plan* takes these activities to the next level by using data and evidence-based approaches to select and deploy the most effective strategies for reducing HIV transmission, identifying and linking those infected to care, and ensuring that all subpopulations within the County have access to high-quality prevention and care services. This Comprehensive Plan serves as the roadmap for stakeholders, including Planning Council members, Santa Clara County PHD staff, consumers, and the general public to realize its goals and make progress ending the epidemic.



Background on the Comprehensive Planning Process

Plan approach and requirements

Development of the *Santa Clara County 2012-2014 Comprehensive HIV Prevention & Care Plan for San José, CA Transitional Grant Area (TGA)*, or the "Comprehensive Plan," began in November 2010, when STD & HIV Prevention and Control (the "STD & HIV Program") of the Santa Clara County Public Health Department (PHD) and the Santa Clara County HIV Planning Council for Prevention and Care (the "Planning Council") contracted with John Snow, Inc. (JSI) to oversee the research and writing of this document. This plan will serve as a comprehensive roadmap to help guide HIV prevention and care services in the San José, CA TGA.

Through a series of in-person, phone, and email meetings, JSI worked with the Planning Council and STD & HIV Program to engage diverse TGA members in development of the plan. Content was based on guidance from the Health Resources and Services Administration HIV/AIDS Bureau (HRSA/HAB), the federal

government agency responsible for overseeing the Ryan White HIV/AIDS Program that provides funding for services for people living with HIV or AIDS (PLWH/A) and from the Centers for Disease Control and Prevention (CDC) that oversees HIV prevention and testing efforts in the United States.

According to HRSA/HAB, the goal of this multi-year Comprehensive Plan is to:

> *Assist grantees in the development of a* ***comprehensive and responsive system of care*** *that* ***addresses the needs and challenges that change over time.*** *The Comprehensive Plan is* ***a living document*** *that serves as a* ***roadmap*** *for grantees and should be continually updated, as needed. Also, the Comprehensive Plan should* ***reflect a community's vision and values*** *regarding how* ***best to deliver HIV/AIDS services****, particularly in light of cutbacks in federal, state, and local resources.*

The Comprehensive Plan is not only a tool to help the County reflect on the current system of HIV prevention and care, acknowledging federal, state, and local initiatives that may impact it, but it is also an opportunity to envision an "ideal" system along with recommended action steps for achieving that vision. As part of the guidance from HRSA/HAB, JSI asked the Planning Council, STD & HIV Program, and HIV service providers to address the following key questions about HIV prevention and care services in the County:

1. **Where are we now?**
2. **Where do we need to go?**
3. **How will we get there?**
4. **How will we monitor progress?**

Throughout the planning process, JSI gathered information through a variety of sources including: 1) a three-part needs assessment of people living with and at high-risk for HIV, prevention and care service providers, and other community members, 2) Planning Council workshops, retreats, and other meetings, 3) epidemiological data, and 4) review of best practices and guidelines.

Planning Council role and vision

Planning Councils play an important role in shaping HIV prevention and care services in each TGA across the country. According to HRSA,[1] key responsibilities of a Planning Council are to:

- **Establish operations to make planning tasks function smoothly**
- **Assess the TGA's HIV/AIDS service needs and gaps**
- **Establish priorities for the allocation of funds**
- **Develop a Comprehensive Plan for the organization and delivery of HIV services that is compatible with existing State and local plans**

1 HRSA, "Ryan White HIV/AIDS Program Part A Manual." Available at: http://hab.hrsa.gov/tools2/PartA/parta/ptAsec6chap1.htm. Accessed 9/8/11.

In 2007, the Santa Clara HIV prevention and care bodies merged to form the Santa Clara County HIV Planning Council for Prevention and Care. This is the second Comprehensive Plan the Council has developed since the merger. The prior Comprehensive Plan was for 2009-2011. This 2012-2014 Comprehensive Plan includes successes and challenges implementing the previous plan.

The Planning Council's mission is the foundation for this Plan. The current mission of the Planning Council, reaffirmed as part of the current planning process in January 2011, is to:

> *"**Support** and **enhance** an **effective**, **compassionate**, and **comprehensive** system of HIV prevention and care services **for all people living in Santa Clara County**."*

Planning Council members contribute to the system of prevention and care services by:

- Improving collaboration between HIV care and prevention efforts
- Creating a united voice that will be more powerful in effecting improvements in the lives of County residents living with and affected by HIV/AIDS
- Acknowledging the increasing overlap among HIV prevention and care issues

Planning meetings with key stakeholders

Development of the Comprehensive Plan began with JSI facilitating a series of meetings with key stakeholders. In January 2011, JSI staff led a Planning Council retreat, providing members with an overview of the Comprehensive Plan process and purpose. The retreat also included an initial brainstorm of topic areas for the new plan and the Planning Council's role in its development. In February 2011, JSI presented at the Santa Clara County Systems of Care Provider Roundtable (the "Provider Roundtable"). Providers received information about the Comprehensive Plan and completed small group activities focusing on the "current" and "ideal" continuum of HIV prevention and care services in the County. They also identified successes and challenges with the current system, along with ways to help move from the current to ideal continuum. Many of those suggestions have been integrated into this 2012-2014 plan.

Throughout March, April, and May 2011, JSI met with the Planning & Resources Committee within the Planning Council to develop initial goals, objectives, and activities for this plan. Small groups were formed around each goal; many of them had informal discussions involving additional community members in between committee meetings. For instance, the Education & Awareness Committee met several times to develop goals and activities related to HIV prevention. Draft goals were shared at the June 2011 Planning Council meeting, and members were invited to share additional comments and feedback. In addition, beginning February 2011, monthly phone conference calls were held with the Planning Council Co-Chairs and the chair of the Planning & Resources Committee to support the Comprehensive Planning process. Furthermore, throughout the duration of the project, monthly calls were held with the Santa Clara County STD & HIV Program leads. Regular contact with the Planning Council and PHD helped ensure smooth communication and completion of tasks in a timely manner.

Gathering and analyzing data

Both qualitative and quantitative data played a key role in shaping this Comprehensive Plan. Data included primary (new) data sources in addition to the review of secondary (existing) data sources.

Primary data

Under the direction and with the support of the Planning Council, JSI developed and conducted a comprehensive HIV needs assessment in 2011. The goals of this countywide needs assessment were to examine:

- *What are the service priorities and needs among PLWH/A in Santa Clara County?*
- *What are barriers to accessing and providing care?*
- *What are ways to help address these barriers?*
- *What are ways service provision can be more seamless?*

Table 1 provides a snapshot of the 2011 Santa Clara County HIV needs assessment data collection tools, audiences, and participants.

TABLE 1 2011 Santa Clara County HIV needs assessment data collection tools and participants

DATA COLLECTION TOOL	PARTICIPANTS	NUMBER OF PARTICIPANTS
Survey (online & print)	People living with HIV or AIDS in the County	123
Focus groups (in-person)	1. High-risk youth 2. Monolingual Spanish speakers living with HIV or AIDS 3. Women living with HIV or AIDS	1. Youth = 15 2. Monolingual Spanish speakers = 15 3. Women = 7
Interviews (in-person & phone)	HIV prevention and care services providers in the County	15

Findings from the needs assessment were instrumental in shaping this Comprehensive Plan and are described throughout.

Secondary data

In addition to collecting new data about PLWH/A in Santa Clara County through the 2011 HIV needs assessment, this Comprehensive Plan also integrates a review of existing data. Key sources of data included the following:

- Santa Clara County Public Health Department
  - *FY2012 Ryan White Part A Grant Application for San Jose, CA TGA*[2]
  - *Health and Social Inequity in Santa Clara County: Report 2011*[3]
  - *Santa Clara County 2010 Health Profile Report*[4]
- California Department of Public Health, Office of AIDS
- U.S. Centers for Disease Control and Prevention
- U.S. Census Bureau

The following chapters of this Comprehensive Plan outline the current and ideal continuum of HIV prevention and care services in the County.

2 Santa Clara County Public Health Department, FY2012 Ryan White Part A Grant Application for San Jose, CA TGA.
3 Santa Clara County Public Health Department, "Health and Social Inequity in Santa Clara County: Report 2011." Available at: www.sccgov.org/sites/sccphd/en-us/Partners/Data/Documents/SHIP%20Report_Final.pdf Accessed 8/30/11.
4 Santa Clara County Public Health Department, "Santa Clara County 2010 Health Profile Report." Available at: www.sccgov.org/sites/sccphd/en-us/Partners/Data/Documents/SCC_Health_Profile_Report_online_final.pdf. Accessed 9/01/11.

CHAPTER 1

Where are we now?

June 5, 2011 marked 30 years since the CDC reported the first cases of AIDS in the U.S.[5] Thirty years into the epidemic, HIV continues to impact the lives of many people in Santa Clara County, across the U.S., and around the world. According to the U.S. Agency for International Development (USAID), as of 2009, **33.3 million people worldwide** were **living with HIV or AIDS.**[6] **Table 2** provides a look at how many people are living with HIV or AIDS in the **U.S., California, and Santa Clara County**.

TABLE 2 Number of people living with HIV or AIDS in the U.S., California, & Santa Clara County

	HIV	AIDS	HIV/AIDS	AS OF DATE
United States	682,668	490,696	1,173,364	2008
California	40,507	70,487	110,994	2010
Santa Clara County	818	2,193	3,011	2010

Sources: U.S. Centers for Disease Control and Prevention,[7] California Department of Public Health,[8] Office of AIDS, Santa Clara County EHARS Data[9]

5 CDC MMWR, "Pneumocystis Pneumonia --- Los Angeles." Available at: www.cdc.gov/mmwr/preview/mmwrhtml/june_5.htm. Accessed 8/30/11.
6 USAID, "HIV/AIDS." Available at: www.usaid.gov/our_work/global_health/aids/News/aidsfaq.html. Accessed 8/30/11.
7 CDC "Basic Statistics." Available at: http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivtest. Accessed 11/30/11.
8 California Department of Public Health, "HIV/AIDS Surveillance in California." Available at: www.cdph.ca.gov/programs/aids/Documents/SSQtr4Dec2010.pdf. Accessed 8/30/11.
9 2010 Santa Clara County EHARS, data as of 6/30/11.

This section of the Comprehensive Plan provides more detailed epidemiological data for Santa Clara County. Please note that data in some tables may not add up to 100 percent due to rounding. Also, data for subgroups with small sample sizes should be interpreted with caution.

General demographics of Santa Clara County

The larger demographics of Santa Clara County provide additional context for understanding the local HIV and AIDS epidemic. This section of the Comprehensive Plan provides an overview of the County, looking at the population density and residents' ages, gender, language, place of birth, and income.

Overall Findings: *Santa Clara County 2010 Health Profile Report*

- Santa Clara County is the most populated county in the San Francisco Bay Area.
- More than 1 in 10 County residents are 65 years and older.
- The County is one of the largest counties in the nation where minority populations are the majority.
- Half of the County's residents speak a language other than English at home.
- 38% of County residents were born outside of the U.S.
- The County has one of the highest median incomes in the nation, and yet 1 in 10 children and 1 in 12 adults live below the federal poverty level.

Table 3 provides a more detailed breakdown of Santa Clara County residents based on gender, age, and race/ethnicity.

TABLE 3 Gender, age (in years), and race/ethnicity of Santa Clara County residents as of 2010

CATEGORY	NUMBER OR %
Total Population	1,781,642
Gender	
Female	50%
Male	50%
Race/Ethnicity	
White	47%
Asian	32%
Hispanic or Latino	27%
Two or more races	5%
Black	3%
American Indian and Alaska Native	1%
Native Hawaiian & Other Pacific Islander	<1%
Age (in years)	
Less than 20	26%
20-29	14%
30-39	16%
40-49	16%
50-59	13%
60 or older	16%

Source: U.S. Census Bureau, 2010 Census

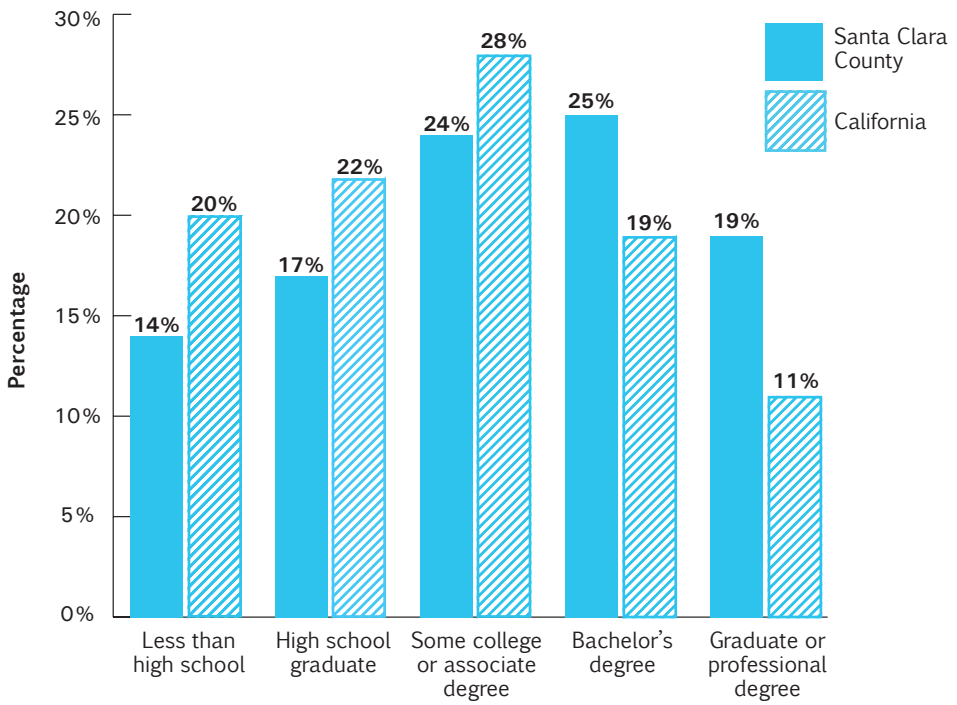
The next set of figures are from the *Santa Clara County 2010 Health Profile Report* and show educational attainment, income, and health insurance status in Santa Clara County.

Educational Attainment (in 2009):
Key Findings from the *Santa Clara County 2010 Health Profile Report*

- 14% of adults in Santa Clara County ages 25 and older have less than a high school diploma.
- 44% (nearly half) of adults in the County ages 25 and older have a bachelor's degree or higher.
- 5 in 8 Asian adults have earned a college degree or higher compared to:
  - 4 in 8 White adults
  - 2 in 8 African American adults
  - 1 in 8 Hispanic adults

Figure 1 compares the percent distribution of educational attainment (by less than high school, high school graduate, some college or associate degree, bachelor's degree, and graduate or professional degree) in California versus Santa Clara County.

FIGURE 1 Percent distribution of educational attainment (Santa Clara County vs. California)



Source: U.S. Census Bureau, 2008 American Community Survey 1-Year Estimates

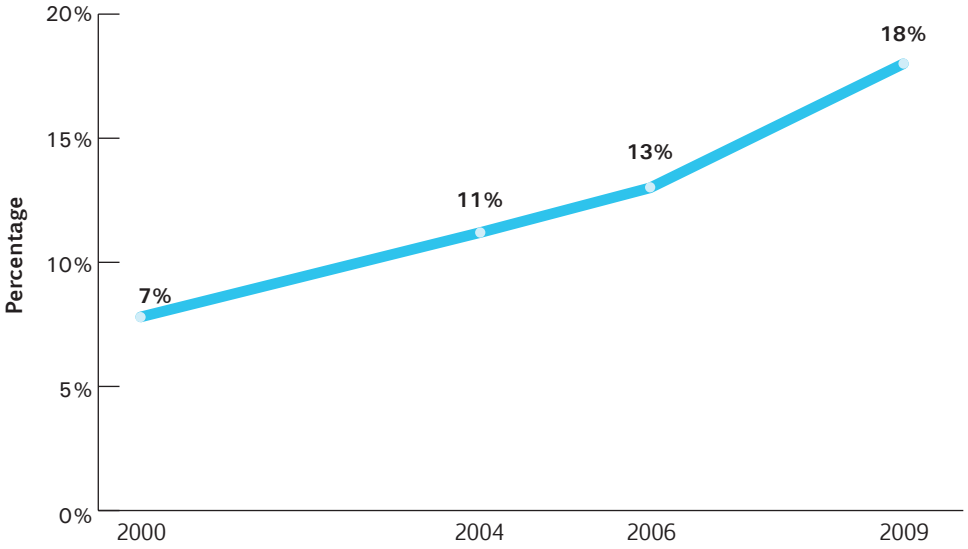
In addition to educational attainment, whether or not people in the County have health insurance can have a large impact on their health outcomes. The information below describes health insurance status among adults (18- to 64-year olds) in the County by race/ethnicity and gender.

Health Insurance Status (in 2009):
Key Findings from the *Santa Clara County 2010 Health Profile Report*

- Approximately 2 in 10 adults (18%) do not have health insurance in Santa Clara County.
- Over the past 10 years, the percentage of adults without health insurance increased from 8% to 18%.
- 90% of White adults reported having health insurance compared with 86% of Asian/Pacific Islanders, 68% of African Americans, and 60% of Hispanics.
- 84% of adult women in the County reported having health insurance compared to 80% of adult men.
- 84% of U.S.-born adults in the County reported having health insurance compared with 72% of adults ages 18-64 born outside the U.S.

Figure 2 shows the percentage of adults in Santa Clara County without health insurance, highlighting an increase since the year 2000.

FIGURE 2 Percentage of adults, ages 18-64 without health insurance, 2000-2009



Source: Santa Clara County Public Health Department, 2000-2009 Behavioral Factor Survey

HIV and AIDS in Santa Clara County

This section of the Comprehensive Plan provides an in-depth look at the HIV/AIDS epidemic in the County. According to 2010 Santa Clara County local surveillance data from the Enhanced HIV AIDS Reporting System (EHARS), there were **818 reported cases of people living with HIV** and **2,193 reported cases of people living with AIDS** in the County (as of June 30, 2011).

In addition, the County estimates that in 2009 there were **742 people living with HIV** in the San José, CA TGA who were unaware of their status. This number was derived using surveillance data collected at both the local and state levels.[10] Early identification of individuals living with HIV/AIDS (EIIHA) and linking them to care are priorities for HRSA.

What is "Early Identification of Individuals Living with HIV/AIDS (EIIHA)"?

According to HRSA, "Early Identification of Individuals Living with HIV/AIDS (EIIHA) is a legislative requirement that focuses on individuals who are unaware of their HIV status and how best to bring HIV-positive individuals into care, and refer HIV-negative individuals into services that are going to keep them HIV-negative."[11]

Furthermore, among Santa Clara County residents living with HIV or AIDS in 2009, an estimated 1,536 people (36%) had "unmet need" according to HRSA's guidelines. As with the estimate for people unaware of their status, the number for unmet need was derived using surveillance data collected at both local and state levels.

How does HRSA define "unmet need" for people living with HIV or AIDS?

An individual who is aware that he/she is HIV positive is considered to have an "unmet need" (lack of recommended medical care) if there is no receipt of a viral load test, CD4 count, or antiretroviral drug during a defined 12-month period.[12]

10 Note: State-level data from the California Office of AIDS draws upon additional sources (such as Medi-Cal and Kaiser Permanente) to calculate the total number of County residents living with HIV or AIDS, as compared to local-level surveillance data. Therefore, estimates using state-level data will be higher than estimates using only local-level data. Estimates for people unaware of their status and for unmet need are based on the higher number from the California Office of AIDS.
11 HRSA, 2012 Comprehensive Plan Instructions for Ryan White HIV/AIDS Program, Part A Grants (May 20, 2011). Available at http://hab.hrsa.gov/manageyourgrant/files/partacomprehensiveplan2011.pdf. Accessed 9/1/11.
12 HRSA, Ryan White CARE Act Needs Assessment Guide. Available at ftp://ftp.hrsa.gov/hab/needs.pdf. Accessed 9/1/11.

The following section provides more details about HIV and AIDS cases in the County, describing who is affected (age, gender, race/ethnicity) and how (mode of exposure).

What does HIV look like in Santa Clara County?

The majority of HIV cases in Santa Clara County are among men (85%), with the most cases among Whites (45%) and people ages 40-49 (31%). **Table 4** shows HIV prevalence (the number of people living with HIV) as of 2010 by gender, race/ethnicity, and age group.

TABLE 4 HIV prevalence in Santa Clara County by gender, race/ethnicity, and age (as of 2010)

CATEGORY	NUMBER (N)	PERCENT (%)
TOTAL	818	100%
Gender		
Male	699	85%
Female	119	15%
Race/Ethnicity		
White	372	45%
African American	95	12%
Hispanic	265	32%
Asian/Pacific Islander	77	9%
American Indian	2	<1%
Multiracial	7	1%
Age Group		
0-12	6	1%
13-19	2	<1%
20-29	116	14%
30-39	209	26%
40-49	257	31%
50-59	170	21%
60+	58	7%

Source: 2010 Santa Clara County EHARS data (as of June 30, 2011)

The primary mode of exposure among people living with HIV in the County is sexual contact among men who have sex with men (MSM) (67%), followed by heterosexual contact (11%), and injection drug use (5%). **Table 5** shows a breakdown of HIV prevalence by mode of exposure and gender.

TABLE 5 HIV prevalence in Santa Clara County by mode of exposure and gender (as of 2010)

MODE OF EXPOSURE	TOTAL (N)	TOTAL (%)	MALE (N)	MALE (%)	FEMALE (N)	FEMALE (%)
MSM	545	67%	545	78%	0	0%
Injection drug use (IDU)	41	5%	31	4%	10	8%
MSM/IDU	42	5%	42	6%	0	0%
Heterosexual contact	91	11%	23	3%	68	57%
Risk not specified	87	11%	53	8%	34	29%
Other	12	1%	5	1%	7	6%
Total	818	100%	699	100%	119	100%

Source: 2010 Santa Clara County EHARS data (as of June 30, 2011)

Transmission via male-to-male sex constitutes a majority of HIV cases in Santa Clara County among Whites (75%), Hispanics (67%), Asian and Pacific Islanders (PI) (65%), and a plurality among Blacks (38%). **Table 6** shows a breakdown of HIV prevalence by mode of exposure and race/ethnicity.

TABLE 6 HIV prevalence in Santa Clara County by mode of exposure and race/ethnicity (as of 2010)

	TOTAL		WHITE		BLACK		HISPANIC		ASIAN/PI	
MODE OF EXPOSURE	(N)	(%)	(N)	(%)	(N)	(%)	(N)	(%)	(N)	(%)
MSM	545	67%	279	75%	36	38%	177	67%	50	65%
IDU	41	5%	21	6%	5	5%	11	4%	4	5%
MSM/IDU	42	5%	23	6%	4	4%	12	5%	2	3%
Heterosexual contact	91	11%	26	7%	23	24%	33	12%	7	9%
Risk not specified	87	11%	22	6%	20	21%	29	11%	13	17%
Other	12	1%	1	<1%	7	7%	3	1%	1	1%
Total	818*	100%	372	100%	95	100%	265	100%	77	100%

Source: 2010 Santa Clara County EHARS data (as of June 30, 2011)

As for HIV incidence, there were majorities or pluralities of new cases in Santa Clara County among males (85%), Whites (43%), and individuals ages 20-29 (35%) as seen in **Table 7**.

TABLE 7 HIV incidence in Santa Clara County by gender, race/ethnicity, and age (as of 2010)

CATEGORY	NUMBER (N)	PERCENT (%)
TOTAL	75	100%
Gender		
Male	64	85%
Female	11	15%
Race/Ethnicity		
White	32	43%
African American	7	9%
Hispanic	25	33%
Asian/Pacific Islander	9	12%
American Indian	1	1%
Multiracial	1	1%
Age Group		
0-12	0	0%
13-19	2	3%
20-29	26	35%
30-39	17	23%
40-49	20	27%
50-59	8	11%
60+	2	3%

Source: 2010 Santa Clara County EHARS data (as of June 30, 2011)

What does AIDS look like in Santa Clara County?

AIDS cases mirror HIV cases in Santa Clara County with regard to gender, race/ethnicity, age group, and mode of exposure. Of the 2,193 cases of AIDS in Santa Clara County in 2010, the majority of people living with AIDS are males (87%), with a plurality among Whites (43%) and people ages 40-49 (39%). **Table 8** shows AIDS prevalence by gender, race/ethnicity, and age at the end of 2010.

TABLE 8 AIDS prevalence in Santa Clara County by gender, race/ethnicity, and age group (as of 2010)

CATEGORY	NUMBER (N)	PERCENT (%)
TOTAL	2193	100%
Gender		
Male	1910	87%
Female	283	13%
Race/Ethnicity		
White	946	43%
African American	266	12%
Hispanic	795	36%
Asian/Pacific Islander	168	8%
American Indian	8	<1%
Multiracial	10	<1%
Age Group		
0-12	0	0%
13-19	3	<1%
20-29	72	3%
30-39	314	14%
40-49	863	39%
50-59	661	30%
60+	280	13%

Source: 2010 Santa Clara County EHARS data (as of June 30, 2011)

The primary mode of exposure among people living with AIDS in the County is sexual contact among MSM (64%), followed by heterosexual contact (12%), and injection drug use (7%). **Table 9** shows a breakdown of mode of exposure by gender.

TABLE 9 AIDS prevalence in Santa Clara County by mode of exposure and gender (as of 2010)

MODE OF EXPOSURE	TOTAL (N)	TOTAL (%)	MALE (N)	MALE (%)	FEMALE (N)	FEMALE (%)
MSM	1393	64%	1393	73%	0	0%
IDU	160	7%	118	6%	42	15%
MSM/IDU	153	7%	153	8%	0	0%
Heterosexual contact	266	12%	102	5%	164	58%
Risk not specified	198	9%	128	7%	70	25%
Other	23	1%	16	1%	7	3%
Total	2193	100%	1910	100%	283	100%

Source: 2010 Santa Clara County EHARS data (as of June 30, 2011)

Transmission via male-to-male sex constitutes a majority of AIDS cases among Whites (70%), Hispanics (66%), Asian/PI (57%), and a plurality among Blacks (38%). **Table 10** shows a breakdown of AIDS prevalence by mode of exposure and race/ethnicity.

TABLE 10 AIDS prevalence in Santa Clara County by mode of exposure and race/ethnicity (as of 2010)

	TOTAL		WHITE		BLACK		HISPANIC		ASIAN/PI	
MODE OF EXPOSURE	(N)	(%)	(N)	(%)	(N)	(%)	(N)	(%)	(N)	(%)
MSM	1393	64%	667	70%	101	38%	522	66%	95	57%
IDU	160	7%	67	7%	40	15%	48	6%	2	1%
MSM/IDU	153	7%	82	9%	11	4%	51	6%	6	4%
Heterosexual contact	266	12%	73	8%	69	26%	96	12%	25	15%
Risk not specified	198	9%	43	5%	43	16%	75	9%	36	21%
Other	23	1%	14	2%	2	1%	3	<1%	4	2%
Total	2193	100%	946	100%	266	100%	795	100%	168	100%

Source: 2010 Santa Clara County EHARS data (as of June 30, 2011)

As for AIDS incidence (the number of new AIDS cases) in 2010, the majority of new cases in Santa Clara County were among men (85%) as seen in **Table 11**. One key difference from new cases of HIV is that there were more cases among Hispanics (42%) than Whites (36%). In addition, new AIDS cases were more common among older individuals, with the highest percentage among people ages 40-49 for new AIDS cases (41%) versus ages 20-29 for new HIV cases (35%).

TABLE 11 AIDS incidence in Santa Clara County by gender, race/ethnicity, and age group (as of 2010)

CATEGORY	NUMBER (N)	PERCENT (%)
TOTAL	146	100%
Gender		
Male	124	85%
Female	22	15%
Race/Ethnicity		
White	53	36%
African American	15	10%
Hispanic	61	42%
Asian/Pacific Islander	16	11%
American Indian	1	1%
Multiracial	0	0%
Age Group		
0-12	0	0%
13-19	1	1%
20-29	24	16%
30-39	32	22%
40-49	60	41%
50-59	20	14%
60+	9	6%

Source: 2010 Santa Clara County EHARS data (as of June 30, 2011)

Chlamydia, gonorrhea, and syphilis in Santa Clara County

This section provides an overview of sexually transmitted diseases (STDs), including chlamydia, gonorrhea, and syphilis, in the County. Data are from the California Department of Public Health, STD Control Branch.

In 2010, there were the following reported cases of STDs in the County: 5,645 of chlamydia, 599 of gonorrhea, 86 of primary and secondary (P&S) syphilis, and 27 of early latent syphilis. **Table 12** shows a breakdown of STD cases by gender.

TABLE 12 Chlamydia, gonorrhea, and early syphilis cases in Santa Clara County by gender (for 2010)

	CHLAMYDIA	GONORRHEA	P&S SYPHILIS	EARLY LATENT SYPHILIS
County total	5645	599	86	27
Female total	3887	251	3	2
Male total	1659	344	83	25

Source: California Department of Public Health, STD Control Branch[13]

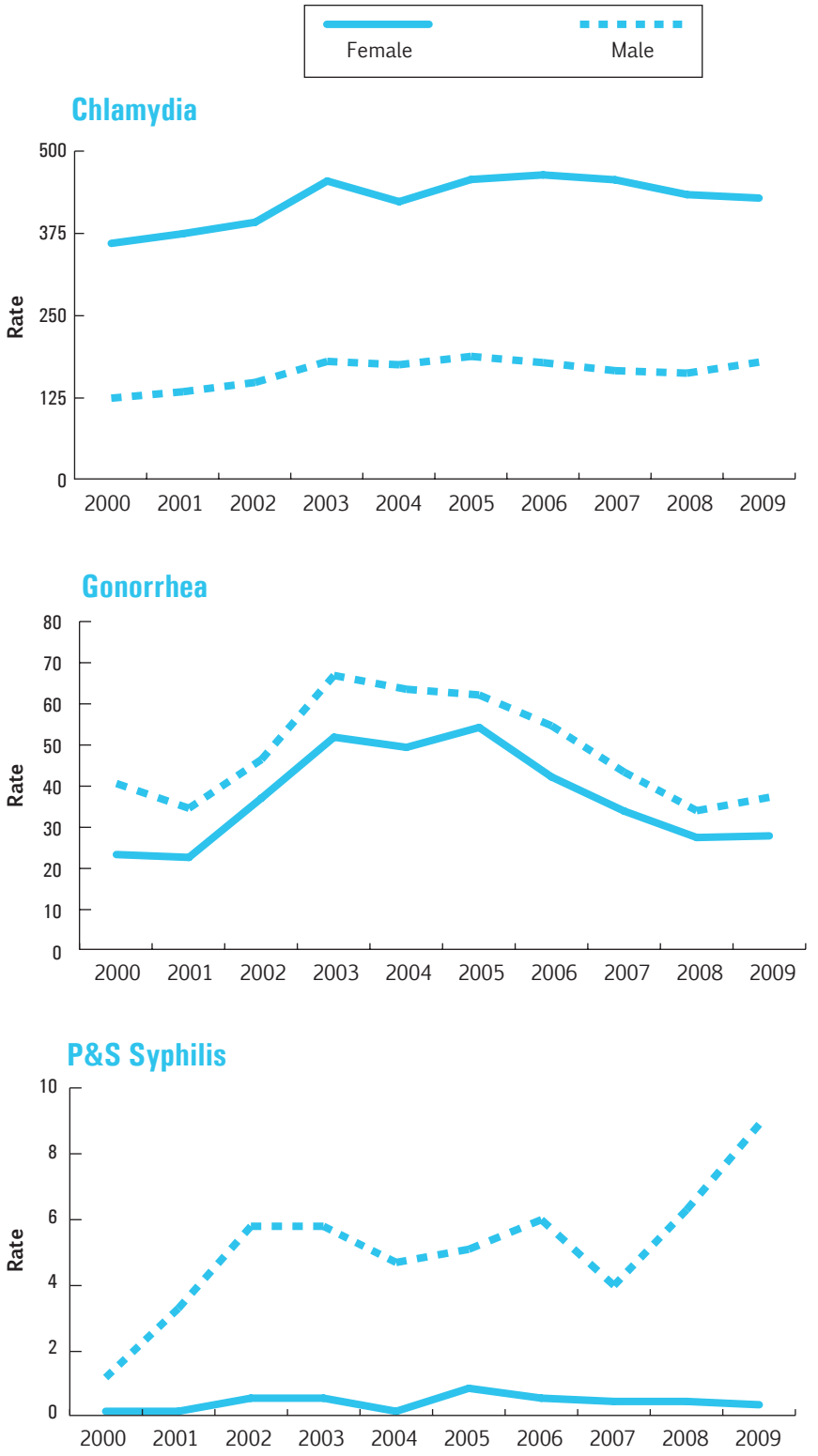
Over the past nine years, the incidence of chlamydia among people in the County has stayed relatively steady. In addition, the incidence of chlamydia among females has continued to be approximately two to three times the incidence among males.

Between 2002 and 2004, the County saw an increase in gonorrhea rates among both males and females. The rates leveled from 2004 to 2007, and have declined slowly since 2007. There have been more cases of gonorrhea among males, but the rates have gone up and down in parallel with the rates among females since 2001.

Syphilis rates have remained relatively steady for females, but have increased substantially for men who continue to account for the majority of cases in the County. **Figure 3** shows STD rates (chlamydia, gonorrhea, and syphilis) by gender and year.

13 California Department of Public Health, STD Control Branch, "Santa Clara County – Chlamydia, Gonorrhea, and P&S Syphilis Rates by Age Group (2010), Race/Ethnicity (2010), and Year." Available at: www.cdph.ca.gov/data/statistics/Documents/STD-Data-LHJ-SantaClara.pdf. Accessed 9/30/11.

FIGURE 3 **Chlamydia, gonorrhea, and syphilis rates in Santa Clara County by year (2000-2009)***



Source: California Department of Public Health, STD Control Branch
**Note: Rates are per 100,000 population.*

What is the current continuum of HIV and AIDS care in Santa Clara County?

Santa Clara County has a well-established continuum of care for PLWH/A comprised of Ryan White (RW)-funded and non-RW-funded core and support services. The continuum of care includes robust systemic linkages throughout the Ryan White service provider network, as well as among other relevant service providers and programs throughout the County. These linkages have created strong working relationships that have resulted in increased referrals and enrollment into the system of HIV/AIDS care.

There is currently only one service provider for each RW-funded category. Current RW-funded providers for Santa Clara County include:

- Asian Americans for Community Involvement
- Health Legal Services
- The Health Trust
- Ira Green PACE Clinic (PACE)
- Onsite Dental Foundation, Inc. (Onsite)
- Public Health Pharmacy
- STD & HIV Prevention and Control

Core services

Core services that are available to eligible PLWH/A in the County are described below.

- **Outpatient/Ambulatory medical care services**: The current Ryan White-funded provider for outpatient/ambulatory medical care services is the PACE Clinic, a licensed component of Santa Clara Valley Health & Hospital System. PACE serves approximately half of all individuals receiving HIV/AIDS care in the County, and is also a RW Part C primary care clinic. PACE employs a medical home/chronic care model that integrates comprehensive primary care services, HIV specialty care, early medical assessment, psychosocial assessment and intervention, benefits counseling, nutritional assessment, counseling and support, and transportation. PACE also provides child care while HIV-positive mothers receive care. Additional services that are available through the adjoining County hospital campus and Specialty Care Center include: oncology, dermatology, obstetrics and gynecology, ophthalmology, pulmonology, clinical laboratory and pathology services, pharmacological evaluation and consultation, investigational drug trials research, physical, occupational or rehabilitation therapy, and in-patient care. Outside of the County's RW network, outpatient/ambulatory medical care is also provided by the Stanford Positive Care Clinic, Kaiser Permanente, Veterans Administration, and private providers for those PLWH/A who are Medi-Cal/Medicaid eligible, veterans, or who have other public or private health care coverage. These providers are an important part of the continuum of care.

- **Pharmaceutical services**: Pharmaceutical services are provided through a network of 216 AIDS Drug Assistance Program (ADAP) participating pharmacies and the local AIDS Pharmaceutical Assistance (APA) program. The Public Health Pharmacy, the County's ADAP coordinator, provides emergency and wrap-around pharmaceutical services as the TGA's APA provider, and coordinates client enrollment in pharmaceutical company-sponsored Medication Assistance Programs. The Public Health Pharmacy works closely with the PACE pharmacist and with other pharmacies and clinicians outside of the RW network as a technical resource.

- **Mental health services**: PACE employs a psychiatrist and psychiatric social work staff to provide mental health services. Access to in-patient and emergency psychiatric services is also available at the adjoining County hospital campus. Mental health services are also available through other non-RW providers, including Kaiser Permanente, the Veterans Administration, and private providers.

- **Substance abuse services**: Substance abuse services are provided by a psychiatrist and psychiatric social worker staff at PACE. The co-location of outpatient mental health and substance abuse counseling (along with primary care) provides for a holistic approach to client assessment; case management/ coordination; individual, group, couple and family therapy; medication support; and integrated mental health and substance abuse services. Clients are also assessed for eligibility for services administered by the County's Mental Health Department and/or Department of Alcohol and Drug Services.

- **Early Intervention Services**: Early Intervention Services (EIS) focus on identifying, informing, referring, and linking HIV-positive individuals with medical treatment and other core and supplemental services. The STD & HIV Program and the RW-funded Asian Americans for Community Involvement provide comprehensive counseling, testing and referral, a series of personalized, client-centered encounters during which individuals can learn their HIV serostatus as well as receive referrals and information about HIV/AIDS treatment. The STD & HIV Program also provides Positive Connections, an early case coordination program designed to increase linkage to care for newly identified HIV-positive individuals.

- **Medical case management services**: The Health Trust is the current Ryan White provider for medical case management. It provides support for newly diagnosed and returning-to-care RW clients until they are successfully linked to a medical home and maintaining adherence to their treatment regimen. In addition, clients requiring home-based care or services, as well as complex, at-risk, and low-adherence clients, also receive medical case management services. The services are coordinated with the client's primary care provider/medical home, County early intervention services, and the case management/ benefits counseling services provided by PACE and The Health Trust.

- **Home and community-based health care services**: The Health Trust also provides home and community-based health care services to assist eligible PLWH/A with personal and health care services in their homes. Clients receive skilled medical care and/or assistance with activities of daily living, enabling them to avoid acute and chronic care facilities. Such services are closely coordinated through medical case management and integrate with other services that may be available, such as In-Home Supportive Services (IHSS), a social service program administered by the County.

- **Oral health care**: The current RW-funded provider for oral health care is Onsite, a national provider of mobile dental and other health services. The mobile dental units allow for services to be provided at convenient times and in locations easily accessible to clients. Onsite's comprehensive dental care includes diagnostic, prophylactic, endodontic, periodontal, restorative, and prosthodontic care. Onsite also collaborates with the Foothill College Dental Hygiene Clinic (a dental hygienist training program) for dental hygiene services. Following the FY 2010 elimination of Denti-Cal, California's low-income dental services program, and the elimination of the County's adult dental services in FY 2011, there are few remaining options for oral health care.

Support services

Support services that are available to eligible PLWH/A in the County are described below.

- **Case management services**: The Health Trust provides non-medical case management to assist eligible clients in attaining medical, social, legal, financial, and community services. An essential component of case management is screening for and assisting/referring clients to apply for public and private benefit programs, such as Medi-Cal/Medicaid, Low Income Health Program, the California Office of AIDS' Health Insurance Premium Program for PLWH/A and Pre-existing Condition Insurance Program for PLWH/A, Social Security, IHSS, ADAP, and food assistance programs. The breadth and scope of case management ensures that clients access the services they are entitled to receive, are able to take advantage of other programs, and ensures that RW funds are used most effectively and appropriately. Benefits counseling is also provided by PACE. Both PACE and The Health Trust are designated ADAP enrollment sites.

- **Food services**: The Health Trust also provides food services to support PLWH/A. Programs include a food bank and "meals on wheels" program that provide food baskets or nutritionally complete meals designed to complement a client's medical treatment and recognize unique nutritional needs. These food services are available for clients that do not qualify for food assistance programs outside of the RW network. Staff coordinate referrals to these other programs that include the Supplemental Nutritional Assistance Program (SNAP) and California Food Assistance Program. Other organizations offering food services include local nonprofits, such as InnVision, and other food pantries.

- **Housing services**: The Health Trust also provides eligible clients with emergency housing, short-term housing support, and housing placement assistance. Housing specialists at The Health Trust maintain information about housing options and work with clients to acquire shelter, provide temporary emergency housing, or find transitional housing. Ryan White housing services are a key component of a comprehensive approach to housing; other components include a County-funded transitional housing and housing self-sufficiency program, Housing Assistance for Persons with HIV/AIDS Programs (HOPWA), Department of Housing and Urban Development Section 8 housing, and Destination Home, a local public-private partnership.

- **Legal assistance**: Health Legal Services is the RW-funded provider to assist clients in resolving benefits access, discrimination, and other qualified legal issues. Health Legal Services also provides referrals to legal providers outside of the RW network as appropriate.

- **Emergency financial assistance**: The Health Trust oversees a service to provide financial assistance for unexpected needs related to a medical or dental insurance premium, utility payment, rental or purchase of durable medical equipment, medical or dental co-pay, or another eligible need. The service is coordinated with case management to identify alternative programs, if any, and develop a plan to reduce the potential for recurring financial emergencies. Emergency financial assistance programs outside of the RW network include St. Joseph's Family Center and community services agencies in several cities.

- **Transportation assistance**: The STD & HIV Program funds a program, managed by The Health Trust, assisting clients who need transportation to ensure attendance at medical appointments and access to other mental health and social services. Services include day tokens or monthly passes for public transportation (Valley Transportation Authority buses and light rail), and may also include taxi or arrangement for volunteer transportation. Other assistance programs include St. Joseph's Family Center and community services agencies in several cities.

- **Linguistic services**: All RW services are available in more than 200 languages and dialects. Core RW service providers are required to have staff that can deliver services in the client's primary language whenever possible.

- **Prevention education and clean syringe exchange services**: The STD & HIV Program administers CDC prevention funding allocated to the County by the State. Services, including HIV testing and targeted outreach, are closely coordinated with RW-funded early intervention services. In addition, the County's needle exchange program, provided by the STD & HIV Program, provides clean syringe exchange, HIV and hepatitis C testing, condom distribution, as well as referrals and linkages to health care and drug treatment programs. Many other community organizations, including the Bill Wilson Center, Planned Parenthood, Outlet, Kaiser Permanente, and Stanford Positive Care Clinic, provide prevention education.

Several key contextual factors that shape the County's continuum of care are described below.

Efforts to ensure continuity within the continuum of care: The County's RW-funded providers strive to coordinate services both within the Ryan White Program and with services provided outside the RW network. Pages 72-73 in Chapter 3 describe some of the efforts to coordinate services. For example, the STD & HIV Program conducts a routine inventory of services supporting the needs of PLWH/A in the County, and the Education & Awareness Committee reviews the service inventory monthly. In addition, the STD & HIV Program hosts the Systems of Care Provider Roundtable to facilitate ongoing coordination between providers within and outside the RW network. During these sessions, providers exchange information on services and work collaboratively to ensure continuity of care. Participants include hospitals, community clinics, colleges and universities, community-based agencies, RW care and support service providers, HIV Planning Council members, and others throughout the TGA. Over the past decade, the STD & HIV Program has developed and sustained strong partnerships with numerous governmental and non-governmental entities to increase early identification of individuals with HIV/AIDS and promote continuity of care. These organizations include

County government agencies (such as the Department of Corrections, Department of Alcohol and Drug Services, and Santa Clara Valley Medical Center), substance abuse and prevention programs, organizations serving homeless people, schools and universities, family planning agencies, and other community-based and faith-based groups.

Challenge of securing qualified Ryan White providers: One challenge to the continuum of care is the extremely limited pool of qualified agencies and organizations in the County interested in being a RW service provider. During the most recent request for proposal process, only one qualified agency submitted a proposal, or was found to be qualified, in each of the funded service categories. The reason most often cited for not submitting a proposal was excessive unfunded administrative burden. The net result is a limited selection of providers, compounding barriers to gaining access (such as geographic) to services, and increasing the burden on existing providers to serve a culturally and linguistically diverse population.

Loss of RW-funded Transitional Grant Area in California: Although one RW-funded TGA was eliminated in California in 2011, the HIV & STD Program does not anticipate that the loss of this TGA will have any impact on services in Santa Clara County.

Impact of decreased funding on the continuum of care: Available resources to sustain the continuum of care have been negatively affected by budget cuts at the federal, state, and local levels. Many HIV-specific programs have been reduced or eliminated, including prevention and testing services, linkage to and retention in care services, mental health services, and case management services, among others. There have also been reductions in public and private social service and benefit programs throughout the County. While budgetary cutbacks are unraveling the medical and social safety net, the demand for HIV primary care services continues to increase. Since 2000, the number of PLWH/A in the Santa Clara County has risen by almost 70%. Page 76 in Chapter 3 describes the impact on services in more detail.

What are some of the HIV care and support needs of people living in Santa Clara County?

As described in the Background section (pages 15-19), the Planning Council commissioned an HIV needs assessment to better understand the care and support needs of PLWH/A in the County. The needs assessment included a survey (with 123 completed surveys submitted by PLWH/A respondents), 15 interviews with providers, and three focus groups with a total of 37 participants (see Appendix 1). **Table A1** in Appendix 1 contains a summary of survey respondent characteristics. The data presented in the following pages are primarily quantitative from the survey, with additional qualitative data from the provider interviews and focus groups where indicated.

The comprehensive needs assessment identifies several care needs among PLWH/A in Santa Clara County. Core services represent a greater need than support services. In the survey, the most common services needed by respondents include HIV medical care (85%), HIV and other prescription medications (84%), and

oral/dental care (75%) (**Table 13**). Food assistance (67%) and mental health care (48%) are also among high-need services. In addition, at least a third of respondents reported needing: housing assistance (47%), legal assistance (41%), and emergency financial assistance (38%).

TABLE 13 Santa Clara County 2011 HIV needs assessment: Did you need these services in the past year?*

TYPE OF CORE AND SUPPORT SERVICE (RANKED BY MOST TO LEAST FREQUENTLY CITED NEED)	PERCENT (%) RESPONDING "YES"	NUMBER (N) RESPONDING "YES"
(1) HIV medical care	85%	105
(2) HIV and other prescription medications	84%	102
(3) Oral/dental care	75%	91
(4) Food assistance	67%	81
(5) Mental health care	48%	58
(6) Housing assistance	47%	55
(7) Legal assistance	41%	50
(8) Emergency financial assistance	38%	46
(9) Housing placement	32%	39
(10) Support groups	32%	38
(11) Transportation	31%	37
(12) Co-pay assistance	31%	37
(13) Referrals to HIV services	32%	36
(14) Drug addiction counseling	12%	14
(15) Language translation	8%	10
(16) Child care	6%	7

Source: 2011 Santa Clara County HIV needs assessment survey of PLWH/A
**Note: Only "yes" responses are reported for this series of multiple choice questions, therefore the percentage does not total 100 percent. The denominator for each service ranged from 114-123, as not every participant responded to each question.*

The needs assessment data indicate relatively low gaps in receiving medical services among survey respondents. The vast majority reported receiving HIV medical care within the past 12 months (98%). At least 85 percent had undergone T-cell (93%) or viral load testing (85%) within the past year, with more than half undergoing testing within the past three months (56% - T-cell; 54% - viral load testing). When recalling the time of their initial diagnosis, most respondents also reported a minimal wait to receive HIV medical care, with 52 percent receiving care within 30 days and another 17 percent receiving care within six months. Nevertheless, a small percentage reported waiting more than five years for HIV medical care (10% or 12 respondents) or never

receiving HIV medical care (2% or two respondents). The two individuals who reported never receiving medical care cited that the reasons included: not thinking care was needed (50% or one respondent), not having health insurance (50%), being unable to afford the service (50%), not having transportation (50%), and not wanting others to know that they have HIV (100% or both respondents).[14]

The care needs of PLWH/A in the County extend beyond HIV medical care and medication. Sixty percent of respondents reported having one or more health conditions in addition to HIV or AIDS, with high blood pressure (27%) and high cholesterol (22%) being the most common (**Table 14**).

TABLE 14 Santa Clara County 2011 HIV needs assessment: Do you currently have any of the following health conditions?*

HEALTH CONDITION	PERCENT (%)	NUMBER (N)
None	40%	47
High blood pressure	27%	32
High cholesterol	22%	26
Hepatitis C	14%	16
Lung disease	12%	14
Diabetes	8%	10
Other	8%	10
Cancer	8%	9
Liver disease	6%	7
Heart disease	6%	7
Blood	5%	6
Syphilis	3%	3
Tuberculosis	<1%	1

Source: 2011 Santa Clara County HIV needs assessment survey of PLWH/A
**Note: Multiple responses were allowed; n=118*

14 Note: Multiple responses were allowed

Nearly one in two respondents (48%) also reported a recent mental health diagnosis (**Table 15**). In particular, many respondents reported being diagnosed with depression (41%) and anxiety (26%) within the previous six months.

TABLE 15 Santa Clara County 2011 HIV needs assessment: In the past three months, have you been diagnosed with any of the following mental health conditions?*

DIAGNOSED MENTAL HEALTH CONDITION	PERCENT (%)	NUMBER (N)
None	52%	58
Depression	41%	45
Anxiety	26%	29
Panic disorder	12%	13
Bipolar disorder	11%	12
Attention deficit hyperactivity disorder	8%	9
Post-traumatic stress disorder	8%	9
Other	4%	4

Source: 2011 Santa Clara County HIV needs assessment survey of PLWH/A
**Note: Multiple responses were allowed; n=111*

Relevant qualitative interview and focus group findings about service capacity: The focus groups and provider interviews reveal potential areas for developing greater capacity for HIV-related services in certain geographic locations, particularly the area known as "South County" which includes the cities of Gilroy and Morgan Hill. RW-funded providers are based in Greater San José with limited satellite offerings in Gilroy once each month. To access the full range of services, PLWH/A in South County may travel over 30 miles to the service provider.

A few providers also identified the need for greater capacity to offer the full range of services in multiple languages, thus better serving non-native English speakers. In recent years, there has been an expansion of staff representative of client populations. In addition, providers are able to access a phone interpreter service. Still, several providers and clients critiqued the service for breaking the flow of conversation and, despite increased capacity, a few providers expressed that additional staff – who are both bilingual and bicultural – are needed to fully meet clients' linguistic and cultural needs, particularly with regard to mental health care.

What are some of the gaps in HIV care and services in the County?

Overall, the needs assessment suggests that the HIV medical needs of PLWH/A are being well met, yet gaps in care and support services remain. The table below provides a side-by-side comparison of participants responding that they needed a service and, of those needing a service, whether or not they received that service.

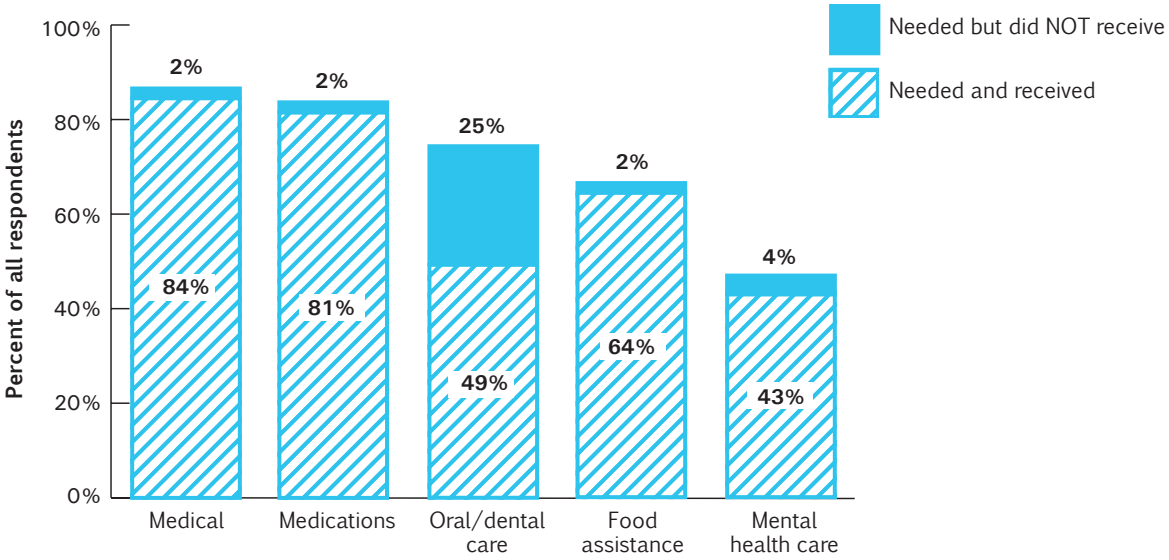
TABLE 16 Santa Clara County 2011 HIV needs assessment: Did you need the service? If so, did you get it?*

TYPE OF CORE AND SUPPORT SERVICE (RANKING FROM TABLE 13)	SERVICE NEEDED?		SERVICE RECEIVED?	
	Percent (%) responding "yes" service was needed	Number responding "yes"(n) / total number respondents (n)	Percent (%) responding "yes" service was received	Number responding "yes" (n) / total number respondents (n)
HIV medical care (1)	85%	105/123	98%	103/105
HIV and other prescription medications (2)	84%	102/122	97%	99/102
Oral/dental care (3)	75%	91/122	66%	60/91
Food assistance (4)	67%	81/121	96%	78/81
Mental health care (5)	48%	58/121	91%	53/58
Housing assistance (6)	47%	55/118	47%	26/55
Legal assistance (7)	41%	50/121	70%	35/50
Emergency financial assistance (8)	38%	46/121	37%	17/46
Housing placement (9)	32%	39/121	43%	16/37
Support groups (10)	32%	38/118	76%	29/38
Transportation (11)	31%	37/120	46%	17/37
Co-pay assistance (12)	31%	37/121	62%	23/37
Referrals to HIV services (13)	32%	36/114	64%	23/36
Drug addiction counseling (14)	12%	14/121	86%	12/14
Language translation (15)	8%	10/119	80%	8/10
Child care (16)	6%	7/115	43%	3/7

Source: 2011 Santa Clara County HIV needs assessment survey of PLWH/A
**Note: Only "yes" responses are reported for this series of multiple choice questions, therefore the percentage does not total 100 percent. The denominator for each service needed ranged from 114-123, as not every participant responded to each question. Only those saying they needed a service were asked if they received the service.*

Figure 4 depicts the top five most-needed HIV and AIDS services in Santa Clara County. Each bar represents the percentage of respondents who reported needing a service. Of those, the striped shading illustrates the percentage receiving the service. The solid shading illustrates the percentage who did not receive a needed service, thus indicating a gap in care.

FIGURE 4 Santa Clara County 2011 HIV needs assessment–Percent of respondents who needed and received/did not receive service (for top five services)*



Source: 2011 Santa Clara County HIV needs assessment survey of PLWH/A
**Note: Percentages may vary slightly due to rounding.*

The five services needed by most people include: HIV medical care (85%), HIV and other prescription medications (84%), oral/dental care (75%), food assistance (67%), and mental health care (48%). Of these five services, oral/dental care represents the largest gap that affected the most people, with 25% of all respondents needing but not receiving oral/dental care. Expressed differently, only two-thirds of respondents who needed oral/dental care received the care they needed, as compared to over 90% for the other top services needed.

Larger gaps exist among support services, although fewer people reported needing support services (**Table 16**). In particular, there is a noticeable gap among several services providing financial assistance, needed by over half of respondents. Specifically, over one-third of respondents needing co-pay assistance did not receive it. Moreover, half of respondents needing housing assistance (53%) and nearly two-thirds of respondents needing emergency financial assistance (63%) did not receive these services. Of note, some of the service needs identified in the survey are not within the range of allowable RW-funded services.

Relevant qualitative interview and focus group findings about service gaps: Across the focus groups and interviews, several participants expressed concern about the potential for reductions in services, leading to additional gaps in care and support.

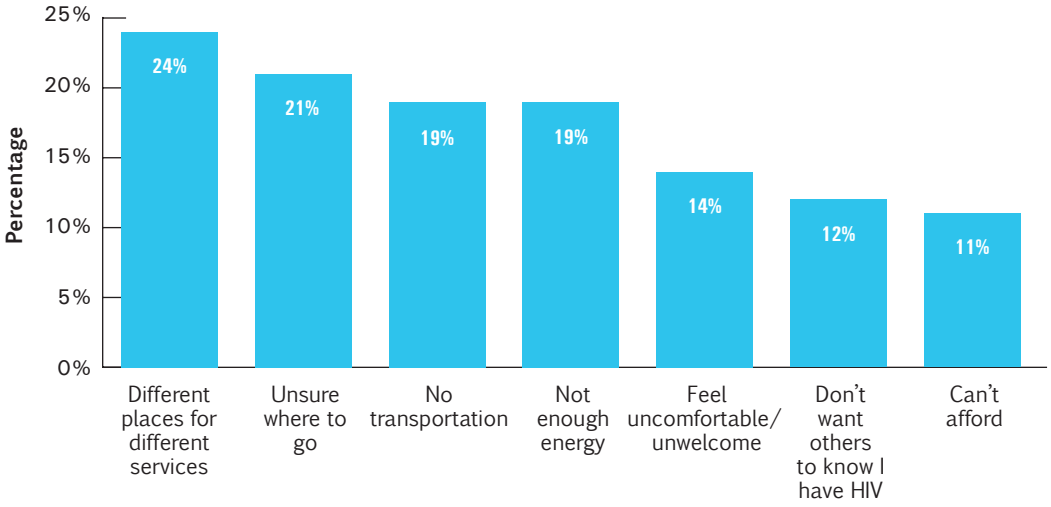
What are some of the barriers to HIV care and services in the County?

When it comes to HIV testing, barriers to awareness of HIV status and challenges to the identification of those unaware of their status are directly linked to severely limited and continually decreasing resources and a generalized lack of awareness and/or appreciation of individual risk, stigma, and apathy. Over the past decade, the STD & HIV Program staffing has been reduced by 60 percent – primarily in prevention and outreach. Dramatic reductions have also occurred among community-based agencies that face equally challenging financial issues; the last remaining community agency in the TGA solely focused on HIV/AIDS issues closed its doors in December 2010.

Despite national campaigns, awareness and appreciation of risk have declined partly due to a perception that HIV is no longer the public health threat it was in the 1980s. Stigma, particularly among minority populations, continues to present unique challenges, as the strategies to overcome that stigma require long-term, sustained investment and must be tailored to address the unique social issues within the community.

The 2011 HIV needs assessment explored barriers to care by asking respondents to identify which factors they found to be most difficult when using HIV services. Of note, nearly half responded that nothing was difficult about using services (46%). The barriers identified by at least 10 percent of respondents are depicted in **Figure 5** and include: having to go to different places for different services (24%), not knowing where to go for services (21%), not having transportation (19%), not having enough energy (19%), feeling uncomfortable or unwelcome (14%), not wanting others to know they have HIV (12%), or not being able to afford a service (11%). Additional barriers, mentioned by multiple providers and also in the focus groups, included difficult financial situations (such as being unemployed or losing insurance) and the burden of navigating the bureaucracy and paperwork necessary to access services.

FIGURE 5 Santa Clara County 2011 HIV needs assessment: In general, what do you find most difficult about using HIV services?*



Source: 2011 Santa Clara County HIV needs assessment survey of PLWH/A
**Note: Multiple responses were allowed; n=122*

Lack of awareness about services represents another potential barrier to access. The needs assessment asked respondents to indicate whether or not they were aware that a listed service was available for PLWH/A in Santa Clara County (**Table 17**). While nearly all survey respondents were aware of HIV medical care (90%) and prescription medication (93%) core services, there was much less awareness of oral/dental care (75%), which is among the top services needed (see **Figure 4** on page 44). With respect to support services, respondents were well aware of food assistance (89%) and support groups (84%), but much less aware of services providing financial assistance, including co-pay assistance (55%), housing assistance (58%), and emergency financial assistance (62%). In terms of qualitative findings, participants in the Latino focus group suggested that there may be less awareness about services among Spanish-speakers; indeed, from a quantitative perspective, Latino survey respondents were less aware of some services, including mental health care (70% versus 83% of all other non-Latino respondents), referrals to HIV services (58% versus 74%), transportation to medical appointments (44% versus 66%), and language translation (52% versus 67%).

TABLE 17 Santa Clara County 2011 HIV needs assessment: Are you aware that the service is available for people living with HIV or AIDS in Santa Clara County?*

TYPE OF CORE AND SUPPORT SERVICE (RANKING FROM TABLE 13)	PERCENT (%) RESPONDING "YES"	NUMBER (N) RESPONDING "YES"
HIV and other prescription medications (2)	93%	112
HIV medical care (1)	90%	111
Food assistance (4)	89%	108
Support groups (10)	84%	101
Mental health care (5)	80%	97
Legal assistance (7)	76%	92
Oral/dental care (3)	75%	92
Drug addiction counseling (14)	75%	91
Referrals to HIV services (13)	69%	82
Housing placement (9)	67%	80
Language translation (15)	63%	74
Emergency financial assistance (8)	62%	76
Transportation (11)	60%	73
Housing assistance (6)	58%	69
Co-pay assistance (12)	55%	67
Child care (16)	41%	48

Source: 2011 Santa Clara County HIV needs assessment survey of PLWH/A
**Note: Only "yes" responses are reported for this series of multiple choice questions, therefore the percentage does not total 100 percent. The denominator for each service ranged from 117-123, as not every participant responded to each question.*

Table 18 summarizes sources of information about HIV services as reported by needs assessment respondents. The top source of information about services was medical care providers (75%); see **Table 18** for additional sources.

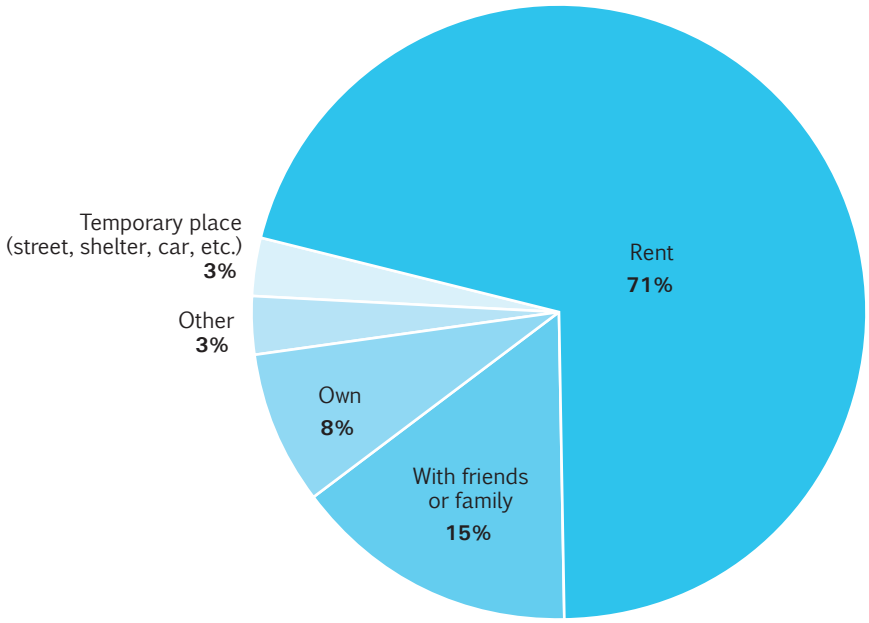
TABLE 18 Santa Clara County 2011 HIV needs assessment: Where do you get information about HIV services available in Santa Clara County?

SOURCE OF HIV SERVICE INFORMATION	PERCENTAGE (%)	NUMBER (N)
Doctor or other medical care provider	75%	92
Case manager or social worker	42%	51
Other individual(s) living with HIV or AIDS	39%	48
City or County AIDS program	24%	29
Internet	15%	18
HIV-specific publication	11%	14
Family or friends who do not have HIV	10%	12
Television	7%	9
Other	2%	3

Source: 2011 Santa Clara County HIV needs assessment survey of PLWH/A
Note: Multiple responses were allowed; n=122

The survey data provide insight into the living situation of needs assessment respondents. **Figure 6** depicts the current living situation of respondents, the vast majority of whom rent (71%) or live with friends and family (15%). With the high cost of housing in Silicon Valley, financial struggles present a key barrier to getting and keeping housing. While only three percent of respondents live in a temporary situation (on the street, in a shelter, or in a car), 30 percent of respondents reported experiencing problems obtaining housing in the six months prior to the survey. The most common reasons were credit problems (17%), being unable to find something affordable (17%), and being unable to afford a security deposit (16%). Moreover, one third of respondents reported at least one difficulty keeping their housing. The most common reason was difficulty paying rent or a mortgage (20%), and feeling unsafe (10%) was second. At the same time, housing subsidies, such as the local RW-funded Housing for Health program, seem to help confront this barrier. For instance, fewer respondents who receive subsidies than respondents who do not reported difficulty getting housing because they were unable to find something affordable (7% versus 23%) or keeping housing because they could not afford the rent or a mortgage (13% versus 27%).

FIGURE 6 Santa Clara County 2011 HIV needs assessment: Where are you living now (past 30 days)?



Source: 2011 Santa Clara County HIV needs assessment survey of PLWH/A; n=120

Relevant qualitative interview and focus group findings regarding housing: Not having adequate housing may represent another potential barrier to accessing HIV services in the County. A few providers cited lack of housing as a barrier to maintaining PLWH/A in care, pointing out how difficult it is to follow up with people who are homeless and/or without stable contact information. One provider also mentioned that there are currently long waiting lists for housing subsidies in County housing programs. Focus group participants reiterated the importance of housing. As one participant said, "Living homeless with this disease – I don't know how you could stay alive. I'd have to get high if I were homeless."

Relevant qualitative interview and focus group findings regarding additional barriers: The provider interviews reveal some additional barriers to HIV and AIDS care. A few providers expressed that some clients may have limited self-advocacy skills and may not be proactive in returning calls or planning ahead for eligibility renewal. The presence of co-morbidities (such as cardiovascular disease, diabetes, and hepatitis C) and risky behaviors (such as substance abuse) also affects clients' ability to access care. Additionally, according to several providers, clients may not adhere to their medication because of the perception that they feel well and do not need it, because they have "burned out" on taking medication for so long, or because of unstable living situations. Clients' emotional states may also affect whether they access services, as with

denial about their condition or fear of others knowing they have HIV. Finally, the needs of other groups who represent a smaller percentage of the epidemic are also more difficult to meet. For instance, both providers and focus group participants reported that women often feel excluded – and isolated – in that most educational efforts and services are geared towards MSM.

In terms of provider-related barriers, many providers identified cuts in funding, eligibility restrictions, and increased demand on staff time as barriers to providing care. For instance, the time spent preparing reports and completing other paperwork detracts from time that could be spent delivering services. A couple of providers also acknowledged limitations in appointment availability and long waits for speciality clinics. Nevertheless, several providers expressed optimism that most patients' needs were being reasonably met by their concerted efforts to coordinate services across the continuum of care, particularly given the circumstances.

What are some of the HIV prevention needs in the County?

One HIV prevention strategy that has received increased attention throughout the medical and public health community is known as "prevention with positives." This strategy focuses on helping PLWH/A reduce the risk of transmitting HIV to others. Different approaches to this type of prevention include: educating PLWH/A about ways HIV is transmitted, providing condoms, clean syringes, or other items to reduce the risk of transmission through sexual and drug-related activities, and providing HIV medical care to help manage a person's viral load. In the needs assessment survey, respondents indicated these strategies are being implemented in the County. The vast majority reported that a health provider had talked with them about ways to prevent passing HIV and other STDs to others (93% - HIV; 87% - other STDs). A similar percentage indicated they knew where to get printed information about preventing HIV transmission (88%) and where to get condoms (92%). Most respondents also reported knowing where to get HIV health care to manage their viral load (85%). When asked, "Would you know where to get clean needles and other supplies for injecting drugs if you needed them?" 28 out of 55 respondents (or 51%) reported knowing where to go.

Selected Needs Assessment Respondent Comments about HIV Prevention Activities

"The most important need isn't care and support; it's prevention."

"[Provide] information about how many people are still getting infected; information that HIV infection is preventable and information that HIV-positive persons have treatment options."

"Going to schools and doing presentations and having people with HIV and full-blown AIDS [come and speak] to make people think twice about having unprotected sex."

"[Conduct] marketing campaign to overcome the social stigma of HIV."

"Housing should be thought of as prevention."

"[Offer] condom and needle programs where you can get them for free."

Other HIV prevention strategies include educating the general public about ways to prevent HIV transmission and encouraging people who do not know their HIV status to get tested. Many of the survey respondents who provided suggestions for HIV prevention efforts in the County suggested distributing condoms and reducing stigma. Many others emphasized HIV education, particularly for youth. This strategy was reiterated by participants in the youth focus group. See the sidebar for a sample of suggestions that emerged through the needs assessment.

Relevant qualitative interview and focus group findings about prevention needs: In the interviews, many providers described funding cuts, such as to programs targeting the homeless, which reduced or eliminated HIV prevention outreach efforts. Recent outreach efforts have focused little on "harder-to-reach" populations, such as Latinos or MSM who do not identify as being gay. In addition, several providers mentioned the lack of a free public STD clinic in the County as a major shortcoming in prevention efforts. A few providers suggested a social marketing campaign with billboards and posters in targeted communities to spread prevention messages.

What are the priorities for the allocation of funds to help people living with HIV or AIDS?

On August 9, 2011, the Planning Council conducted an annual priority-setting and resource allocation (PS&RA) meeting to set priorities for allocating funds to help PLWH/A. After reviewing information on the current state of the HIV/AIDS epidemic in the County, needs assessment results, service utilization, and predictions on funding availability, the Council prioritized core and support services needed among PLWH/A in the County. The top five priorities were:

1. Outpatient/Ambulatory medical care
2. AIDS pharmaceutical assistance
3. Oral health care services
4. Medical case management
5. Mental health services

Evaluation of 2009 Comprehensive HIV Prevention & Care Plan

The following tables highlight goals, objectives, and activities from the *2009-2011 Santa Clara County Comprehensive HIV Prevention & Care Plan* and related progress and challenges (as of December 2011). The progress column includes activities undertaken by multiple stakeholders throughout the TGA, including but not limited to the Planning Council, STD & HIV Program, HIV prevention and care service providers, and other community members. The Planning Council helped to document these activities to monitor countywide progress towards the goals of the plan.

TABLE 19 **2009 Comprehensive Plan Goal 1:** ***Foster a comprehensive, coordinated system of HIV/AIDS prevention, care, and treatment services that facilitate full access to and successful utilization of services for all consumers across the continuum of care.***

ACTIVITY	TGA PROGRESS	CHALLENGES
Objective 1.1. Identify HIV prevention needs.		
• Conduct a comprehensive HIV prevention needs assessment	• Completed the Behavioral Risk Factor Survey (BRFS) with HIV questions in 2009 • Completed needs assessment in July 2011	• None identified
• Identify emerging populations at significant risk for HIV	• Completed at 2010 PS&RA meeting as well as at other Planning Council (PC) meetings • Identified target audiences as African American and youth	• None identified
Objective 1.2. Coordinate HIV prevention efforts.		
• Convene meetings of HIV prevention providers to evaluate and coordinate prevention efforts	• Met monthly at the PC's Education & Awareness (E&A) Committee meetings • Began and continued quarterly Systems of Care Provider Roundtable meetings (including prevention & care providers) coordinated by the STD & HIV Program	• None identified
• Identify populations at significant risk of HIV and provide coordinated HIV counseling and testing	• Presented BRFS and HIV epidemiological data at 2010 PS&RA meeting	• Cultural stigma continues to be an issue that is deeply engrained in some at-risk populations
• Promote HIV education and prevention efforts for people at risk for HIV	• Supported programs such as OUTLET (youth), Links (incarcerated), Positively Speaking (schools), Women with a Voice	• Funding shortfall and funding cuts
Objective 1.3. Support the system of HIV care and treatment services.		
• Maximize use of existing community resources by establishing and/or maintaining linkages among all HIV providers • Conduct outreach to non-RW providers about RW services, eligibility, and resources for PLWH/A	• Convened the Annual HIV Conference led by Community Health Partnership (CHP), the local AIDS Education and Training Center (AETC) • Convened Systems of Care Provider Roundtable series • Developed the HIV Resource Guide • Updated the HIV Resource Guide	• None identified

ACTIVITY	TGA PROGRESS	CHALLENGES
Objective 1.4. Support the linguistic and cultural competence of direct service staff to minimize barriers to care.		
• Facilitate cultural and linguistic competence in the provision of prevention and care services	• Supported Vida y Salud (Spanish-speaking HIV support group) • Addressed cultural competency in standards of care (SOCs) • Utilized translation services available through the County where possible • Community-based organizations (CBOs), such as CHP, provided cultural competency training at various locations including the Annual HIV Conference	• Vast number of cultures and languages in this TGA
• Arrange or provide training sessions to develop skills of staff working with diverse populations	• Supported trainings on cultural competency, such as sessions at the Annual HIV Conference	• Funding cuts
• Arrange for technical assistance to providers on cultural competence	• The STD & HIV Program included language about cultural competency training into service provider contracts and mandated reporting about staff training efforts	• Funding cuts
Objective 1.5. Establish and implement quality management processes.		
• The Planning & Evaluation Committee will review and update standards of care intermittently to ensure their relevance	• Reviewed and revised standards of care three years ago • Quality & Standards (Q&S) Committee is currently writing a universal standard of care and new service-specific SOCs	• None identified
• Support a networked, client-level enrollment and tracking system	• Have been working on this via the AIDS Regional Information and Evaluation System (ARIES) client management system with limited success	• ARIES system was slow to implement, and advantages were slow to come
• Make recommendations to the STD & HIV Program and community agencies to modify service delivery system to address gaps in care	• Conducted PS&RA process annually • Held ongoing conversations with the STD & HIV Program staff as issues emerge.	• None identified
Objective 1.6. Provide comprehensive, coordinated care services for all PLWH/A.		
• Support (through funding allocation) priority care services, including ambulatory care, oral health, medical case management, etc.	• Conducted PS&RA process annually • Collaborated with the Provider Roundtable series and with CHP's Annual HIV Conference • Developed the HIV Resource Guide	• None identified

TABLE 20 **2009 Comprehensive Plan Goal 2:** ***Intensify advocacy and policy change efforts on HIV-related issues.***

ACTIVITY	TGA PROGRESS	CHALLENGES
Objective 2.1. Increase awareness and action in the community through education		
• Prioritize policy issues • Stay current on local, state, and federal issues • Educate public officials and other parties • Strengthen relationships with other County agencies and CBOs, including the Office of Education and High Schools	• Conducted regular meetings of the ad hoc Legislative Committee • Communicated with Board of Supervisor aides at meetings and by email	• None identified

TABLE 21 **2009 Comprehensive Plan Goal 3:** ***Strengthen community outreach and education efforts.***

ACTIVITY	TGA PROGRESS	CHALLENGES
Objective 3.1. Increase visibility and enhance communication in the Community		
• Conduct outreach with CBOs for reaching diverse ethnic groups • Work with other task forces and committees in the County • Support alternative test site testing for high-risk groups throughout the County	• Encouraged community-wide involvement in Positively Speaking (in schools), Gay Pride, World AIDS Day, Walk for AIDS, Dining Out for Life, the Red Ribbon Society, Planned Parenthood, Asian Americans for Community Involvement, Needle Exchange Program, Bill Wilson Center for Youth (among others) and through networks, such as the Provider Roundtable • Shared concerns about the closing of the County STD clinic	• Funding cuts

TABLE 22 **2009 Comprehensive Plan Goal 4:** ***The HIV Planning Council will serve as an effective and responsive agent of change in Santa Clara County.***

ACTIVITY	TGA PROGRESS	CHALLENGES
Objective 4.1. Maintain a diverse, reflective, and actively engaged PC membership		
• Develop and implement membership recruitment plan • Monitor membership profile • Identify and implement additional strategies to maintain representative and reflective membership • Provide orientation for new PC members (e.g., buddy systems, mentoring) • Provide a comprehensive overview of the PC to the public (e.g., through website and presentations)	• Developed a new PC Recruitment and Retention Plan • Filled some of the more difficult-to-fill PC positions • Provided an orientation to all new PC members	• Maintaining and engaging minority populations on the PC

As noted in these tables, there has been much progress in carrying out the activities identified within each goal and objective. Along the way, the Planning Council and STD & HIV Program have encountered certain challenges, many of which are not unique to Santa Clara County and other eligible metropolitan areas (EMAs) and TGAs around the country. Some of these challenges include: 1) stigma around HIV, 2) funding cuts, 3) reaching diverse communities in linguistically and culturally appropriate ways, and 4) maintaining and engaging minority representatives on the Planning Council. Chapter 2 proposes several recommendations for meeting the challenges identified in the evaluation of the *2009 Comprehensive HIV Prevention & Care Plan.*

CHAPTER 2

Where do we need to go?

This section begins by proposing a plan for addressing challenges identified in the evaluation of the *2009-2011 Santa Clara County Comprehensive HIV Prevention & Care Plan*. Next, it maps out the goals and objectives for this 2012-2014 plan. It also addresses proposed solutions for closing gaps and addressing overlaps in care. Lastly, it provides a description of proposed coordinating efforts to ensure optimal access to care.

Plan to meet challenges identified in the evaluation of the 2009 Comprehensive Plan

As stated in Chapter 1, the Planning Council, STD & HIV Program, HIV prevention and care service providers, and other community members have made great strides in working to implement the activities identified within each goal and objective and adapting activities based on changing conditions. Inevitably, as with most comprehensive plans, they have encountered challenges in implementing certain activities. The following outlines challenges and proposed solutions for addressing them. Please see pages 52-54 for more detailed descriptions of each goal, objective, activity, progress, and challenge.

Challenges in Implementing 2009 HIV Comprehensive Plan Activities

- Stigma around HIV among some at-risk populations
- Funding shortfalls and cuts
- Reaching diverse communities in linguistically and culturally appropriate ways
- Maintaining and engaging minority representatives on the Planning Council
- ARIES system was slow to implement, and advantages were slow to come

The Planning Council in collaboration with the STD & HIV Program has proposed the following solutions for addressing each of these challenges.

Challenge: Stigma around HIV among some at-risk populations.

Proposed solutions: Continue to reach out to and engage with providers and CBOs reaching at-risk populations with information about HIV. Seek opportunities for PLWH/A to speak at schools and community events to help put a "face" to and de-stigmatize HIV/AIDS. Encourage providers across the County to offer routine HIV testing to their clients, helping to normalize the idea of taking an HIV test. Explore the potential to develop targeted social marketing campaigns in the County.

Challenge: Funding shortfalls and cuts.

Proposed solutions: Target limited resources to those who need it most. Make sure priorities align with the White House's National HIV/AIDS Strategy (NHAS) goals. Increase efforts to reach out to CBOs to fill in the gaps left by public funding cuts. Encourage PLWH/A and their caregivers to be proactive in navigating services and advocating for themselves.

Challenge: Reaching diverse communities in linguistically and culturally appropriate ways.

Proposed solutions: Continue to encourage HIV prevention and care service providers to participate in cultural competency trainings and hire staff who are from or very familiar with the communities of their clients (speaking their languages, understanding cultural barriers, etc.). Use Santa Clara County translation services whenever possible.

Challenge:	Maintaining and engaging minority representatives on the Planning Council.
Proposed solutions:	Continue to refine and implement the Recruitment and Retention Plan developed in 2009.

Challenge:	ARIES system was slow to implement, and advantages were slow to come.
Proposed solutions:	Support the STD & HIV Program in the promotion, training, and adoption of the ARIES system among providers.

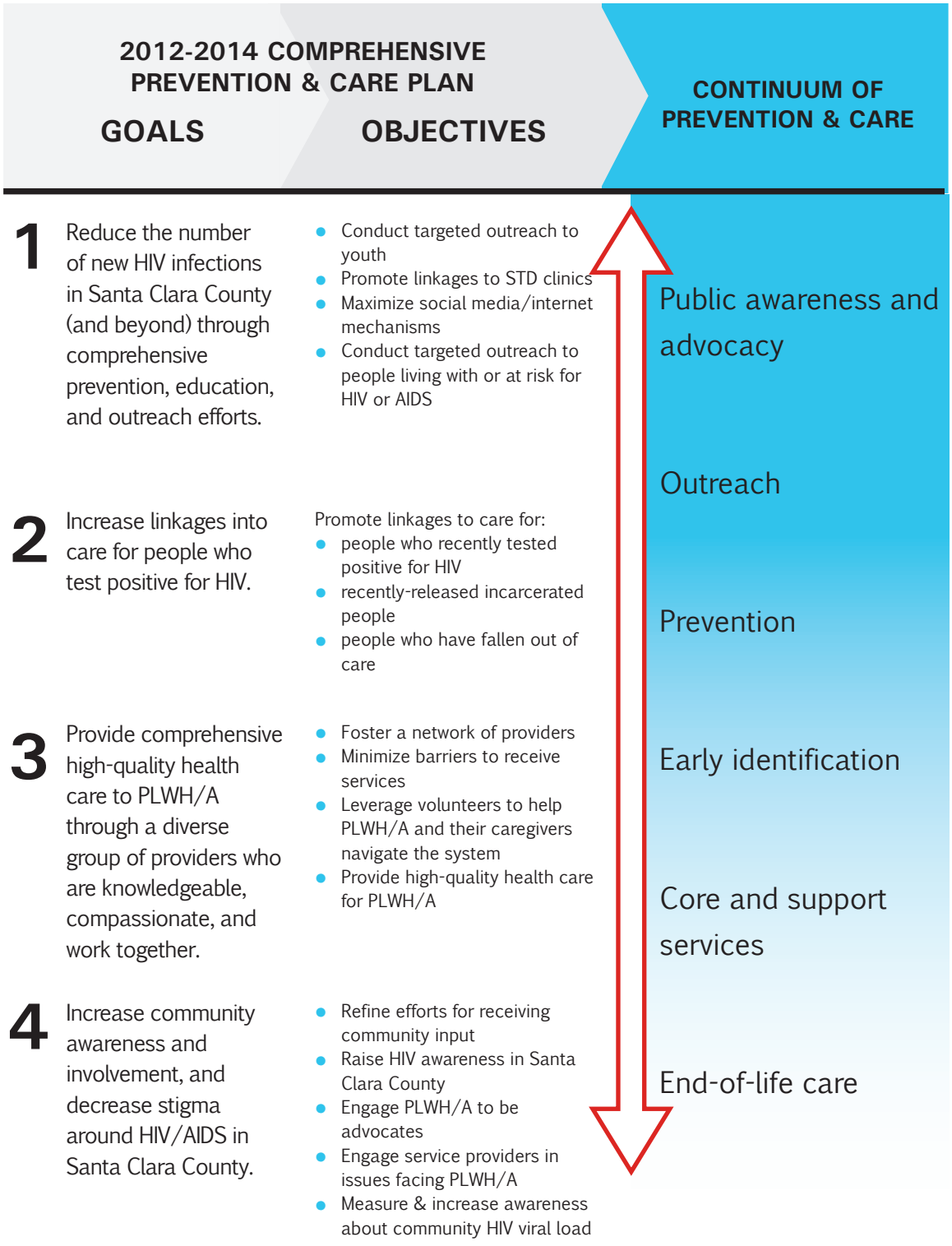
While the Planning Council and STD & HIV Program will continue to address these challenges, many of these issues will not be easy to resolve and have been hindering prevention and care service efforts since the start of the HIV epidemic. Despite the headway that has been made, they continue to remain a challenge for the HIV community across the country.

2012-2014 HIV prevention and care goals

Over the past year, the Planning Council, under the leadership of the Planning & Resources Committee, with input from the STD & HIV Program and Systems of Care Provider Roundtable, has developed HIV prevention and care goals for this plan. The 2011 Santa Clara County HIV needs assessment also helped to inform these goals. In addition to local priorities, the goals incorporate national priorities such as early identification of individuals with HIV/AIDS, addressing "unmet need," and the National HIV/AIDS Strategy.

The 2012-2014 goals cover the continuum of HIV care and prevention needs of the County. Given that this Comprehensive Plan spans multiple years, it is possible that over time the Planning Council and STD & HIV Program may modify these goals based on the changing needs of and resources in the County. Ideally, this plan will serve as a living document, shifting as needed, and will help serve as a roadmap to guide HIV prevention and care activities. **Figure 7** outlines the goals and specific objectives related to each goal. Chapter 3 provides more information about the specific activities the County will carry out to help implement each goal, including potential group(s) responsible and projected timelines.

FIGURE 7 **Santa Clara County 2012-2014 Comprehensive HIV Prevention & Care Plan goals and objectives**



Proposed solutions for closing current gaps in care

As noted in Chapter 1, findings from the 2011 Santa Clara County HIV needs assessment showed that, overall, the HIV medical needs of PLWH/A in the County are being well met, at least among the survey respondents. The most frequently needed core and support services as reported by PLWH/A responding to the survey are highlighted in **Tables 23** and **24**.

TABLE 23 Top three core services needed by PLWH/A in Santa Clara County

CORE SERVICE	NEEDED (TOTAL RESPONDENTS)	NEEDED & RECEIVED	NEEDED & NOT RECEIVED
HIV medical care	85%	98%	2%
HIV and other prescription medications	84%	97%	3%
Oral/dental care	75%	66%	34%

Source: 2011 Santa Clara County HIV needs assessment survey of PLWH/A

TABLE 24 Top three support services needed by PLWH/A in Santa Clara County

SUPPORT SERVICE	NEEDED (TOTAL RESPONDENTS)	NEEDED & RECEIVED	NEEDED & NOT RECEIVED
Food assistance	67%	96%*	4%
Housing assistance	47%	47%	53%
Legal assistance	41%	70%	30%

Source: 2011 Santa Clara County HIV needs assessment survey of PLWH/A
**Note: Many recipients reported not receiving enough food.*

Given the primary gaps identified through the 2011 needs assessment, the STD & HIV Program proposes the following action steps for helping to close these gaps:

- **Oral/dental care**: Continue to build relationships and foster linkages with organizations that provide dental services at low- or no cost to PLWH/A. Provide HIV service providers with a list of potential dental referral resources. Encourage HIV service providers to promote daily brushing and flossing, along with educational materials that focus on the importance of dental health for PLWH/A and its role in prevention of other illnesses, such as cardiovascular disease. Explore other potential outlets for dental resources and services, such as dental schools and toothbrush donations.

- **Food assistance**: Continue to refer people to existing County food assistance resources, such as The Health Trust's Food Basket, and encourage donations from the larger community to these programs. Explore potential new partnerships with organizations, such as large grocery store chains or other food pantries, that might have a surplus of food that could be donated to PLWH/A.

- **Housing assistance**: Gather additional data related to housing needs and barriers among PLWH/A to put forth the most appropriate recommendations. Partner with governmental and community housing organizations to support additional services to PLWH/A, where feasible.

- **Legal assistance**: Maintain a referral list of organizations that could provide legal assistance for PLWH/A. Encourage providers to tell patients about their legal rights.

Proposed solutions for addressing potential overlaps in care

Overlaps in care do not necessarily mean that care is redundant. Nevertheless, in order to streamline the delivery of HIV prevention and care services in Santa Clara County, overlaps must be addressed when appropriate. This is especially important in times of funding cuts and limited resources. At the same time, with such limited resources in the County, this is not a large problem because in some cases there is only one provider for a certain service. For example, at the time of writing this Comprehensive Plan, the County funds only one HIV mental health provider under the Ryan White Program.

The Planning Council and STD & HIV Program are committed to helping address potential overlaps in care by:

- Convening the Systems of Care Provider Roundtable to encourage collaboration and coordination of services and resources.
- Conducting the priority-setting and resource allocation process on an annual basis to prioritize what services should receive RW Program funding and utilize modeling to determine the most efficient use of resources.
- Aligning the services available with the needs of the community and goals of the National HIV/AIDS Strategy.

By continuing to address overlaps in care, the County can best use its resources to meet the needs of the community. Minimizing overlaps in care is one component of having a well-coordinated system of care. The next section discusses the County's proposed coordination of efforts across its diverse funding sources and programs.

Proposed coordination of efforts to ensure optimal access to care

The San José, CA TGA is a single county area (Santa Clara County). With the exception of three cities (none of which are in Santa Clara County), counties in California are responsible for the administration of public health services and indigent health care services. The result is an infrastructure that is able to effectively coordinate Ryan White Part A service funding among a number of service systems and funding streams, provide for a broad HIV/AIDS care continuum, ensure that Ryan White funds are the payer of last resort, maximize the number and accessibility of services available, and reduce potential duplication. Coordination of funding is an ongoing retrospective, concurrent, and prospective process that takes place at multiple levels in the TGA through assessment, policy development, and assurance.

CHAPTER 3

How will we get there?

The previous chapter addressed recommendations for where Santa Clara County should go in regards to HIV prevention and care services; this chapter takes an in-depth look at how to get there. More specifically, it examines the strategy, plan, activities, and timelines for achieving the goals of the Comprehensive Plan. This chapter also highlights strategies to coordinate services across diverse County programs and outlines how this plan will:

- Address Healthy People 2020 objectives
- Address the goals of the White House's National HIV/AIDS Strategy
- Coordinate with and adapt to changes related to the Affordable Care Act
- Reflect the Statewide Coordinated Statement of Need

This chapter also addresses how the Comprehensive Plan will respond to any additional or unanticipated changes in the continuum of care as a result of state or local budget cuts.

Strategy, plan, activities, people responsible, potential resources, and timelines

As noted in Chapter 2, the goals of this Comprehensive Plan cover the County's continuum of HIV prevention and care needs and services. The first goal falls on the prevention end of the continuum and aims to reduce new HIV infections through comprehensive prevention education and outreach. The second goal focuses on testing people early who are unaware of their HIV status and providing linkages to care for people who test positive. This goal also addresses the needs of people who are already aware of their HIV status, but are not in care because they fell out of care or never received it. The third goal aims to ensure that HIV services in the County are coordinated and high-quality. Lastly, the fourth goal addresses HIV-related stigma in the County. Across all of these goals, reaching special populations, such as youth, injection drug users, homeless people, women, and transgender individuals, is a priority.

Goals of the Santa Clara County
2012-2014 Comprehensive HIV Prevention & Care Plan

1. *Reduce the number of new HIV infections in Santa Clara County (and beyond) through comprehensive prevention, education, and outreach efforts.*
2. *Increase linkages into care for people who test positive for HIV.*
3. *Provide comprehensive high-quality health care to people living with HIV or AIDS through a diverse group of providers who are knowledgeable, compassionate, and work together.*
4. *Increase community awareness and involvement, and decrease stigma around HIV/AIDS in Santa Clara County.*

Tables 25-28 illustrate the implementation of each of these goals. The approach to this Comprehensive Plan is to create a strategy that includes realistic, achievable, and measurable activities that leverage the County's shifting resources, and aligns with national, state, and local priorities. Many of these activities build on existing efforts in the County, while others are new. Some activities may be completed in the first, second, or third year, while others will be ongoing throughout 2012-2014. As noted earlier, some of these activities may shift over time to adapt to a changing environment.

TABLE 25 **Goal 1:** ***Reduce the number of new HIV infections in Santa Clara County (and beyond) through comprehensive prevention, education, and outreach efforts.***

ACTIVITY	POTENTIAL PEOPLE / GROUPS / RESOURCES	TIMELINE		
		2012	2013	2014
Objective 1a. Conduct targeted outreach to youth (ages 13-24).				
Deliver school presentations	Service providers, CBOs, PHD (Positively Speaking)	X	X	X
Engage parent groups	Parent-teacher associations		X	X
Mobilize and train youth peer volunteers	Service providers (Bill Wilson Center, Billy DeFrank LGBT Community Center)		X	X
Partner with youth-oriented organizations for events such as Walk for AIDS or World AIDS Day	PC, E&A Committee, STD & HIV Program		X	X
Objective 1b. Promote linkages to STD clinics where people can be tested/counseled/treated for all STDs.				
Develop a plan to have a system of realistic referrals to existing STD clinics throughout the San Francisco Bay Area	STD & HIV Program, PHD	X		
Objective 1c. Maximize use of social media and internet mechanisms to reach targeted communities.				
Create a list of sites that offer educational advice for providers and clients	PC, E&A Committee, STD & HIV Program	X		
Explore use of social media sites such as Facebook, Twitter, online games or apps, and YouTube	Service providers, Provider Roundtable, CBOs	X		
Explore the creation of profiles on sites specific to facilitating sexual encounters and other high-risk behaviors to provide education/awareness	Service providers, Provider Roundtable, CBOs	X		
Partner with organizations to provide "live" help, Q&A on specific websites	Service providers, Provider Roundtable, CBOs	X	X	X
Objective 1d. Conduct targeted outreach to people living with or at risk for HIV or AIDS, with a special focus on men who have sex with men, older adults, injection drug users, African Americans, Asians/Pacific Islanders, Latinos, women, transgender individuals, and other populations.				
Provide syringe exchange services, and over-the-counter syringe sales in different delivery models, locations, and times of the day	E&A Committee, Provider Roundtable, STD & HIV Program	X	X	X
Distribute condoms	Service providers	X	X	X
Promote greater awareness of HIV treatment as prevention for people living with HIV or AIDS	Service providers, Provider Roundtable	X	X	X
Promote routine HIV/STD testing conversations with clients among providers and frame messaging around "wellness"	STD & HIV Program, service providers, Provider Roundtable, CBOs		X	X

TABLE 25 CONTINUED **Goal 1:** ***Reduce the number of new HIV infections in Santa Clara County (and beyond) through comprehensive prevention, education, and outreach efforts.***

ACTIVITY	POTENTIAL PEOPLE / GROUPS / RESOURCES	TIMELINE		
		2012	2013	2014
Conduct at least one community-specific activity for reaching each of the following: • MSM • African Americans • Asians/Pacific Islanders (e.g., Vietnamese, Chinese, Laotian) • Latinos • Older adults • Women (including safe access to support networks) • Transgender individuals (including safe access to hormone therapy and support networks)	E&A Committee, Provider Roundtable, STD & HIV Program	X	X	X
Partner with: • Medical associations • Faith-based organizations • Beauty salons/barbershops, massage parlors, bathhouses, bars • Homeless service locations • Community health fairs/events	E&A Committee, Provider Roundtable, STD & HIV Program	X	X	X
Solicit input from targeted community members on needed services	E&A Committee, Provider Roundtable, STD & HIV Program	X		X
Support linkages to substance abuse programs for people who desire treatment	E&A Committee, Provider Roundtable, STD & HIV Program	X	X	X

TABLE 26 **Goal 2:** ***Increase linkages into care for people who test positive for HIV.***

ACTIVITY	POTENTIAL PEOPLE / GROUPS / RESOURCES	TIMELINE		
		2012	2013	2014
Objective 2a. Promote linkages to care for people who recently tested positive for HIV.				
Identify barriers for people to seek care	Service providers, STD & HIV Program	X	X	X
Develop a plan for engaging people into care	Service providers, STD & HIV Program		X	X
Promote the service provider directory	Service providers, STD & HIV Program	X	X	X
Conduct outreach/training to clinics in the County, particularly those doing most of the HIV testing	Service providers, STD & HIV Program	X	X	X
Objective 2b. Promote linkages to care for recently-released incarcerated people.				
Coordinate with the County Department of Corrections and ambulatory care and case management providers to promote seamless transitions	STD & HIV Program, service providers (PACE Clinic, Health Trust), County Dept. of Corrections	X	X	X
Coordinate with the State Department of Corrections and ambulatory care and case management providers to promote seamless transitions	STD & HIV Program, service providers (PACE Clinic, Health Trust, Center Force), State Dept. of Corrections	X	X	X
Promote legislation around HIV testing policies for inmates entering and leaving prison	E&A Committee, Legislative Committee, County Counsel	X	X	X
Objective 2c. Promote linkages to care for people who have fallen out of care.				
Identify and implement strategies for engaging people back into care	Service providers (PACE Clinic, Health Trust, Needle Exchange)	X	X	X

TABLE 27 **Goal 3:** ***Provide comprehensive high-quality health care to people living with HIV or AIDS through a diverse group of providers who are knowledgeable, compassionate, and work together.***

ACTIVITY	POTENTIAL PEOPLE / GROUPS / RESOURCES	TIMELINE		
		2012	2013	2014
Objective 3a. Foster a network of providers across Santa Clara County that extends beyond the Ryan White-funded community.				
Develop a plan for providers to network with each other, along with potential training opportunities	STD & HIV Program, service providers, CBOs, Provider Roundtable, AETC	X		
Conduct and maintain an assessment/inventory of current HIV providers	STD & HIV Program, service providers, Provider Roundtable, CBOs	X	X	X
Host provider networking and training opportunities	STD & HIV Program, service providers, CBOs, Provider Roundtable, AETC	X	X	X
Objective 3b. Minimize barriers for clients to receive services.				
Identify patient barriers to care and Ryan White enrollment	STD & HIV Program, service providers (PACE Clinic, Health Trust), ARIES system	X		
Establish a coordinated system for Ryan White enrollment	STD & HIV Program, service providers (PACE Clinic, Health Trust), ARIES system		X	X
Objective 3c. Leverage volunteers to help PLWH/A and their caregivers navigate the system.				
Identify and train appropriate volunteers from the PLWH/A and greater community to be peer navigators	Service providers (Health Trust), STD & HIV Program	X	X	
Objective 3d. Provide high-quality health care for PLWH/A.				
Develop a quality management (QM) plan	STD & HIV Program, Q&S Committee, Consultant	X		
Implement QM plan and monitor progress	STD & HIV Program, Q&S Committee, HIVQUAL		X	X
Develop recommendations for providers to improve service delivery	STD & HIV Program, Q&S Committee, AETC, National Quality Center		X	X

TABLE 28 **Goal 4:** ***Increase community awareness and involvement, and decrease stigma around HIV/AIDS in Santa Clara County.***

ACTIVITY	POTENTIAL PEOPLE / GROUPS / RESOURCES	TIMELINE		
		2012	2013	2014
Objective 4a. Refine existing efforts for receiving continuous community input.				
Review existing efforts and identify what is working well and areas for improvement	P&R Committee, STD & HIV Program	X		
Develop action steps for increasing continuous community input	P&R Committee, STD & HIV Program, Provider Roundtable	X	X	
Objective 4b. Raise awareness about HIV among the residents of Santa Clara County.				
Reach out to the press around key events such as National HIV/AIDS Awareness Days activities (e.g., World AIDS Day, National HIV Testing Day). Utilize holidays to create an HIV prevention message	STD & HIV Program, PHD, service providers, CBOs	X	X	X
Use social marketing and social media tools to educate the public about HIV in the County	Service providers, CBOs, Provider Roundtable	X	X	X
Involve faith-based groups (churches, synagogues, mosques, etc.)	Service providers, CBOs	X	X	X
Involve corporations in Silicon Valley	Valley Medical Center Foundation	X	X	X
Objective 4c. Engage PLWH/A to be advocates in the community.				
Have PLWH/A speak at public events	STD & HIV Program, PHD, service providers (Health Trust, Positively Speaking), CBOs	X	X	X
Collaborate around activities and best practices with San Francisco, CA EMA and Oakland, CA TGA and agencies in the areas	STD & HIV Program, PC	X	X	X
Utilize social media, social networking, and other modalities to inform, educate, and involve PLWH/A about issues and events around HIV prevention and care	Service providers, PC	X	X	X
Objective 4d. Engage AIDS service providers and other providers in issues facing PLWH/A.				
Utilize provider networking opportunities developed under Goal 3 to inform and involve providers in HIV/AIDS issues	Service providers, CBOs, STD & HIV Program, Provider Roundtable	X	X	X
Objective 4e. Measure and increase awareness about community HIV viral load.				
Assess goals and feasibility of measuring community HIV viral load	PHD, STD & HIV Program, service providers (PACE Clinic, Health Trust)	X		
If deemed feasible, measure and map community HIV viral load and share findings with the community	PHD, STD & HIV Program		X	X

Activities to implement the proposed coordinating efforts

As mentioned in Chapter 2, coordinating services throughout the County is an ongoing process that takes place at multiple levels in the TGA through assessment, policy development, and assurance. Responsible parties and specific activities to coordinate funding and services are described below. Much of the activities highlighted are already in progress and will continue throughout the timeframe of this Comprehensive Plan.

The STD & HIV Program is the designated Ryan White HIV/AIDS Program Administrative Agent for the TGA, and is ideally placed to facilitate and coordinate HIV services and funding streams, as well as to ensure that the Planning Council's priority-setting and resource allocation process and comprehensive planning activities are well-informed. The STD & HIV Program is also the sub-grantee for Ryan White Part B funds awarded to the County and sub-grantee for CDC funds awarded to the County for HIV prevention and STD prevention. This encourages seamless coordination and eliminates duplication within these funding streams.

In addition, the STD & HIV Program, which is within the PHD's Center for Infectious Diseases, is a part of the County's comprehensive health services network. This facilitates active coordination with Ryan White Part C-funded services in the TGA, as well as with other federal, state, and local funding streams administered by the County. The STD & HIV Program and all Ryan White Program service providers (funded under Parts A, B, and C) meet on a regular basis to address and resolve issues, enhance service access, provide technical assistance, and promote consistent adherence to payer of last resort requirements. In 2009, the STD & HIV Program established the Systems of Care Provider Roundtable to further enhance coordination of services, address potential duplication, and promote accessibility to services. Through the Provider Roundtable, HIV care, support, and prevention service providers throughout the TGA are able to exchange information on their services, identify and share best practices and issues of concern, and work collaboratively to maximize the number and accessibility of services, bring PLWH/A into care, and address unmet need.

Given the simultaneous decrease in funding and increase in need, HIV services and funding allocations must be coordinated. This will help to maintain services while also building capacity to bring more PLWH/A into care within existing resources.

As one part of the TGA's planning efforts, the STD & HIV Program routinely performs an inventory and environmental scan of funding sources supporting the needs of PLWH/A in the TGA, including funding streams primarily or exclusively serving PLWH/A (e.g., HOPWA, other Ryan White parts, and CDC Prevention funds) as well as funding streams that serve PLWH/A as part of a broader population (e.g., Medicaid/ Medi-Cal, Medicare, Children's Health Insurance Program, WIC, Department of Veterans Affairs, other state and local social service programs, SNAP/California Food Assistance Program, local, state and federal public health programs, and local and federal funds for substance abuse/mental health treatment). The environmental scan includes an analysis of factors, such as implementation of health care reform programs and externally established goals, objectives, and/or directives, that may influence the future availability or proportional mix of funding from federal, state, and local sources.

The Planning Council uses the inventory and environmental scan in its annual assessment of current and anticipated needs and resources available in all Part A service categories, and to identify key gaps in the HIV care continuum. In addition, the Planning Council includes representatives from a variety of community agencies and service providers funded by multiple payer sources. This brings broad expertise on the payment sources for HIV-related services to the planning process, as well as helps the Council maximize coordination of its Part A program allocations with existing services.

How the Comprehensive Plan relates to national and state policies and priorities

The goals and objectives for the *Santa Clara County 2012-2014 Comprehensive HIV Prevention & Care Plan for San José, CA TGA* were developed with close consideration of recent legislative and programmatic initiatives that shape the response to HIV/AIDS nationally and locally, as well as contribute to the context in which services are provided. These include: Healthy People 2020, the National HIV/AIDS Strategy, Statewide Coordinated Statement of Need, the Affordable Care Act, and fiscal reductions.

Healthy People 2020: In December 2010, the U.S. Department of Health and Human Services released Healthy People 2020, a blueprint for the nation's health. Healthy People is updated every 10 years and includes goals and objectives for health promotion and disease prevention. The Healthy People objectives are developed with input from diverse stakeholders, including federal, state, and local government officials, a consortium of more than 2,000 organizations, and the public.

The Healthy People 2020 section related to HIV describes the following information about the U.S. epidemic:

- Nearly 75 percent of new HIV infections occur in men
- More than half occur in gay and bisexual men, regardless of race or ethnicity
- 45 percent of new HIV infections occur in African Americans, 35 percent in Whites, and 17 percent in Hispanics[15]

The goals and objectives in this Comprehensive Plan include activities addressed specifically at reaching these populations.

Specific goals for the nation with respect to HIV/AIDS were established by the National HIV/AIDS Strategy, described below. In general, Healthy People 2020 reiterates similar goals. They include:

- Increase the number of people living with HIV who are aware of their status
- Link and maintain people with HIV in care
- Increase availability of medical treatment to those who are infected and determined to need treatment
- Increase availability of prevention services to people living with HIV or AIDS and their partners

15 Healthy People 2020 "HIV" Available at: www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=22. Accessed on 10/11/11.

The goals and objectives of this *Santa Clara County 2012-2014 Comprehensive HIV Prevention & Care Plan for San José, CA TGA* align very closely with these Healthy People 2020 goals. Furthermore, in addition to the HIV-focused Healthy People 2020 goals, the County monitors services across a range of Healthy People 2020 goals. These include co-morbid conditions, such as STDs, that have a close connection with HIV/AIDS. Several objectives and activities in this Comprehensive Plan address the need for linkages to STD testing. The County's FY2012 application to HRSA for Ryan White funding provides more details.

National HIV/AIDS Strategy: On July 13, 2010, President Obama and the White House released a National HIV/AIDS Strategy, a first-ever comprehensive roadmap for addressing HIV and AIDS in the U.S. The vision of the NHAS is that:

> *The United States will become a place where new HIV infections are rare and when they do occur, every person regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socioeconomic circumstance, will have unfettered access to high-quality, life-extending care, free from stigma and discrimination.*[16]

The three main goals of the National HIV/AIDS Strategy are:

1. Reduce the number of people who become infected with HIV
2. Increase access to care and improving health outcomes for people living with HIV
3. Reduce HIV-related health disparities

A fourth goal seeks to have a more coordinated federal response to the HIV/AIDS epidemic. In his letter about the release of the NHAS, President Obama said, "To accomplish these goals, we must undertake a more coordinated national response to the epidemic. The federal government can't do this alone, nor should it. Success will require the commitment of governments at all levels, businesses, faith communities, philanthropy, the scientific and medical communities, educational institutions, people living with HIV, and others."[17] Santa Clara County understands its role in helping to implement the goals of the NHAS. Therefore, several of the goals and objectives set out in this Comprehensive Plan and included in the San José, CA TGA EIIHA strategy (submitted to HRSA with the FY2012 application for Ryan White funding) relate closely to the NHAS. For instance, the first goal of the San José, CA TGA EIIHA strategy, *to increase the number of individuals who are aware of their HIV status*, seeks to achieve the anticipated results of the National HIV/AIDS Strategy (lower the annual number of new HIV infections by 25 percent by increasing from 79 to 90 percent the percentage of people living with HIV who know their status), as well as the California Office of AIDS' EIIHA goals and priorities (minimize the number of new HIV infections). This goal is reflected in this Comprehensive Plan's Goal 1 (reduce the number of new HIV infections in Santa Clara County through comprehensive prevention, education, and outreach efforts). By design, Goal 1 is intended to support those individuals who are unaware of their HIV status become aware of their status.

16 AIDS.gov website. "Letter from the President." Available at: www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/what-is-the-nhas/presidents-letter.html. Accessed on 10/1/11.
17 White House Office of National AIDS Policy (2010). National HIV/AIDS Strategy for the United States. Publication Number 202-456-4533.

The second goal of the TGA's EIIHA strategy, *to link those who are HIV positive into care*, is consistent with the anticipated results of the NHAS (increase the proportion of newly diagnosed patients linked to clinical care within three months of the HIV diagnosis from 65 to 85 percent), the California Office of AIDS' EIIHA goals and priorities (maximize the number of people with HIV-infection who access appropriate care, treatment, support, and prevention services), and this Comprehensive Plan (increase linkages to care for people who test positive for HIV).

The third goal of the TGA's EIIHA strategy, *to reduce the risk and continued spread of HIV disease*, particularly among disproportionately impacted communities, is consistent with the anticipated results of the NHAS (lower the annual number of new HIV infections by 25 percent by reducing the HIV transmission rate by 30 percent, and reducing HIV-related disparities and health inequities), and the California Office of AIDS' EIIHA goals and priorities (maximize the number of people with HIV who access appropriate care, treatment, support, and prevention services; reduce HIV/AIDS-related health disparities).

Statewide Coordinated Statement of Need: The 2009 California Statewide Coordinated Statement of Need (SCSN) cited the following service gaps throughout the state: primary/specialty medical care, oral health care, mental health services, substance abuse and addiction treatment services, medical case management, emergency financial assistance, food, and housing. With the exception of medical case management, each of the statewide service gaps identified in the SCSN was included in the County's 2011 HIV needs assessment (see Chapter 2) to assess clients' need for specific services and the percentage of clients who had received the needed services locally. As noted earlier, findings from the needs assessment have been incorporated into the goals and objectives for this Comprehensive Plan.

Affordable Care Act: On March 23, 2010, President Obama signed the Affordable Care Act (ACA), with the goal of ensuring that Americans have access to affordable, high-quality health care. The Affordable Care Act will likely have large implications for people living with HIV or AIDS such as:[18]

- **Improving access to coverage**. Among other components, the ACA prevents insurers from denying health insurance coverage to children living with HIV or AIDS. It also prohibits insurers from canceling or taking back coverage of adults or children with HIV or AIDS, and from placing lifetime caps on insurance benefits.
- **Ensuring quality coverage**. The ACA calls for improved, easy-to-understand information about services covered by health insurance plans, along with improvements in quality comprehensive care, coordinated care, and preventive services such as cancer screening and regular check-ups.
- **Increasing opportunities for health and well-being**. Expanded prevention and wellness opportunities include the requirement that insurers pay for HIV tests, diversity, and cultural competency training for health care providers, and expansions in the workforce of health care providers serving underserved communities.

18 AIDS.gov Blog "How Does the Affordable Care Act Impact People Living with HIV/AIDS?" Available at: http://blog.aids.gov/downloads/how_does_acs_impact_people_living_with_hivaids_for_usca.pdf. Accessed on 10/1/11.

The goals of this Santa Clara Comprehensive Plan are closely coordinated with the priorities of the ACA as both aim to improve access to care for people living with or at risk for HIV. In addition, the implementation of the ACA will help support many of the goals and objectives in this Comprehensive Plan.

Budget Cuts: State and local budgets have affected HIV prevention and care services in the County and will continue to do so in the future. Cuts in HIV-related and funded clinical and non-clinical services have had a significant negative impact on trends in services and fiscal resources. Over the past 10 years, Santa Clara County has had to close funding gaps totaling $1.8 billion. Regarding State support, there has been a 25 percent decline, and the federal level of support has dropped 12.5 percent. In addition, except for its support for ADAP, California eliminated all State General Fund support of HIV prevention and care in FY 2010. The result has been the elimination of the following programs: a mental health program for PLWH/A; the Bridge, Positive Change, and Pathways programs (addressing linkages to and retention in care); the Neighborhood Interventions Geared to High Risk Testing (NIGHT) program; the Early Intervention Program for PLWH/A; and the Prevention for Positives program. Case management was also reduced by half in FY 2010 following the elimination of the State's HIV Case Management Program.

Impacts to locally-funded services include elimination of an HIV housing case management program, reduction in syringe exchange services, and elimination of psychosocial support services. State budget cuts to services available to the broader population, which are essential to PLWH/A, include elimination of Denti-Cal in FY 2009 and FY 2010, and continuing reductions in Medi-Cal to the federal minimum requirement. Local revenues remain stagnant, with little indication of recovery in the near future; additionally, support from state and federal partners is expected to continue declining over the next three years.

As budget cuts continue, the activities in this Comprehensive Plan may need to shift, based on the highest-priority needs of the community. The final chapter of this Comprehensive Plan details how the Planning Council and STD & HIV Program will monitor progress in achieving the current goals of this Comprehensive Plan. It also discusses how they will meet challenges, especially budget cuts.

CHAPTER 4

How will we monitor progress?

As stated at the beginning of this Comprehensive Plan, this document's purpose is to provide a roadmap for guiding HIV prevention and care services in Santa Clara County. Monitoring and evaluating progress in reaching the goals and objectives of this Comprehensive Plan (the destinations on the roadmap) will help ensure that the activities to get there (roads) are prioritized, implemented, and adapted as needed. As a living document, it is expected that the plan will be a guide and that its goals and objectives will evolve just as the resources, priorities, technology, and epidemic itself will. This section of the Comprehensive Plan describes how progress in achieving the goals, meeting potential challenges, and evolution of the plan over time will be monitored.

The responsibility of implementing the Comprehensive Plan's activities is not the same as the responsibility for monitoring and evaluating activities. Chapter 3 identified specific activities and potential people and groups responsible for implementing each activity, whenever possible. In situations where responsible parties have yet to be identified or may be changed, the Planning Council will work with the STD & HIV Program to

determine who will carry out those activities. This part of the Comprehensive Plan focuses on how progress on activities will be monitored and evaluated, rather than on the implementation itself.

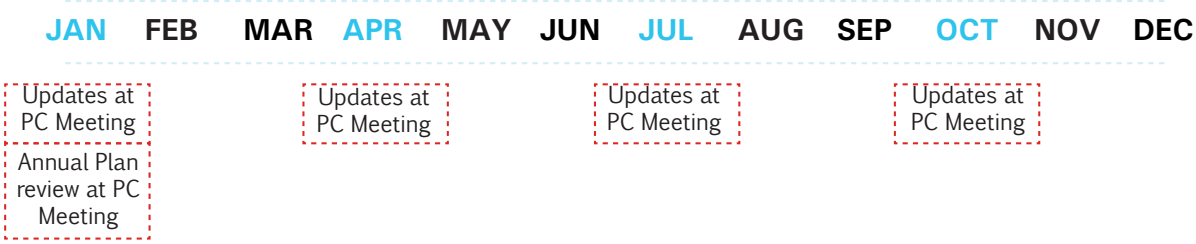
Monitoring and evaluating progress to achieve goals and identified challenges

The Planning Council will assume overall responsibility for monitoring progress to implement the goals, objectives, and activities in this Comprehensive Plan. Within the Council, the Planning & Resources Committee will coordinate the implementation and monitoring of activities. Other Planning Council committees, such as Quality & Standards and Education & Awareness, will also play an active role in tracking the progress of specific activities and reporting back to the larger Planning Council. With coordination from the Planning & Resources Committee, these committees will provide quarterly updates to the Planning Council on the status of activities, challenges and possible solutions, and any suggested changes in activities. The Planning & Resources Committee will hold responsibility for ensuring that these updates are included on Council agendas and link committee reports back to the Comprehensive Plan. Finally, the Planning Council will review overall progress of the Comprehensive Plan annually.

The Planning Council may use internal tools to help document and track quarterly progress on Comprehensive Plan activities. Tracking activities will capture specific information about who, what, when, and where. A sample monitoring and tracking tool is provided in Appendix 2.

Figure 8 highlights Comprehensive Plan objectives, related measures, and a monitoring timeline for 2012. The Planning Council will update this monitoring timeline on an annual basis.

FIGURE 8 Tracking approach for 2012 Comprehensive Plan Activities



GOAL 1 Objectives and Potential Tracking Measures

a. *Conduct targeted outreach to youth:* audiences reached, materials developed/distributed, events/activities completed

b. *Promote linkages to STD clinics:* referral plan developed, resource directory dissemination, partnerships explored

c. *Maximize use of social media and internet mechanisms to reach targeted communities:* online sites identified, profiles explored, partnerships explored, audiences engaged

d. *Conduct targeted outreach to people living with or at risk for HIV or AIDS:* condoms distributed, syringes available, audiences reached, materials developed/distributed, events/activities completed

GOAL 2 Objectives and Potential Tracking Measures

a. *Promote linkages to care for people who recently tested positive:* barriers identified, outreach/trainings completed

b. *Promote linkages to care for recently-released incarcerated people*: outreach to Department of Corrections conducted, legislation promoted

c. *Promote linkages to care for people who have fallen out of care:* strategies identified

GOAL 3 Objectives and Potential Tracking Measures

a. *Foster a network of providers across Santa Clara County:* networking plan developed, provider inventory completed, networking/trainings conducted

b. *Minimize barriers for clients to receive services*: barriers identified

c. *Leverage volunteers to help PLWH/A & their caregivers navigate the system*: volunteers identified, trainings completed

d. *Provide high-quality health care for PLWH/A:* QM plan adopted and monitored

GOAL 4 Objectives and Potential Tracking Measures

a. *Refine existing efforts for receiving continuous community input:* successes and challenges identified, action plan developed

b. *Raise awareness about HIV among the residents of Santa Clara County:* awareness-raising activities completed (outreach to press, social media faith-based groups, corporations)

c. *Engage PLWH/A to be advocates in the community:* presentations delivered, partnerships formed, awareness-raising activities completed

d. *Engage providers in issues facing PLWH/A:* networking/trainings conducted

e. *Measure and increase awareness about community HIV viral load:* feasiblity assessed

Using data and measuring clinical outcomes

Key components of monitoring and evaluating this Comprehensive Plan will include continued and improved use of epidemiological data describing the epidemic, Ryan White client-level data, use of aggregate data in monitoring service utilization, and measurement of clinical outcomes. The STD & HIV Program will continue to review epidemiological, unmet needs, system performance, outcome, and other quality management data to examine and validate the clinical outcome of existing processes and explore potential process changes in order to improve those outcomes. Review and validation of QM data is a key activity of the Planning Council's Quality & Standards Committee when developing standards of care. Likewise, review and validation of QM data is a key activity of the Planning & Resources Committee when facilitating the priority-setting and resource allocation process. The results of these efforts inform the service delivery and allocation planning process and guide current and future system development and operation. They will also be important for monitoring the progress in achieving this Comprehensive Plan's goals.

Goals of the *HIV Services Quality Management Plan for San José, CA TGA*

1. Provide continuous, high-quality health care for people living with HIV or AIDS that meets or exceeds public health service guidelines.
2. Ensure people living with HIV or AIDS have access to a range of core medical and support services as part of a comprehensive system of care.
3. Ensure individuals who test positive for HIV are linked to care within three months of diagnosis.
4. Ensure that HIV care and support services are high-quality, culturally and linguistically appropriate, and delivered by professionals with relevant training and expertise.
5. Implement a robust Quality Management Program to monitor and improve the quality of services that includes the participation of providers and consumers, yet minimizes the burden on all stakeholders.

The STD & HIV Program, in collaboration with a public health contractor and a QM working group, recently developed an *HIV Services Quality Management Plan for San José, CA TGA* (or the "QM Plan"). The QM Plan is for January-December 2012 and was developed in coordination with the County's *2012-2014 Comprehensive HIV Prevention and Care Plan* to coordinate efforts, reduce burden and redundancy, and align the two plans whenever possible. The purpose of the QM Plan is to guide the County's HIV quality management program and related activities. Although the County and HIV service providers have been conducting QM activities for many years, this plan formalizes these activities and provides an important structure for ongoing and future work. It articulates the overall goals of the QM program, identifies key roles, establishes annual goals and objectives (including priority performance measures), and recommends additional goals, objectives, and activities for subsequent years (to be re-assessed at the end of the first year). Lastly, the QM Plan provides a timeline for key activities to facilitate progress toward the goals and

objectives. The STD & HIV Program, through its HIV QM Program, will be responsible for the implementation of the system-wide HIV QM Program and will be led by the Clinical Quality Management Coordinator within the program. The QM Plan will be updated on an annual basis.

Many of these QM Plan goals are closely tied to the goals of this HIV Comprehensive Plan. The County will use a variety of resources to help implement and monitor both plans, including PHD staff, information technology, and other infrastructural resources (meeting space, supplies, etc.). In addition, a key resource is California's ARIES, a custom, web-based, centralized HIV/AIDS client management system that provides a single point of entry for client-related data, allows for coordination of client services among providers, meets both HRSA and state care and treatment reporting requirements, and provides comprehensive data for program monitoring and scientific evaluations. ARIES enhances services for clients living with HIV or AIDS by helping providers automate, plan, manage, and report on client data. ARIES is administered by the California Office of AIDS, another resource for QM activities in the state. Lastly, technical assistance resources are also available through HRSA/HAB, CDC, the National Quality Center, and other local or national organizations.

To ensure broad participation of key stakeholders (e.g., providers, people living with HIV or AIDS, and other groups) in future and ongoing QM activities, the STD & HIV Program will establish an HIV Services Quality Management Committee. The purpose of this committee is to advise the STD & HIV Program in implementing the QM Program. It will serve important advisory roles, providing critical input to the QM Program, assessing quality data, and recommending quality improvement activities or projects. At least three of the 10 members of this committee will be from the County's HIV Planning Council. The role of these Planning Council members will be to serve as liaisons between the two groups. Members will also ensure that information about the QM Committee and Council activities, along with potential implications, are included in each group's planning process. In addition, the STD & HIV Program will update the Council on QM activities and results throughout the year.

Closing thoughts

As indicated throughout this document, the *Santa Clara County 2012-2014 Comprehensive HIV Prevention & Care Plan for San José, CA TGA* is a roadmap and guide to how HIV prevention and care services are offered and will be delivered over the course of the next three years. This Comprehensive Plan reflects where the San José, CA TGA has been, where it currently is, and where it is heading.

While the HIV/AIDS epidemic has changed with time, new prevention technology, resources at the state and federal levels, and federal leadership that established the first National HIV/AIDS Strategy will contribute to even more change. This Comprehensive Plan will assist those in Santa Clara County to ensure that its response to the HIV epidemic is: 1) in step with a changing environment, and 2) implements strategic decisions and actions to help reduce new instances of HIV transmission while improving the quality of life for those living with HIV and AIDS.

Glossary

ABBREVIATION	WORD / PHRASE
AETC	AIDS Education and Training Center
ARIES	AIDS Regional Information and Evaluation System
CDC	U.S. Centers for Disease Control and Prevention
E&A Committee	Education & Awareness Committee (Planning Council)
EHARS	Enhanced HIV/AIDS Reporting System
EIIHA	Early identification of individuals with HIV/AIDS
HAB	HIV/AIDS Bureau
HRSA	Health Resources & Services Administration
IDU	Injection drug user
MSM	Men who have sex with men
P&R Committee	Planning & Resources Committee (Planning Council)
PHD	Santa Clara County Public Health Department
PLWH/A	People living with HIV or AIDS
RW Program	Ryan White Program
QM	Quality management
Q&S Committee	Quality & Standards Committee (Planning Council)
STD & HIV Program	STD & HIV Prevention and Control, Santa Clara County Public Health Department
TGA	Transitional grant area

Appendix 1: Needs assessment supplement

Overview of 2011 Santa Clara County HIV/AIDS needs assessment methodology & participants

Survey

The survey, available in English and Spanish and in online and print form, was open to Santa Clara County residents living with HIV or AIDS. The survey was available for six weeks (June-July 2011). A $10 gift card was offered as an incentive to participants. Promotional materials (postcards and posters) and paper copies were distributed to Ryan White and other service providers, as well as to sites (such as gay bars and a bath house) recommended by the Planning Council. At one site (a food pantry), computers were available for participants to complete the survey. In addition, the survey was advertised online (via Craigslist announcements, listservs, and email blasts from the Planning Council) as well as by word of mouth. A total of 174 surveys were initiated (online: 141 English and 5 Spanish; print: 26 English and 2 Spanish); 24 were incomplete, duplicates, or otherwise excludable, and 27 did not meet eligibility requirements, resulting in 123 completed surveys.

The survey data were analyzed to create descriptive statistics. For some questions, respondents could select multiple responses, therefore the data do not total 100 percent; these questions are identified when the respective data are reported. In other cases, the data exhibit a small degree of variance due to rounding.

The survey has limitations common to other online surveys, including that a response rate could not be calculated and it was not a random sample of eligible PLWH/A in Santa Clara County. The survey was heavily advertised in RW provider settings in order to oversample RW recipients who are the main beneficiary of RW-funded programs. Thus, findings may not be generalizable to the PLWH/A population in the County as a whole. Moreover, the data are self-reported. Also, as is common with online surveys, there were some data quality issues. For instance, in several cases it appeared that the same individual had completed multiple surveys. When possible, IP addresses were used to identify such situations; however, IP addresses are not unique identifiers. There were many shared IP addresses in the dataset since some surveys were completed on site in a service provider setting. In cases of suspected duplicates with the same IP address, responses to demographic and geographic (i.e., ZIP code) questions were compared. Surveys with duplicate responses for these questions were removed. Also, when services were listed to assess whether respondents were aware of, needed, and had received the service, it is possible that respondents differed in how they interpreted the listed service since the description was simplified and did not use the official service definition. In addition, it is worth noting that some services falling outside of the range of allowable RW services were included.

Provider interviews

Key informant interviews were conducted with 15 HIV service providers in the County (11 RW providers, and four non-RW providers) selected in collaboration with the Planning Council. Interviewees included representatives from the following areas: medicine, nursing, pharmacy, psychiatry, outreach, housing, benefits counseling, support services, and legal services. Key themes from the provider interviews are included throughout Chapter 2.

Focus groups

The needs assessment included two focus groups about HIV services in the County and one about HIV prevention. The topics and audiences were selected by the Planning Council with the goal of gathering information from relevant populations likely to be underrepresented in the survey. The groups were hosted during July 2011. One of the focus groups about services was attended by seven women in their 40s and 50s, all of whom have been living with HIV or AIDS for at least 10 years. Four received services through the RW Program. The second focus group about services included 15 Spanish-speaking participants, ranging in age from 28 to 64, with male (8), female (7), and transgender (1) participants. Respondents were evenly mixed in terms of the time since their diagnosis, ranging from less than a year to more than 10 years. Two-thirds received services through the RW Program. The prevention focus group included 15 youth ages 18-24 who participate in programs at a local youth center.

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TABLE A1 2011 HIV/AIDS needs assessment survey respondent characteristics*

CATEGORY	SUBCATEGORY	NUMBER (N)	PERCENT (%)
Gender	Male	98	80%
	Female	16	13%
	Transgender	5	4%
	Other	3	2%
Age	18 – 34 years	17	14%
	35 – 44 years	27	22%
	45 – 54 years	48	39%
	55 or older	31	25%
Ethnicity	Caucasian	56	46%
	Hispanic	34	28%
	African American	13	11%
	Asian/Pacific Islander	5	4%
	All other	15	12%
Primary language spoken at home	English	110	90%
	Spanish	11	9%
	Vietnamese	1	1%
Education	College or graduate degree	35	28%
	Some college	36	29%
	Vocational school/associate's degree	13	11%
	High school diploma/GED	20	16%
	Some high school or less	19	15%
Monthly household income	Less than $908	36	30%
	$908 to $1814	38	31%
	$1815 to $2722	18	15%
	More than $2723	18	15%
	Don't know/Undisclosed	12	10%
Time living in Santa Clara County	Less than 2 years	7	6%
	More than 2 years but less than 5 years	10	8%
	5 years or more	105	86%
HIV status	AIDS	40	33%
	HIV	83	67%
Time since diagnosis	1 to 4 years	17	14%
	5 to 9 years	21	17%
	10+ years	77	63%
	Less than 1 year or don't remember	8	7%
Primary source of HIV medical care	Local public health clinic	77	65%
	Private hospital/clinic	29	24%
	All other	13	11%
Ryan White recipient	Yes	93	79%
	No	24	21%

Source: 2011 Santa Clara County HIV needs assessment survey of PLWH/A
**Note: Multiple questions are depicted. The denominator for each question ranged from 117-123, as not every participant responded to each question.*

HIV services focus group with women living with HIV or AIDS

Summary of key findings

Participants were generally aware of HIV services, although they perceived services being limited in quantity, variety, and eligibility. Participants said that the challenges of being a woman living with HIV or AIDS include feeling isolated, difficulty establishing romantic relationships, struggling with body image, and facing financial hardship. Coping is very difficult. Other highlights of participants' responses are described below.

Living with HIV or AIDS in Santa Clara County

Participants described feeling very isolated with few sources of social support. In addition to experiencing changes in their body (such as lymphedema) that affect their body image, dating is also a challenge; one woman described being left at a restaurant after revealing her HIV status on a first date. Several have not disclosed their status to their families, and a women's support group is one of few opportunities for interacting with others living with HIV or AIDS. Participants also discussed living with financial hardship, including limited resources, difficulty finding employment, and rising costs for health care.

Awareness of HIV-related services

There was general awareness about HIV-related services (particularly among RW recipients), although there was some uncertainty about who specifically to contact at provider sites. There was also a sense that the quantity and variety of service offerings are limited compared to other counties (e.g., San Francisco and Alameda) and have diminished over the years. Currently, not everyone is eligible for services (most programs are targeted towards low-income PLWH/A), and alternative therapies, such as massage, are not available.

Use of services

Different services that have been used by participants include:

- HIV medical care
- Prescription medication
- Dental
- Legal
- Food assistance
- Rent assistance
- Financial assistance
- Transportation
- Home help (i.e., assistance with activities of daily living)
- Support group
- Mental health services

Not everyone had received all of the services mentioned. With budget cuts on the federal level, participants expressed fear about services being cut and mentioned prescription medication specifically.

Experience using services

There was a perception that services provide only the "bare essentials." The women had mixed experiences with legal services. Some had long waits for dental services, and two women had negative experiences using them. Services such as transportation and housecleaning were much appreciated, but not seen as widely available. It was helpful to receive financial assistance for health insurance co-pays, rent, or other expenses, but not everyone had received these services. Their experiences using medical services were generally positive.

Mental and emotional health

Participants said the psychological part of having HIV is the most difficult. Many participants are receiving mental health care, although one woman felt that seeing a psychiatrist once a month was not sufficient. In the words of another participant, "I'm healthy, but my mind is not so good."

Sexual health

Some of the women's doctors have talked with them about their sexual health; others have not or talk with them only if they are sexually active. Before getting married, one woman's fiancée met with her HIV doctor. Several women expressed that sexual health is not a topic they feel inclined to talk about with their doctors.

Experience finding out HIV-status and getting care

All participants were diagnosed with HIV or AIDS more than 10 years ago. Several women chose to get tested after seeing symptoms (even death) in a partner or finding out their partner had used drugs, or been sexually active outside of their relationship. The decision to get tested was not always immediate; even after suspecting they might be infected, some women delayed getting tested because they were "in denial." Others found out they were infected upon being tested after an arrest.

The participants have generally been in care since diagnosis, with treatment approaches including AZT, ARVs, alternative therapies, research studies, and alternate dosing schedules. Several described feeling alone as they navigated their condition while trying to continue with their lives. One woman felt that her diagnosis was the "end of my life."

Strategies to make services easier to use

Women said different strategies that would make it easier to use services include:

- Website that summarizes and links to services
- Central email newsletter
- One-stop shop for services
- Continuity – having the same services at the same time and same place; it is hard to get used to a group and then see it disappear
- More staffing – case managers do good work, but they are inundated and cannot always follow through
- Better visibility of available services – it can be hard to know what services are out there

HIV services focus group with Latino/Hispanic men, women, & transgender people living with HIV or AIDS

Summary of key findings

Most participants were aware of at least some of the HIV services offered in Santa Clara County. They expressed frustration with delays and waiting lists to receive services, paperwork requirements to establish eligibility, and limited access to the services that are available. Many felt that there are few culturally competent and Spanish-speaking staff and limited Spanish-language information about services. In addition, there was a sense among participants that providers do not understand where they are coming from, and that there is a lack of representation and advocacy for the Latino community. A support group designed for and moderated by Latinos has been an invaluable source of information and support.

Experience living with HIV or AIDS in Santa Clara County

Participants described feeling stigmatized for several reasons: 1) being Latino, 2) being HIV-positive, and 3) accessing services. They fear using HIV services close to their home, but some also find that services are too far away. There is also a sense that services are not designed for Latinos and that sometimes they are brushed off by staff who are overwhelmed or are not culturally competent. Several participants described a long process of coming to terms with their diagnosis and overcoming feelings of shame or fear before choosing to access different services.

Services used

Most participants received confirmatory HIV results in the early 2000s, and all have remained in care from the beginning. They are taking HIV medications, but several described not having access to "extra" medications for secondary effects, such as pain.

Services that have been accessed by participants include:

- Prescription HIV and other medications
- Medical care
- Dental
- Vision
- Food assistance
- Housing assistance (referred to as the most frustrating service of all)
- Transportation
- Support groups (limited availability)
- Mental health services

Specific services mentioned as needing more of include:

- Legal
- Psychological and psychiatric
- Nutrition and fitness
- Empowering programs/support groups

Experience using services

Participants expressed frustration and disappointment with the amount of repetitive information requested when applying to receive or renew services, as well as personal questions about their "private life." There is a perception that services are impersonal, unfriendly, saturated, not culturally competent, and exclusive to MSM and/or transgender populations. There is also a perception that bilingual staff members are either too few or not available enough, and that sites lack information in Spanish regarding available services.

Support group

A Spanish support group has been extremely helpful for Latino men, women, and transgender individuals. It provides valuable support and is a primary source of information about services, sexual health, and other topics. The information is not "watered down" and is presented in a comfortable environment. Participants expressed concern about funding to support this program.

Barriers to getting care

- *Fear related to immigration status:* Many participants have friends who fear accessing services due to their undocumented status and, therefore, may delay accessing services. There is fear of being discriminated against and concern about information not being kept confidential. There is also concern about not having access to medication while being detained before deportation.
- *Inconvenient service hours:* There is a sense that business hours are not conducive to participants' schedules and taking time off from work is not cost-effective.
- *Not feeling understood:* Participants did not feel understood when receiving services and mentioned that they perceive an attitude of "doing us a favor" from some providers.
- *Lack of information and services in Spanish:* In addition to a perceived lack of information in Spanish, participants expressed concern about the discontinuation of mental health services at one bilingual provider site. Also, they find talking about sexual health with a translator or over the phone breaks the flow of conversation.

Strategies to make using services easier to use

- Greater distribution of information in Spanish
- Seamless collaboration across agencies
- Single location to receive most services
- Targeted services for the recently diagnosed
- More training on personal relations and cultural awareness for providers
- Provide services in rural communities

Strategies to raise awareness and reduce stigma

- More education about HIV (what it is, how it is and is not transmitted)
- More HIV public announcements in Spanish on radio, TV, billboards, newspapers, flyers
- Encourage PLWH/A to become educated so they can educate others
- Focus on solutions, rather than placing blame
- More early education in schools about HIV in addition to pregnancy prevention

HIV prevention focus group with youth

Summary of key findings

The youth focus group participants were well-informed about how to prevent getting HIV. They were aware of prevention services, including where to get tested and where to get condoms, and generally feel comfortable using services. Still, they said that youth are desensitized to prevention messages. As one participant said, "We do know what can happen. We just close our eyes to it like it's not going to touch us." They said that seeing HIV firsthand, reducing taboo, and encouraging open conversations may help motivate other youth to practice safer behaviors.

Sources of information about HIV

- Youth programs
- Sex-education classes at school
- Internet
- Television
- Newspapers
- Posters
- Doctors
- Pamphlets
- Mobile testing vans

Condoms

Participants emphasized that youth are definitely having unprotected sex. They know where to get condoms (although buying them can be embarrassing) and are aware of their benefits. However, many simply choose not to use them.

Drugs

According to the participants, many youth use drugs (particularly alcohol and marijuana) to calm down, cover up pain, or to cope with bad situations. Others use them for fun or to try to fit in. They understand that alcohol and drugs impair judgment and increase HIV risk through unprotected sex, but as one participant said, "We know, we just don't care."

Talking with friends about HIV

Participants said youth are not talking much about HIV with their friends. Sometimes the risk of STDs or pregnancy comes up when talking about unprotected sex. There is a sense that it would be scary for someone with HIV to tell others about his or her status.

Ways to help youth reduce their risk of HIV

Youth know the risks, but close their eyes and assume that nothing will happen to them. They are desensitized to the message. Youth may feel concerned about having contracted an STD only *after*

engaging in a risky behavior. Feeling concern may or may not prompt them to get tested; it depends on the individual.

Strategies to help reach youth with HIV-prevention messages

- *Show HIV in real life:* While the youth attended various educational sessions over the years, most have not seen HIV firsthand. Hearing an HIV-positive individual share "the real deal" about having HIV, or one of their peers speak up about being HIV-positive, would help make it real and "scare" youth into safer behaviors. Field trips to labs that do STD testing may also help.
- *Make HIV less taboo:* Help people become more comfortable talking about HIV/AIDS, even if the conversation gets graphic. HIV is a serious issue, and parents and schools need to show it is an important topic. It is important to not be afraid to talk about it. Youth who do not know about HIV need to feel they can ask questions without being laughed at.
- *Encourage youth to talk about HIV, testing, and safer behaviors with each other:* Youth are more likely to listen to their peers than an authority figure when it comes to messages about testing and safer sex. They can help each other by reminding their friends to use protection when they see that they are high or hear they are having unprotected sex.
- *Get parents involved:* Parents need to know that their children are going to find out about sex one way or another. It is better that youth receive accurate information about the "right way" to have safer sex than learn the "wrong way" from their peers. Even though parents may be reluctant or embarrassed to have a conversation, not talking with children about sex only makes them more curious.
- *Reach youth earlier:* By the time they reach their late teens, many youth are too set in their ways, so it is better to reach them when they are younger. By junior high, youth stop paying attention.
- *Spread the message using TV, internet, and text messages:* Participants said that there is a noticeable absence of commercials promoting HIV prevention and testing on TV. One strategy is to run commercials during shows that youth are watching (including cartoons); another is to embed the messages in the plots of shows. Youth are less likely to disregard an ad if it comes from real people, instead of actors. A third strategy is to place pop-ups or ads on websites (including porn sites) that youth use. Two more strategies include creating "something hella crazy or something weird" that could go viral on YouTube and sending facts via text messages.

Appendix 2: Sample quarterly activity tracking form for the Planning Council

Quarterly Activity Tracking Form

Date: _____

Person(s) completing this form: _____

1. BACKGROUND INFORMATION

Comprehensive Plan Goal (circle one):

1. Reduce the number of new HIV infections in Santa Clara County (and beyond) through comprehensive prevention, education, and outreach efforts.
2. Increase linkages into care for people who test positive for HIV.
3. Provide comprehensive high-quality health care to people living with HIV or AIDS through a diverse group of providers who are knowledgeable, compassionate, and work together.
4. Increase community awareness and involvement, and decrease stigma around HIV/AIDS in Santa Clara County.

Plan Objective: _____

_____

Plan Activity: _____

_____

2. SPECIFIC ACTIONS THIS QUARTER

Summary of activities (what)	
People involved (who)	
Key outcome(s)	
Next steps & follow-up	
Challenges & potential solutions	

Please attach any additional notes and key documents (e.g., meeting agendas, workplans, etc.).

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