



**Wisconsin**  
**HIV/AIDS Strategy**

**2012- 2015**

*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 quality, life-extending care, free from stigma and discrimination.*

**National HIV/AIDS Strategy**

July 2010

The *Wisconsin HIV/AIDS Strategy (WHAS)* can be viewed and downloaded from the web-based library of the Wisconsin HIV/AIDS Community Planning Network website. Further information regarding the *WHAS* and the Wisconsin HIV Community Planning Network or the Statewide Action Planning Group can be obtained by contacting Barbara Nehls-Lowe, Wisconsin HIV Community Planning Network Coordinator, at 608-890-4653 or [bnehlslowe@dcs.wisc.edu](mailto:bnehlslowe@dcs.wisc.edu).

September 2012

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## I. Introduction and Background

On behalf of the Wisconsin Statewide Action Planning Group (SAPG), we are pleased to present the *Wisconsin HIV/AIDS Strategy (WHAS)*, a living document which addresses the dynamic and ever changing nature of HIV-related services and activities. The *WHAS* is a planning document that is required as a condition of funding by two federal agencies, the Health Resources and Services Administration (for Part B of the Ryan White CARE Grant) and the Centers for Disease Control and Prevention (under Program Announcement PS12-1201: HIV Prevention Cooperative Agreement).

The purpose of the *WHAS* is to identify priority needs for HIV-related prevention and care services in Wisconsin for the period 2012-2015 and to address the three major goals of the [National HIV/AIDS Strategy \(NHAS\)](#) which are directed at:

1. reducing HIV incidence,
2. increasing access to care and optimizing health outcomes, and
3. reducing HIV-related health disparities.

The *WHAS* is consistent with the priorities of the State health plan [Healthiest Wisconsin 2020](#) and is aligned closely with State health plan focus areas, particularly those involving:

- access to high quality health services,
- alcohol and drugs,
- communicable diseases,
- health disparities,
- reproductive and sexual health, and
- social, economic, and educational factors that influence health.

The *WHAS* is intended to expand the capacity of Wisconsin's HIV care and prevention service systems to implement high quality, scientifically sound, culturally competent services that reach individuals at highest risk and those disproportionately affected by HIV infection. While HIV prevention and care services are provided by a diverse group of organizations and individuals in Wisconsin, the *WHAS* addresses those services and activities that are primarily overseen and coordinated by the Wisconsin AIDS/HIV Program in the Division of Public Health, Wisconsin Department of Health Services.

The organizing framework for the *WHAS* is the [Prevent-Test-Link-Treat](#) model of community planning and service delivery which captures the critical activities, functional areas, and integrated nature of HIV-related public health services in Wisconsin.

Over the past several years, this planning document has evolved as a comprehensive combined plan for HIV prevention and care services. The *WHAS* addresses the changing demographics of the HIV epidemic and the inclusion of new technologies in service delivery. It also integrates key concepts that reflect philosophical shifts in program planning and service delivery such as the following:

*Early Identification of Individuals with HIV/AIDS and Linkage to Care* -- resources increasingly focus on identifying individuals who are unaware of their HIV status, linking HIV positive individuals to care and supporting retention in care, and referring HIV negative individuals into services that assist in keeping them negative.

*Targeting Resources to Persons Disproportionately Affected by HIV*

The majority of Wisconsin's cases are located in the southeastern region of the state. Over 60% of HIV funds awarded by the Department of Health services are directed to agencies in southeast Wisconsin.

*Scalability of Activities* -- interventions are directed to select priority populations in ways that are efficient and effective in order to maximize limited resources. Examples include the delivery of an effective, science-based behavioral intervention to male-to-female transgender persons and targeted condom distribution to gay, bisexual and other men who have sex with men.

*Expanded Engagement with Partners and Stakeholders* -- emphasis is placed on stronger collaboration and coordination of HIV prevention, care, and treatment as well as expanded engagement of partners and stakeholders in program planning, implementation, and evaluation.

*Coordinated Implementation of the Patient Protection and Affordable Care Acts (ACA)* -- the ACA is expected to bring large numbers of uninsured persons, including persons living with HIV, into the health care system. As timelines for various provisions of the ACA are reached and more individuals engage in health care services, there will be increased demand for accessing and coordinating HIV-related prevention and care services.

*Monitoring Health Outcomes and Quality Services* -- the Institute of Medicine (IOM) recently released the report [Monitoring HIV Care in the United States: Indicators and Data Systems](#) which identified critical data and indicators related to continuous HIV care and access to supportive services. This report demonstrates the need for consolidating data and measures of health indicators that can assist in monitoring the impact of the NHAS and ACA on improvements in HIV care.

Many individuals and organizations contributed to the development of this planning document through their dialogue and participation with the SAPG. We thank the providers and consumers of HIV prevention and care services and their affiliates and advocates who, on a daily basis, are actively engaged in and committed to quality HIV services in Wisconsin.

James Vergeront, MD  
Health Department Co-Chair

Jose Salazar  
Community Co-Chair 2012

Jeff Smith  
Community Co-Chair Elect 2012

## II. Wisconsin HIV/AIDS Data Trends

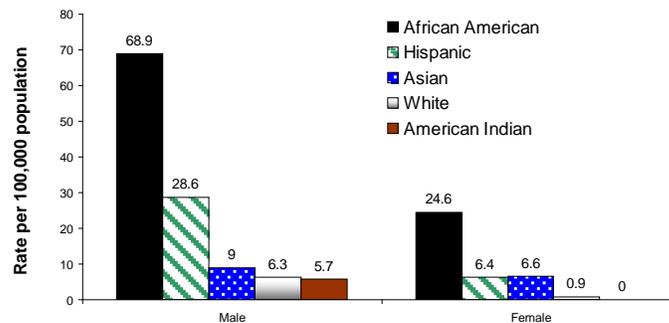
Confidential, name-associated reporting of confirmed HIV infection and AIDS to the Wisconsin AIDS/HIV Program is required by Wisconsin statute ([s. 252.15](#)). Case reports are submitted to the Wisconsin AIDS/HIV Program from private physicians, hospitals, clinics, ambulatory care facilities, sexually transmitted disease clinics, the Wisconsin correctional system, family planning clinics, perinatal clinics, tribal health clinics, blood and plasma centers, military entrance processing stations, HIV testing sites, and laboratories performing HIV testing.

Once collected, surveillance data is analyzed to define the demographics of the epidemic in Wisconsin, to identify disease trends, to provide essential data for program planning and resource allocation, and to assist in the evaluation of HIV-related prevention and care services and health outcomes. On an annual basis, the AIDS/HIV Program releases a comprehensive analysis of state HIV surveillance data for the preceding year and cumulative data reported since the beginning of the HIV epidemic in Wisconsin.

### HIV incidence

In 2011, 285 new cases of HIV infection were reported in Wisconsin. Despite year-to-year fluctuations, case rates remained stable over the past decade. Case rates increased (15%) in males and declined (-28%) in females. Males accounted for 82% of the new cases reported during 2011. Black and Hispanic males, respectively, have had rates more than ten and five times higher than those of Whites in the past five years (2007-2011). The disparities in women are even greater—more than 25-fold for Black and five-fold for Hispanic women, compared to White women. Asian men and women also have higher rates than Whites. Because the number of cases among American Indians is small, rates fluctuate (Figure 1).

**RACE/ETHNICITY: RATES**  
**Figure 1: Reported rates of HIV infection per 100,000 population by sex and race/ethnicity, ages 15-59, Wisconsin, 2007-2011**

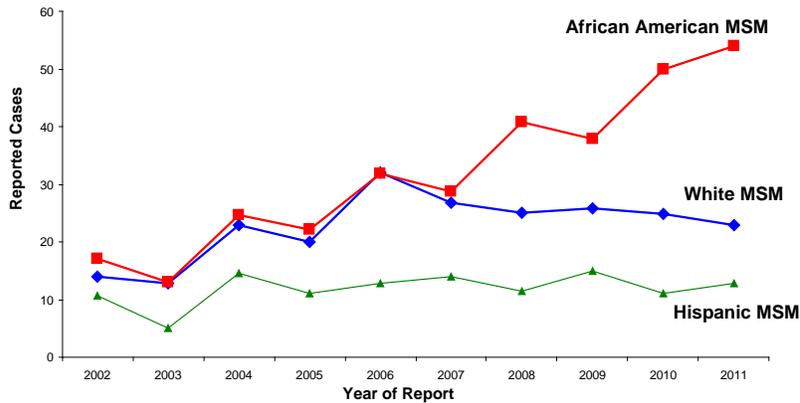


Men who have sex with men (MSM) accounted for 72% of new cases reported in 2011, including 3% of cases among MSM who were also injection drug users. MSM cases increased by 29% from 2002 to 2011. Cases tripled (218% increase) in young Black MSM ages 15-29 and increased in young White (64%) and young Hispanic (21%) MSM (Figure 2).

Reflecting national trends, young Black/African American MSM in Wisconsin continue to experience the greatest increases in the proportion and number of cases of HIV, the largest decline in median age of diagnosis, and the highest HIV prevalence of any demographic group

in the state. Reported cases of HIV in Black MSM under age 30 in Wisconsin tripled over the past decade (defined as 2002-2011). Young Black MSM accounted for one-in-five (19%) of the new HIV cases in 2011, compared to 6% in 2002. Half of Black MSM diagnosed in 2011 were younger than 24 years of age. One-in-three Black MSM ages 15-59 is estimated to be HIV-positive, a prevalence rate three times higher than that for Hispanic MSM, six times higher than for White MSM and more than 500 times higher than the adult population of Wisconsin as a whole.

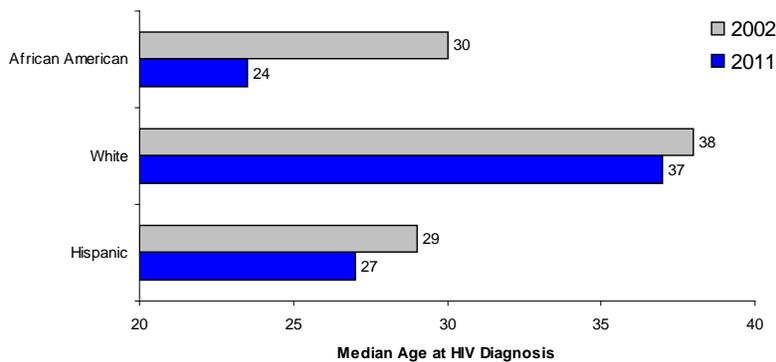
**YOUNG MSM: RACE/ETHNICITY**  
**Figure 2: Reported cases of HIV infection, MSM\* ages 15-29, by race/ethnicity, Wisconsin, 2002-2011**



\* Data have been statistically adjusted to account for unknown risk. See technical notes.

Between 2002 and 2011, the median age at diagnosis declined in MSM from 36 to 33 years of age. The drop was greatest in Black MSM, decreasing from age 30 to age 24 (Figure 3).

**AGE AT DIAGNOSIS: MSM**  
**Figure 3: Median age at HIV diagnosis for MSM by race/ethnicity, 2002 and 2011**



\* Excludes cases with unknown risk exposure.

High risk heterosexual contact accounted for 19% of new cases reported during 2011; females accounted for 60% of heterosexual cases in 2011. People of color accounted for 72% of

heterosexual cases (Blacks: 46%, Hispanics: 29%, Asians: 4% and multi-racial: 4%). Cases attributed to heterosexual risk have declined 24% over the last decade.

Cases in injection drug users (IDUs) also declined (-25%) from 2002 to 2011 and accounted for 8% of cases in 2011. The majority of injection drug use (IDU) cases were White male (64%); 57% were male.

Two perinatal cases were reported in Wisconsin in 2011.

Half (n=37) of Wisconsin's 72 counties reported at least one new case of HIV in 2011; 53% of cases were reported from Milwaukee County, 11% from Dane County, 5% from Kenosha and less than 3% from any other county. Three cases were reported from the Wisconsin Department of Corrections.

### **HIV cases moving into Wisconsin**

In addition to the 285 new cases of HIV infection reported during 2011, 163 individuals previously diagnosed with HIV infection moved to Wisconsin from another state. A larger percentage (54%) of these cases had progressed to AIDS compared to cases first diagnosed in Wisconsin (33%).

### **Late testers**

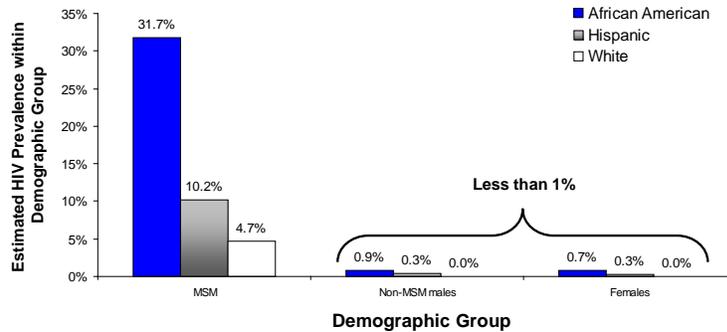
Late testers are persons whose disease progresses to AIDS within one year of receiving their initial HIV diagnosis, including those who received an HIV and AIDS diagnosis simultaneously. More than one-in-four (28%) of individuals diagnosed with HIV in 2010 was a late tester, a decline from 35% in 2006. Persons aged 35 and older and those with heterosexual risk had greater percentages of late testers.

### **Persons living with HIV infection**

As of the end of 2011, 6,550 individuals reported with HIV or AIDS were presumed to be alive and living in Wisconsin. Three-quarters (77%) of these were first diagnosed in Wisconsin; the others were initially diagnosed elsewhere. The federal Center for Disease Control and Prevention (CDC) estimates that 21% of people living with HIV are unaware of their HIV status, thus the total number of people living with HIV in Wisconsin is estimated to be 8,300.

The median age among people living with HIV in Wisconsin is 45 years. The impact of HIV on the population varies by demographic group. One-in-three (32%) Black MSM is estimated to be HIV-positive, compared to one-in-ten Hispanic and one-in-twenty White MSM. Females and non-MSM males of all racial groups have an HIV prevalence of less than 1% (Figure 4). Half of prevalent cases live in Milwaukee County; 12% live in Dane County and all other counties have less than 3% of cases.

**ESTIMATED PREVALENCE\* BY DEMOGRAPHIC GROUP**  
**Figure 4: Impact of HIV on selected demographic groups, ages 15-59 years, Wisconsin, as of December 31, 2011**



\* The estimated prevalence is adjusted to account for the CDC's estimate that 21% of HIV-infected persons are unaware of their infection and therefore not reported. The MSM population for each racial ethnic group uses the CDC's estimate that 4% of adult males are MSM.

### Deaths

Deaths due to any cause among people reported with HIV infection have declined markedly since the early 1990s. Deaths peaked in 1993 (373 deaths). In 2009, the most recent year with complete data, 105 deaths are known to have occurred. The median age of death rose from age 42 in 2000 to age 50 in 2009.

### Implications

#### ***HIV incidence***

Trends in recent cases first diagnosed in Wisconsin should guide planning for HIV prevention. The steep rise in cases and decline in median age of diagnosis in young MSM, especially young African American MSM, suggest that this population should be the top priority for HIV prevention efforts in Wisconsin. The decline in median age of diagnosis may reflect both acquisition of HIV at a younger age and diagnosis closer to the time of infection, suggesting that recent efforts to better target HIV testing in young MSM have met with some success. Maintaining prevention efforts in those with high risk heterosexual behaviors and IDUs is also important. The number of new cases of HIV in IDUs continues to decline but clusters of hepatitis C in IDUs in rural parts of Wisconsin underscore the risk that HIV incidence could increase in IDUs and the importance of providing effective prevention services for both HIV and hepatitis C.

#### ***HIV prevalence***

HIV prevalence data should guide HIV care and treatment services. As of the end of 2011, 6,550 people were reported with HIV and presumed to be living in Wisconsin. The median age of 45 for persons living with HIV indicates that HIV care providers must attend to patients' health conditions related to aging as well as HIV disease.

#### **Accessing the Surveillance Annual Review and related resources**

The full report, [Wisconsin Department of Health Services AIDS/HIV Surveillance Annual Review Incident and Prevalent Cases and Deaths Reported through December 31, 2011](http://www.dhs.wisconsin.gov/aids-hiv/Stats/index.htm), which includes annotated slides, tables and technical notes, is available at <http://www.dhs.wisconsin.gov/aids-hiv/Stats/index.htm>. Other reports regarding HIV and hepatitis C are also available on this site.

### III. Needs Assessment and Services Gaps

The Wisconsin AIDS/HIV Program identifies HIV service priorities through needs assessments and gap analyses, conducted both formally and informally through multiple venues. Identification of needs and service gaps is obtained through ongoing surveillance, epidemiologic investigations, surveys, special studies, community dialogues, contract monitoring, feedback from service providers and consumers, and input from individuals and communities at risk for HIV or related health disparities. The AIDS/HIV Program collaborates with community partners in identifying and prioritizing service needs and planning interventions to address service gaps.

#### A. Needs Assessment

The AIDS/HIV Program conducts many activities that address the five primary components of a comprehensive needs assessment, as defined by HRSA:

- an epidemiologic profile and monitoring of trends in HIV infection,
- assessment of service needs, including barriers to receiving needed services,
- assessment of resource capacity, including available services and number of clients served,
- assessment of service accessibility, availability and appropriateness for persons living with HIV and AIDS, and
- assessment of unmet needs and service gaps.

The following table highlights the activities conducted by the AIDS/HIV Program or in collaboration with partners to assess needs and identify service gaps.

Category	Data source/activity	Description
Surveillance & Epidemiology	HIV surveillance data	Collection, analysis, and dissemination of HIV case data
	Hepatitis C, STD, TB	Collection, analysis, and dissemination of data for co-morbid diseases
	Cluster investigations	Special investigations of clusters of HIV, syphilis, and hepatitis C (6 cluster investigations 2009-2012 to date)
	Milwaukee Epi Aid	Investigation by CDC in Milwaukee regarding increasing rates of HIV in young Black MSM
	Geocoding, GIS	Geographic analysis of data and comparison to data on social determinants of health
Other special studies	Native American needs assessment	Structured key-informant interviews with 11 tribal coordinators regarding HIV prevention and care issues for tribal members
	<i>PrideFest</i>	HIV counseling and testing and structured surveys on key topics such as the home test kit
	in+care campaign	Grantee assessment of clinical retention in HIV care
	Recent diagnoses	Review of the first 50 cases of HIV diagnosed from 6/1/11: in care status and health outcomes; evaluation of linkage to care service system
	Community Readiness Assessment	Assess readiness of Black community in Milwaukee to address anti-gay discrimination in preparation for Acceptance Journeys social media campaign

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Category	Data source/activity	Description
	Evaluation of Acceptance Journeys	Process and outcome evaluation of Acceptance Journeys social media campaign
	Center for AIDS Intervention Research	Various HIV prevention and care research and evaluation studies
Databases	<i>EvaluationWeb</i>	Client-level counseling & testing and prevention data services data; aggregate data for condom distribution, capacity-building, and harm reduction
	<i>Partner ServicesWeb</i>	Client-level partner services data
	Laboratory	Client-level laboratory data
	AIDS Drug Reimbursement Program	Client-level ADAP utilization data
	Insurance	Client-level data for clients whose insurance premiums are covered by AIDS/HIV Program funds
	Medicaid	Claims data for HIV positive individuals
	PeriDataNet	Client-level data regarding births to HIV positive women
	CareXML	Ryan White service utilization data
Community meetings and forums	Statewide Action Planning Group	HIV consumers and providers meet for day-long meetings 5-6 times per year to provide input to the Wisconsin AIDS/HIV Program; meeting notes and documents prepared for the group's review
	Topic-specific	Meetings focused on specific topics such as the linkage to care grant (April), HIV cluster and coordination of services for YBMSM (March)
	Geographic area-specific	Periodic meetings in the Madison, Appleton, and La Crosse areas to foster coordination among providers
	Black Health Coalition	Task force meetings – PLWHA and community members
	ENDHIV	Planning process led by Diverse & Resilient, resulting from Epi Aid regarding HIV in YBMSM in Milwaukee
Feedback from grantees and other service providers and their clients	HIV case managers	Quarterly meetings of HIV case managers
	CBOs providing HIV prevention services	Periodic meetings of HIV prevention service providers
	Public counseling and testing site providers	Annual meetings of counseling and testing providers and social networks testing staff
	HIV partner services (PS)	Annual meetings and trainings of PS providers
	Linkage to Care grantees	Story boards prepared by LTC grantees; LTC grantees meet regularly throughout grant period
	Client satisfaction surveys, implemented by grantee agencies	Identification of issues from client perspectives
	Consumer Advisory Boards	Consumer input and advisories for direct service organizations
	HIV Treators Meetings	Case presentations and discussions evaluating clinical best practice

Category	Data source/activity	Description
Grantee Monitoring	Annual site visits	Assessment of grantee capacity, progress toward goals, fiscal assessment, and need for technical assistance
Beyond HIV	Reports regarding related health issues	For example, the State's report <i>Reducing Wisconsin's Prescription Drug Abuse: A Call to Action</i>
	Meetings regarding related health issues	For example, the Dane County <i>Drug Poisoning Summit</i> regarding prescription drug abuse.
	<i>Healthiest Wisconsin 2020</i>	The <i>Healthiest Wisconsin 2020</i> planning process and upcoming baseline data report
	Lesbian, gay, bisexual and transgender (LGBT) activities	LGBT health team, located in the AIDS/HIV Program, addresses issues beyond HIV. Data analysis and dissemination, cultural competence training, web site management, and input from staff working across a broad range of health areas
	Behavioral Risk Factor Survey/Youth Risk Behavior Survey data analysis	Population health data analyzed by the 12 HW2020 focus areas to identify health disparities by race/ethnicity, sexual minority status, disability, and socio-economic status.

## B. Client Needs and Service Gaps

Based on the needs assessment mechanisms described above, high priority barriers and service gaps were identified and are described below. The responsible parties for carrying out activities to address each gap are also provided, and a general timeline for addressing these large scale barriers is provided in [Addendum VI](#).

### ***Unaware of HIV infection***

The CDC estimates that 20% of individuals infected with HIV do not know that they are infected. Data suggest that the percentage of individuals unaware might be even greater in some populations, specifically MSM and MSM of color. This is also true in Wisconsin, as evidenced by the high proportion of individuals concurrently diagnosed with HIV and AIDS or progressing to AIDS within one year of HIV diagnosis. Contributing factors for being unaware of HIV infection include the lack of adoption and implementation of the CDC's routine HIV testing recommendations and the under-representation of MSM in some testing programs (e.g. social networks testing) despite an increasing number of infections in this population.

### ***Increasing HIV transmission among young MSM of color***

Reported cases of HIV infection among young Black MSM have tripled over the past decade and an estimated one-in-three Black MSM is HIV positive. Contributing factors include complacency and continued risk behavior among MSM and difficulty reaching young MSM of color for prevention interventions and certain testing strategies (as mentioned above). In addition, several providers lack knowledge about the scope of Partner Services activities and are not re-engaging Partner Services when patients identify risk behaviors or new partners.

### ***Social barriers to HIV prevention, testing and care***

The rate of HIV infection and the prevalence rate in Milwaukee County are more than three times that of the statewide rates. Most cases of HIV infection among young Black MSM are also from Milwaukee County. Contributing factors to high rates of HIV infection in Milwaukee include

anti-gay discrimination (especially in the Black community), patient fear of disclosure and distrust of providers, immigration concerns, and low health literacy.

### ***Improved linkage to HIV care***

An estimated 80% of individuals newly diagnosed with HIV infection during 2010 were linked to HIV care within three months of diagnosis (based on the presence of laboratory data), which is below the 85% linkage to care benchmark established in the *NHAS*. In addition, the presence of laboratory data does not necessarily mean that the individual followed through with the clinical appointment. Contributing factors to a failed linkage to care include a long wait time prior to the initial appointment, inability among publically funded test sites to link individuals to care when they do not return to the test site for the confirmatory test results, limited providers in rural areas, and lack of knowledge of referral resources among low volume, non-clinical test sites.

### ***Improved retention in HIV care***

Among prevalent HIV cases in Wisconsin as of the end of 2010, only 46% had the recommended two HIV care visits during 2011, meaning that retention in care is poor. Retention is even worse among some subgroups. Poor retention in care is a result of both client-level and system-level barriers. Client barriers include alcohol and drug abuse, mental health issues, fear and distrust of medical providers, and homelessness, while systems barriers include lack of health insurance, limited resources for those who are under-insured, lack of youth-focused facilities, lack of “off peak” clinic hours, and lack of transportation. Current systems are also inadequate for identifying people who are at risk of falling out of care, identifying people who have fallen out of care, and for finding and re-engaging individuals in care.

### ***Limited access to ancillary services***

Patient and provider input indicates difficulty in accessing certain services, such as mental health, alcohol and drug abuse, dental, and housing services. Access issues include workforce shortfalls (described below), lack of providers accepting medical assistance (especially dental care and psychiatric services), lack of insurance coverage for needed medications, and lack of transportation. In addition, a lack of regular screening for other service needs (e.g. regular mental health and AODA screenings) has also become a barrier to accessing services.

### ***Workforce shortfalls***

There are workforce shortfalls in the areas of clinical care, dental care, mental health, and AODA services. Some shortfalls are characterized by an actual lack of providers or provider types (e.g. psychiatrists), especially in rural areas. Other provider shortfalls are characterized by a lack of cultural competence, especially bilingual providers and those competent in issues unique to HIV, minorities with HIV, and lesbian, gay, bisexual and transgender (LGBT) health.

### ***Incarceration***

Incarceration in county jails, short-term detention centers, or state correctional institutions presents a barrier to continuity of care. While HIV care in state correctional institutions is a covered service, transition to community care after discharge can be difficult. Individuals who are difficult to locate often have unstable housing and competing priorities. Due to the short-term nature of county jails, access to and coordination of care is difficult.

### ***Health disparities***

Based on analyses of 2007-2011 Youth Risk Behavior Survey, there are significant disparities in the health and wellness of LGB youth, including higher likelihood of mental health and AODA issues, partner violence, early initiation of risk, and lower likelihood of protective factors, such as feeling supported by family. While HIV infection was not addressed in these surveys, the high risk activities reported by LGB youth put them at higher risk for HIV infection. Health outcomes also vary by demographic group. Overall, 40% of prevalent cases of HIV infection in Wisconsin

have suppressed viral load. However, this number is lower among certain subgroups, including those with unknown risk and male and female IDUs of color. Other groups with traditionally worse health outcomes include those with low socioeconomic status, communities of color, immigrants and refugees, persons with disabilities, and those living in very rural areas.

***Health literacy***

Health literacy, the degree to which individuals can understand basic health information and services needed to make appropriate health decisions, is key to one's ability to understand risk and make decisions about needed behavior change. Persons with limited education, limited literacy skills, and whose primary language is other than English may be challenged in several ways, especially in understanding the complexities of HIV infection, HIV-related risks behaviors and risk reduction methods, the medical management of HIV, and ways to access needed HIV-related health and support services.

***Increase of hepatitis C among young people***

During 2011 there were two cluster investigations of hepatitis C (HCV) infection among individuals under age 30 that were conducted by the AIDS/HIV Program and the CDC. The results of these cluster investigations highlighted a growing HCV epidemic among young adults, especially in rural areas of the state, due to an increase in injection drug use, a lack of HIV testing, and a knowledge gap about community HCV resources.

## IV. Planning

The Wisconsin AIDS/HIV Program has a long history of involving the people of Wisconsin in the planning process for HIV prevention and HIV care services. In keeping with expectations of federal funding sources, for over two decades the Program has sought input from Wisconsin's many communities through multiple planning groups and interaction with AIDS/HIV service providers.

HIV community planning reflects an open, participatory, and engagement process in which the community, providers, and the state health department identify and prioritize prevention and care services to meet the needs of Wisconsin residents. The process honors differences in cultural and ethnic backgrounds, perspectives, and experiences. Persons at risk for HIV infection and persons living with HIV infection play key roles in identifying local prevention, care and treatment needs and in fostering public support to prevent further transmission of HIV infection.

### *Wisconsin HIV Community Planning Network*

Wisconsin has a formal and integrated statewide community planning process for HIV prevention and care services. Beginning in 2007, the [Wisconsin HIV Community Planning Network](#) assumed the community planning activities formerly conducted by the Wisconsin Ryan White Consortium and the Wisconsin HIV Prevention Community Planning Council. The Wisconsin HIV Community Planning Network, which includes the Statewide Action Planning Group (SAPG), assists local communities and the Wisconsin AIDS/HIV Program in the development, implementation and prioritization of HIV prevention and care services in Wisconsin. The Planning Network includes multiple opportunities for individuals and groups to participate, including the following venues:

#### *Individual Information Exchange*

Individuals living or working anywhere in the state may access Wisconsin HIV Community Planning Network information via the Network [website](#), receive listserv emails or access print materials and resources locally.

#### *Community Perspectives*

In addition to sharing local information about HIV on an ongoing basis, individuals and groups are invited to participate in surveys and informational meetings held throughout the state in order to expand community engagement.

#### *Statewide Action Planning Group (SAPG)*

The SAPG consists of twenty-five to thirty ambassadors who facilitate communication and expanded engagement in the five regions of the state; participate in developing a joint HIV prevention and care services plan; and advise the Wisconsin AIDS/HIV Program on the development, implementation and prioritization of HIV prevention and care services in Wisconsin.

The Individual Information Exchange and the Community Perspectives are open to all. The SAPG serves as the advisory body of the Wisconsin HIV Community Planning Network. Members are selected through an annual, open and competitive application process using criteria established by the SAPG and the AIDS/HIV Program. Applications for membership are distributed to all HIV prevention and care providers through mailings, at meetings, and through postings to a dedicated HIV community planning website. Members are appointed for rotating, multi-year terms that begin in January of each year. Approximately one-quarter of the membership is replaced annually.

The SAPG focuses on expanded engagement of consumers, providers, and other key stakeholders in the recruitment of new SAPG members, in community dialogues, and in deliberations with consumers and service providers. The purpose of expanded engagement is to strengthen collaborative efforts across prevention and care service providers, to better coordinate services, and to minimize service duplication.

Planned, proactive recruitment of new members ensures that differences in cultural and ethnic background, perspective and experience are valued and continue to be reflected in SAPG membership. The SAPG actively recruits new members who represent the population characteristics of the current and projected epidemic, including populations at greatest risk for HIV infection; persons living with HIV infection; representatives of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics including varying educational backgrounds, professions, and expertise.

Wisconsin's commitment to include individuals with various types of experience is reflected in recruitment that is based, in part, on expertise in the following areas:

- HIV Prevention
- HIV Care
- Men who have sex with men (MSM)
- Injection Drug Use (IDU)
- Alcohol/Drugs (AODA)
- Sexually Transmitted Diseases (STDs)
- Living with or caring for people who are HIV positive
- Women who are HIV positive
- Youth
- Medical Clinical Services
- Mental Health
- Public Health
- Health Education
- School-based Education
- Community Education
- Social Services
- Corrections
- Advocacy
- Community Planning
- Behavioral Science
- Evaluation or Research

Current membership of the SAPG is listed in [Addendum V](#).

As part of new member orientation and ongoing internal assessment of the SAPG membership, members participate in activities which highlight each member's interests, experience and expertise. Activities are planned to help members get to know each other and the important perspectives and expertise each member brings to the community planning process.

New members receive a thorough orientation to the Wisconsin community planning process. A mentor is assigned to new members to provide further guidance and ongoing support to the community planning process. Orientation includes descriptions and discussions of:

- The purpose and authority for HIV community planning
- The history of community planning in Wisconsin
- Wisconsin HIV Community Planning Network Model

- Vision
- Guiding principles
- Policies and procedures
- Roles and responsibilities of SAPG members
- HIV prevention priorities and interventions
- HIV care priorities and expectations
- Prevention and care programs
- Planning, funding and evaluation processes and timelines

Each meeting provides opportunities to increase knowledge about specific HIV content, build skills of members to actively participate in the planning process and decision-making activities.

The SAPG explores HIV topics and issues using the [Prevent-Test-Link-Treat](#) framework for HIV planning and service delivery. Products developed by the group and the Wisconsin AIDS/HIV Program are informed by the *NHAS*, federal funding requirements, the overarching goals of the Wisconsin AIDS/HIV Program, and the purview of the SAPG. The SAPG includes input from providers, consumers, informed experts and the community-at-large in its deliberations and recommendations.

As required under CDC's funding announcement PS12-1201 (Comprehensive HIV Prevention Programs for Health Departments), the SAPG reviews the *WHAS* to ensure that the plan for prevention services allocates resources to the areas and populations with the greatest HIV disease burden. The SAPG documents this activity through a letter of concurrence ([Addendum IX](#)) which is submitted to the CDC.

#### *Ryan White Statewide Coordinated Statement of Need and Comprehensive Plan*

A condition of funding under Part B of the federal Ryan White HIV/AIDS Program requires states to develop a Statewide Coordinated Statement of Need (SCSN) and a Comprehensive Plan in order to:

- identify and address significant HIV care issues;
- monitor progress in addressing HIV care issues; and
- maximize coordination, integration, and effective linkages across the legislative parts of the Ryan White HIV/AIDS Program and other federal, state and local resources.

In Wisconsin, all providers who receive Ryan White funding other than Part B also receive Part B funding. In addition to regular and ongoing communication with these agencies, the AIDS/HIV Program solicits input and facilitates collaborative planning with agencies funded under other legislative parts of the federal Ryan White HIV/AIDS Program through membership and invitational participation in SAPG meetings and through periodic Ryan White All Grantee Meetings.

In addition to the structured planning activities of the SAPG, planning is an ongoing collaborative process conducted by the AIDS/HIV Program with grantees and community and academic partners, through one-on-one meetings and large group meetings and trainings. The following section on Collaboration and Coordination includes examples of ongoing collaborative planning and intervention.

## V. Collaboration and Coordination

For over 25 years, the Wisconsin AIDS/HIV Program in the Wisconsin Department of Health Services has coordinated Wisconsin's public health response to the epidemic of HIV infection. The Program's approach to the epidemic has emphasized collaboration and coordination among human service providers and disciplines, public and private agencies, individuals and communities at risk for HIV infection, and persons living with HIV infection.

The Wisconsin AIDS/HIV Program has established strong working relationships with community partners (academic, governmental, and private nonprofit organizations) through ongoing collaborations, consultation, training, and financial support of competitive grants and contractual agreements. The AIDS/HIV Program maintains collaborative partnerships with traditionally funded agencies, state agencies, local health departments, and non-traditional community-based agencies, organizations, and institutions. The AIDS/HIV Program has a long history of successful collaborations in supporting and developing the capacity of ethnic minority and sexual and gender minority groups to respond to the HIV epidemic in their communities.

The AIDS/HIV Program implemented the Prevent-Test-Link-Treat framework for service delivery to ensure that all aspects of client and provider needs are addressed along the HIV spectrum. This format allows Program staff to:

- monitor program progress;
- identify client needs;
- identify service gaps;
- develop policies and practices that address needs and gaps;
- improve the health and quality of life of persons living with HIV/AIDS; and
- improve overall public health.

Responsibilities for these activities are varied and shared. The AIDS/HIV Program is responsible for:

- maintaining communication with federal funders to ensure compliance with all grant requirements and expectations;
- staying current on testing and treatment protocols to ensure that the most current practices are implemented and utilized by contracted providers;
- issuing and monitoring provider contracts;
- providing technical assistance to ensure efficient, effective, and culturally competent services are provided to clients;
- analyzing data from the *EvaluationWeb* reporting system and other sources to assess provider progress towards the Program's HIV Prevention goals;
- fostering relationships between all state providers; and
- conducting regular contract monitoring activities including annual site visits.

Contracted agencies are responsible for:

- hiring qualified and culturally competent staff;
- deploying testing initiatives and testing targets;
- linking clients to care and support services;
- retaining clients in care;
- delivering effective, efficient, and culturally competent care and support services;
- timely and accurate completion of all federal and state reporting requirements;
- conducting client satisfaction surveys;
- completing state sponsored training sessions;

- completing all state and federal required reports; and
- abiding by all contractual terms.

Coordination of HIV-related governmental public health services and functions occurs through ongoing collaborations with [local health departments](#), the [Wisconsin Medicaid Program](#), the [Wisconsin State Laboratory of Hygiene](#), the [Wisconsin Department of Corrections](#), the [Wisconsin Department of Public Instruction](#), [Wisconsin Department of Administration](#), [Division of Housing](#), and other organizational units within the Wisconsin Department of Health Services that are responsible for overseeing and coordinating services related to communicable disease control (including sexually transmitted diseases, hepatitis, and tuberculosis), alcohol and drug use, Medicaid, and state health plan development.

The Wisconsin AIDS/HIV Program collaborates with partners locally, statewide, and nationally to support research and academic inquiry that builds knowledge and expands the understanding of HIV disease and the HIV epidemic. These partnerships guide the development of best practices in preventing HIV infection and in the clinical management of HIV disease. Academic/government partnerships are established between the AIDS/HIV Program and [Medical College of Wisconsin \(MCW\)](#), the [Center for AIDS Intervention Research](#) at MCW, and the [University of Wisconsin School of Medicine and Public Health](#). These collaborations have resulted in expanded educational opportunities for graduate and postdoctoral students, collaborative evaluation and research activities, and joint academic training and continuing education of health and human service providers.

#### *Successful Collaboration and Coordination*

Collaboration and coordination are ongoing activities between the AIDS/HIV Program and its grantees and community and academic partners. Examples of initiatives with a major focus on program collaboration and coordination include the following:

##### *Provider Training*

To ensure that clients receive the most up to date care, the AIDS/HIV Program conducts and sponsors provider trainings throughout the year. The [Wisconsin HIV/AIDS Training System](#) at the University of Wisconsin – Madison hosts approximately 25 trainings each year. These trainings are directed to front-line staff, to keep them current with Program policies, treatment guidelines and protocols, and certification expectations and licensure credentials. Topics range from a basic HIV 101 class, to HIV testing and service delivery, to HIV counseling skills. While trainings have historically been conducted face-to-face, some trainings are transitioning to an online system for providers to complete and use as refresher material year round. More information about offered trainings can be found at <http://wihiv.wisc.edu/trainingsystem/>.

The Wisconsin site of the [Midwest AIDS Training and Education Center](#) (MATEC) provides HIV and AIDS clinical training and support to health care professionals. MATEC's mission is to enhance the capacity of HIV clinical services and improve quality services for people living with HIV. Programs are developed for, or in conjunction with, clinics or health care organizations to meet their specific needs, including offering programs for individual health care professionals. Collaborating partners include community health centers, tribal health centers, academic medical centers, the Wisconsin Department of Corrections, the Wisconsin Department of Health Services, health care professional societies, and other health care organizations.

*Community Prevention Efforts Directed to Young Black MSM*

The AIDS/HIV Program is collaborating with a range of community partners in a community engagement, planning, and evaluation process in responding to the HIV epidemic in young Black MSM (YBMSM). Activities include planning intensive HIV prevention interventions targeting YBMSM in the city of Milwaukee, linkage to care services for newly-diagnosed HIV-positive individuals, and social media campaigns targeting providers and community groups serving young African American males. Community partners include Diverse & Resilient, Inc; the Milwaukee City Health Department; Center for AIDS Intervention and Research (CAIR) at the Medical College of Wisconsin; Black Health Coalition of Wisconsin Inc; Pathfinders; and United Migrant Opportunity Services (UMOS).

*Linkage to Care*

In Fall 2011, the Wisconsin AIDS/HIV Program was awarded a 4-year HRSA Special Project of National Significance (SPNS) grant to develop innovative models of linkage to improve access to and retention in quality HIV medical care. This initiative supports the federal focus on early identification of individuals living with HIV/AIDS and the AIDS/HIV Program's efforts to target African American MSM in the Milwaukee area. The Linkage to Care project is invested in community partnerships that are committed to collaborative learning, planning, implementation and evaluation. The initiative is being deployed in the Milwaukee MSA during 2012 and 2013 and will be expanding to the entire state in 2014 and 2015.

*Medical Home*

The federal Patient Protection and Affordable Care Act (ACA), signed into law in March 2010, enabled states to opt to provide coordinated care through a health home for individuals with chronic conditions. In April 2010, Wisconsin passed legislation to create an HIV-specific medical home that will allow Medicaid certified providers to collect reimbursement for care coordination. The AIDS/HIV Program has collaborated closely with the Wisconsin Medicaid Program and the two state-designated AIDS service organizations (AIDS Resource Center of Wisconsin and AIDS Network) to negotiate the terms of the State Plan Amendment which was scheduled to be submitted to the Centers for Medicaid and Medicare Services in the second quarter of 2012.

*Cluster Investigations*

The AIDS/HIV Program coordinates collaborative planning and disease investigation efforts in response to clusters of reported cases of HIV and hepatitis C infection. In the past several years, cluster investigations have been conducted successfully in several areas of the state through AIDS/HIV Program staff (surveillance, testing, partner services, and evaluation staff) collaborating closely with staff from local health departments and community-based organizations in planning and implementing disease investigation activities and interventions.

*PrideFest 2012*

Throughout the past several years, AIDS/HIV Program CTR providers have offered HIV testing at Milwaukee's annual PrideFest, an LGBT community celebration. In 2012, Program staff participated in planning meetings for the event to ensure high quality testing services, diverse representation among testing providers, and linkage to care for those who test HIV positive. The AIDS/HIV Program provided HIV rapid tests for the event and supported the confirmatory testing. 2012 was the first year that local HIV specialists kept appointments open for the week after PrideFest to enable quick entry into medical care for those with positive results. Typically, 400-600 people are tested at Pridefest. On average, approximately 3 to 7 individuals test positive at the event.

*HIV Awareness Days*

There are several HIV awareness day observances throughout the year. Community-based agencies and service providers assume leadership in promoting community awareness in a variety of formats and venues. This results in interagency collaborations and joint efforts in sponsoring HIV awareness day activities such as lectures, memorials services, community social exchange, and targeted HIV education and testing efforts.

A summary table of current contractual relationships with public and private nonprofit agencies and institutions is located in [Addendum III](#).

## VI. Monitoring, Quality Management, Evaluation, and Surveillance

Monitoring, quality management (QM), evaluation, and surveillance activities in the Wisconsin AIDS/HIV Program occur at multiple levels.

### Monitoring and Quality Management

The services provided by public and private nonprofit grantees receiving state and federal HIV funding through the AIDS/HIV Program are closely monitored by the Program. As part of the contracting process, staff review, negotiate, and approve grantee intervention plans, work plans, and budgets. Staff monitor monthly expenditure reports to ensure the optimal utilization of funds and regularly monitor and provide feedback on data submitted by grantees and contractors. In addition, the number of clients served is also monitored regularly to ensure that service targets are met and provide technical assistance if necessary. At site visits, conducted at a minimum annually, staff evaluate grantee performance and give feedback, provide recommendations and/or identify required changes. For agencies supported with Ryan White funds, these site visits also include a fiscal and client chart review to ensure compliance with contract requirements and HRSA monitoring standards.

Quality management and quality assurance are also critical activities in ensuring that individuals receive high quality prevention and care services. The AIDS/HIV Program has developed QM plans, policy and procedures manuals, and performance priorities and measures to ensure high quality internal activities and to guide quality assurance of funded services. These documents and measures are periodically updated. Grantees and contractors are required to address evaluation and QM as part of their intervention plans, work plans, and assessment of client need for and satisfaction with services. Additional quality assurance activities specific to prevention and care grantees are summarized below.

Components of the AIDS/HIV Program's HIV Prevention Unit evaluation approach include:

- input, review and approval by AIDS/HIV Program contract monitors of grantees' intervention plans that guide prevention and testing services and reporting;
- quarterly review of data entered by grantee agencies into *EvaluationWeb*, the web-based data management system, to assess the extent to which grantees are meeting targets identified in their intervention plan;
- detailed quality assurance monitoring of counseling and testing data prior to submission to CDC;
- frequent review of data entered by Partner Services (PS) providers into *Partner ServicesWeb*, a web-based data management system, to monitor PS performance measures, such as lag time between assignment of cases and percent of partners tested;
- annual site visits of grantees funded for HIV prevention services;
- annual meetings and trainings of PS field staff; and
- periodic, contract monitoring telephone calls and emails, as needed.

The AIDS/HIV Program's Ryan White QM activities include, but are not limited to:

- annual site visits to assess grantee progress and discuss the need for quality initiatives,
- semi-annual review of grantee progress toward work plan performance measures, including those released by the federal Health Resources and Services Administration HIV/AIDS Bureau,
- semi-annual review of utilization data to identify service gaps,
- annual review of agency QM plans and provision of technical assistance as needed,

- annual non-medical case management chart audits to ensure accordance with Wisconsin non-medical case management practice standards, and
- non-medical case management training and certification to ensure that case managers meet minimal training and knowledge requirements.

The AIDS/HIV Program's AIDS Drug Assistance Program (ADAP) and Health Insurance Premium Subsidy Program also perform extensive quality checks, including, but not limited to:

- monthly monitoring of utilization reports to assess trends in cost, usage and client demographics;
- annual client recertification (re-application) for ADAP and the AIDS/HIV Health Insurance Premium Subsidy Programs, including screening for Medicaid (MA), Veterans Affairs, and Health Insurance Risk Sharing Plan (HIRSP) eligibility to ensure payer of last resort;
- annual credential verification of ADAP prescribing physicians;
- annual claims payment audits; and
- weekly verification, prior to payment, for MA eligibility on clients for whom pharmacy claims have been submitted.

The AIDS/HIV Program co-sponsors monthly MATEC HIV Treater's teleconferencing meetings to ensure quality care by supporting collaboration among HIV health care providers statewide, including low volume and high volume treaters. The AIDS/HIV Program also works closely with MATEC staff to ensure quality of services by providing technical assistance to medical providers whose client base has a lower than average level of viral load suppression.

Consumer input is also an important component of quality management. All contracted agencies are required to solicit consumer feedback that can be utilized to improve service delivery.

Examples of activities used to gain consumer input include:

- *Client surveys*: Two types of surveys are most often used. The first involves issuing a survey each time a service is provided. This is most often utilized in a clinical setting. The second survey is a broader survey encompassing multiple service areas and is usually conducted on an annual basis.
- *Consumer Advisory Boards*: A group of consumers, that ideally represent a cross section of the population served. Similar to a board of directors, the consumer advisory board offers strategic ideas on agency direction.
- *Consumer representation on board of directors*: The governing board of an agency. Inclusion of consumers brings additional viewpoints to the decision making process.
- *Focus groups*: This tool is often used by agencies to gather consumer feedback to answer a specific question or set of questions. For example "What new services would enhance your quality of life?" or "How could case management services better serve you?"
- *Grievance policies*: All agencies are required to have procedures in place to address client complaints, and to inform clients of these policies. Regular review of grievances provide learning opportunities for agencies to see where improvements can be made.

## **Evaluation**

Full-time staff positions in the AIDS/HIV Program's Prevention and Care Units are dedicated to evaluation and quality management. Epidemiologists are responsible for coordinating analysis, interpretation, reporting, and use of data. The epidemiologists also help to ensure data quality, conduct routine surveillance, and assist with data collection.

Four principles guide monitoring and evaluation activities:

1. Data are collected and maintained in a secure and confidential manner.
2. Data are to be of the highest possible quality.
3. Available data resources are used efficiently.
4. Monitoring and evaluation priorities respond to changing data needs that are required for monitoring the HIV epidemic; and guiding the planning, implementation, and evaluation of HIV prevention and care services.

The AIDS/HIV Program routinely analyzes and uses data from the following sources:

- HIV surveillance (*eHARS*)
- AIDS Drug Assistance Program (ADAP) database
- Counseling and testing data (*EvaluationWeb*)
- HIV prevention program data (*EvaluationWeb*)
- Partner Services data (*PSWeb*)
- HIV care and treatment data submitted by grantees
- STD surveillance (*WEDSS*)
- Hepatitis C surveillance (*WEDSS*)
- Population surveys (Youth Risk Behavior Survey and Behavioral Risk Factor Survey) regarding health conditions of youth and adults identifying as lesbian, gay or bisexual and/or engaging in same sex behaviors.

The AIDS/HIV Program ensures the confidentiality and security of all AIDS/HIV client data. All Program staff complete training on data security and Wisconsin's HIV confidentiality laws. Grantees are required to establish agency-specific security and confidentiality policies as well as staff training ensuring client confidentiality, data security, and compliance with Wisconsin statutory confidentiality requirements.

Activities directed at ensuring the quality of AIDS/HIV Program and grantee data include:

- reviewing data on a regular basis to find and correct missing or incongruent data,
- providing training and technical assistance to sites as needed to ensure correct and complete data collection, and
- using available data resources to check consistency of demographic, risk, and testing data.

### **Surveillance**

The AIDS/HIV Program Surveillance Unit measures and monitors the impact of HIV and AIDS on disease incidence and mortality through the analysis of HIV and AIDS surveillance data. Confidential, name-associated reporting of confirmed HIV infection and AIDS to the State Epidemiologist is required by Wisconsin statute (s. 252.15).

Case reports are submitted to the Surveillance Unit from private physicians, hospitals, clinics, ambulatory care facilities, sexually transmitted disease clinics, the Wisconsin correctional system, family planning clinics, perinatal clinics, Indian health clinics, blood and plasma centers, military entrance processing stations, and laboratories performing HIV testing. Other sources of AIDS/HIV surveillance data include state client assistance programs (AIDS/HIV Drug Assistance Program and AIDS/HIV Health Insurance Premium Subsidy Program), tumor registry reports, ICD-9 discharge code reviews conducted by the Bureau of Health Information and Policy, vital records death certificate registry, and the tuberculosis (TB) registry.

The Surveillance Unit analyzes and reports surveillance data in ways that maximize the usefulness to groups engaged in planning and evaluating HIV prevention, care, and treatment activities. Surveillance staff collaborate with the Statewide Action Planning Group and the

coordinators of the Ryan White Program, the AIDS Drug Assistance Program (ADAP), the AIDS/HIV Health Insurance Premium Subsidy Program, the Laboratory Reimbursement Program, Partner Services Program, and the quality assurance and evaluation staff of the HIV Prevention and Care Units to conduct epidemiologic investigations and provide special epidemiologic analyses and reports.

#### *Confidentiality*

The AIDS/HIV Program ensures the confidentiality and security of all AIDS/HIV client data. All surveillance data is maintained in compliance with CDC *Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Program: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action*; Wisconsin Statutes and Administrative Code; Wisconsin Department of Health Services (DHS) work rules, and *Wisconsin Division of Public Health Guidelines for AIDS/HIV Surveillance, Confidentiality, Security and Release of Patient/Client Data*. Within one week of employment by the DHS, new employees and contract employees working in the Wisconsin AIDS/HIV Program receive training regarding data security and confidentiality. In addition, new employees and contractors are required to participate in DHS online privacy and confidentiality training within seven days of employment. Annually, all AIDS/HIV Program staff and contract employees review security and confidentiality guidelines and provide certification of compliance which is documented by the AIDS/HIV Surveillance Coordinator. DHS employees and contractors are also required to participate annually in the DHS online privacy and confidentiality refresher training. Grantees are required to establish agency-specific security and confidentiality policies as well as staff training to ensure client confidentiality, data security, and compliance with state and federal confidentiality requirements.

Epidemiologic and surveillance data are utilized widely for program planning. Examples of data utilization include:

- Analysis of surveillance, testing and population data to establish targets for the number of persons by risk group and race/ethnicity to be tested overall and by agency type.
- Performance review of testing, prevention, and surveillance data to direct resources to better match trends in the epidemic.
- Identification of emerging risk populations or clusters of newly diagnosed disease to direct funded interventions.
- Analysis of epidemiologic data sources collected outside of the AIDS/HIV Program to assist in program planning and evaluation.

Data analyses are disseminated widely, through a variety of venues including:

- The AIDS/HIV Program statistics and reports web site (<http://dhs.wisconsin.gov/aids-hiv/Stats/index.htm>);
- Hepatitis C Program statistics and reports (<http://www.dhs.wisconsin.gov/communicable/ViralHepatitis/HepC/HepCProgram.htm>);
- At meetings of the Statewide Action Planning Group, HIV services providers, the LGBT Youth Consortium, and Division of Public Health initiatives such as development of the *Healthy Wisconsin 2020* state health plan and the biannual Youth Sexual Behavior Report.

In response to the March 2012 release of the Institute of Medicine (IOM) report *Monitoring HIV Care in the United States: Indicators and Data Systems*, the AIDS/HIV Program will be examining the IOM's recommended set of core indicators for clinical HIV care and mental health, substance abuse, and supportive services. The core and additional indicators were identified as important measures to be used by the federal Department of Health and Human

Services (DHHS) to assess the impact of the *NHAS* and the *ACA* on improving HIV/AIDS care and access to supportive services for individuals with HIV. The AIDS/HIV Program will align data collection, monitoring, and evaluation efforts to conform to DHHS funding requirements that may develop as a result of implementing the IOM recommendations.

## VII. Prevent-Test-Link-Treat: A Framework for Statewide HIV Community Planning

In 2004, the Wisconsin AIDS/HIV Program developed the framework *Prevent-Test-Link-Treat* to organize and plan for HIV services. *Prevent-Test-Link-Treat* is a comprehensive approach to organizing and summarizing HIV-related services through statewide community planning focused on the integration of effective and efficient HIV-related services. In planning and delivering services, consideration is given to an array of factors which influence the health of individuals and communities. Some of the determinants of health include:

- the biology of HIV
- individual knowledge, attitudes, and behaviors
- access to health care
- education
- literacy
- economic opportunities
- employment
- working conditions
- housing and food
- family and social supports

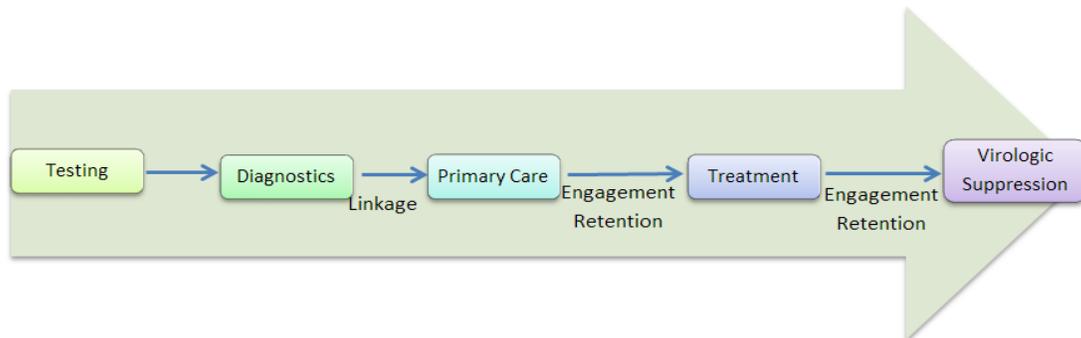
HIV prevention and care services focus on factors and behaviors that directly impact HIV transmission as well as other forces such as discrimination, marginalization, and stigma that limit opportunities, diminish aspirations, and reinforce disparities. The Prevent-Test-Link-Treat framework for HIV community planning focuses on these and other factors which support, promote, and protect the health and well-being of individuals and communities that are at risk (including those unaware of or denying risk) and those living with HIV.

### Wisconsin’s HIV Prevent-Test-Link-Treat Framework

<u>PREVENT</u>						
<u>Individual Level Interventions</u>	<u>Group Level Interventions</u>	<u>Community Level Interventions</u>	<u>Structural Level Interventions</u>			
<u>TEST</u>						
<u>Routine Testing</u>	<u>Targeted Testing</u>	<u>Social Networks Testing</u>		<u>Partner Services</u>		
<u>LINK</u>						
<u>Outreach</u>	<u>Partner Services</u>	<u>Case Management (Non-Medical)</u>			<u>Other Support Services</u>	
<u>TREAT</u>						
<u>Primary Medical Care</u>	<u>Case Management (Medical)</u>	<u>Medications</u>	<u>Oral Health</u>	<u>Mental Health</u>	<u>Substance Abuse</u>	<u>Health Insurance Premium &amp; Cost Sharing Assistance</u>

While the *Prevent-Test-Link-Treat* framework identifies HIV prevention and care interventions and service categories, it is important to also focus on the “continuum of care” which encompasses the flow and spectrum of services and the critical elements associated with successful engagement in care. This framework can assist in identifying service gaps and improving the continuum of care. The following diagram illustrates the continuum of engagement in care, from being unaware of infection to being fully engaged in care.

### Spectrum of the Continuum of Care<sup>1</sup>



The Wisconsin AIDS/HIV Program is increasingly focusing service coordination and collaboration through linkage to care initiatives. A current initiative supported by a federal Special Project of National Significance (SPNS) grant<sup>2</sup> is directed at improving the quality of life for persons living with HIV and decreasing the incidence of HIV infections by improving systematic linkages to and retention in care. Collaborative efforts among service providers are expected to ensure access, engagement, and retention in a continuum of quality prevention, care, and support services.

### Funding

Financing and financial support of HIV prevention and care programs are fundamental and critically important in developing and sustaining core prevention and care services. Wisconsin benefits from a combination of federal and state funding dedicated to HIV prevention and care services and activities.

#### **Federal Support: Centers for Disease Control and Prevention**

Federal funding from the CDC supports the majority of prevention and surveillance activities coordinated by the Wisconsin AIDS/HIV Program. Funding occurs through a CDC Cooperative Agreement which is awarded based on approval of the State’s annual funding application. Separate funding applications and awards are submitted for HIV prevention funds and HIV surveillance. The federal fiscal year for CDC funding awarded to Wisconsin is the calendar year (January – December).

<sup>1</sup> Adapted from IOM (Institute of Medicine).2012. Monitoring HIV care in the United States: indicators and data systems. Washington, DC: The National Academies Press.

[http://www.nap.edu/catalog.php?record\\_id=13225](http://www.nap.edu/catalog.php?record_id=13225)

<sup>2</sup> Linkage to care: strengthening the HIV care continuum in Wisconsin. *Wisconsin AIDS/HIV Program Notes* July 2012. <http://www.dhs.wisconsin.gov/aids-hiv/ProgramNotes/July2012ProgNotesLinkage.pdf>

**Federal Support: Health Resources and Services Administration**

Other than Medicaid, the federal Health Resources and Services Administration (HRSA) is the major source of federal funding which supports HIV care services in Wisconsin. The HIV/AIDS Bureau administers the Ryan White HIV/AIDS Program under the following Parts:

- Part A provides grants to Eligible Metropolitan Areas and Transitional Grants Areas that have 1,000–2,000 new AIDS cases in the past five years and have populations of at least 50,000. (Wisconsin is not eligible for Part A funding.)
- Part B provides grants to all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and five U.S. Pacific Territories or Associated Jurisdictions. Although the Wisconsin AIDS/HIV program is the Part B grantee, direct services are provided with Part B funding via subcontracts with service providers.
- Part C provides grants directly to service providers for service provision and planning and capacity building grants.
- Part D provides family-centered comprehensive care to children, youth, women, and their families.
- Part F funds special demonstration projects, AIDS Education and Training Centers which support education and training of health care providers, dental programs, and Minority AIDS Initiative grants which provide funding to evaluate and address the disproportionate impact of HIV/AIDS on women and minorities.

**Federal Support: Substance Abuse Treatment Block Grant**

The Division of Mental Health and Substance Abuse Services (DMHSAS) in the Wisconsin Department of Health Services administers the State's share of federal funding under the Federal Substance Abuse Prevention and Treatment Block Grant. DMHSAS contracts with the Division of Public Health to support local agencies in providing HIV-related prevention services to persons receiving substance abuse treatment services.

In addition to base federal funding, the Wisconsin AIDS/HIV Program occasionally receives additional federal funding from competitive grant awards and supplemental or one-time funding opportunities.

**State Support**

State funds, known as general purpose revenue (GPR), address critical unmet needs in HIV prevention and care services in Wisconsin. GPR supports various prevention and care services, including Mike Johnson Life Care and Early Intervention Services, the Wisconsin AIDS/HIV Drug Assistance Program, and the AIDS/HIV Health Insurance Premium Subsidy Program. GPR funding is awarded to local agencies on the State's fiscal year, July through June.

Community-based agencies, academic institutions and health care agencies also receive direct funding from a variety of sources, including but not limited to federal, state and municipal government, private foundations, and other private sector and public support.

[Addendum III](#) includes summary tables highlighting federal and state funding supporting HIV-related activities coordinated through the Wisconsin AIDS/HIV Program.

## Wisconsin HIV Service Directions

The following section provides an overview of major initiatives that will guide the course of HIV-related services coordinated by the Wisconsin AIDS/HIV Program in the immediate future. Priority focus areas, objectives, and activities are aligned with the Prevent-Test-Link-Treat framework for community planning and support the following three primary goals of the *National HIV/AIDS Strategy*:

1. Reducing HIV incidence
2. Increasing access to care and optimizing health outcomes
3. Reducing HIV-related health disparities

### A. PREVENT

Prevention is a central concept in public health and one that is critical to all HIV-related activities. HIV prevention services are those that demonstrate effectiveness in eliminating or lowering the risk of HIV transmission and promoting the health of HIV positive persons.

*Priority populations* for prevention services include<sup>1</sup>:

- gay, bisexual and other men who have sex with men (MSM), especially young MSM and MSM of color;
- injection drug users (IDU);
- high risk heterosexuals (individuals who have sex partners of the other sex who are HIV positive, MSM, or IDU); and
- sexually active HIV positive persons.

Prevention interventions occur at four levels:

- individual
- group
- community
- structural

*Individual Level Interventions* (ILI) are one-on-one approaches to prevention. ILI include risk reduction counseling with a skills building component provided to one person at a time, in single or multiple sessions. *Group Level Interventions* (GLI) are provided to groups of individuals with similar risk behaviors and include risk reduction education or counseling sessions with a targeted skills-building component. *Community Level Interventions* (CLI) are directed at influencing a large peer group or community to adopt healthier behaviors and to support each other in maintaining those behaviors once they have become community norms. *Structural Interventions* (SI) focus on changing or influencing social, political, or economic environments and do so indirectly rather than intervening directly with individuals, groups, or communities.

#### **Prevention for Positives**

With advances in HIV medical care, many persons with HIV are living longer. Most individuals who become aware that they are HIV-positive change behaviors to reduce or eliminate the risk of transmitting HIV to sexual and/or needle-sharing partners, however, some find it difficult to

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<sup>1</sup> In addressing sexually active persons at risk, it is important to note that the risk for HIV transmission is greater for individuals with multiple concurrent sex partners compared to persons with limited numbers of sex partners and who are in serial monogamous (one-partner-at-a-time) relationships.

maintain behavior changes over time and some individuals drop out of care. Staff providing prevention for positives services assist persons in linking to needed services and maintaining active participation and retention in medical care.

During early stages of HIV infection, large concentrations of HIV (viral load) can increase the chance that an HIV-positive person passes HIV to their partners. Prevention interventions that assist HIV-positive persons to adopt or maintain healthy behaviors can greatly reduce HIV transmission.

### **Condom Promotion and Distribution**

Condom promotion and condom distribution address barriers to condom use and the availability of condoms among high-risk populations. Condom distribution programs involve not only the distribution of condoms, but also targeted education and marketing programs that correct misinformation about condom use, address stigma associated with using and carrying condoms, and increase efficacy in using condoms consistently and correctly.

Condom promotion and distribution efforts delivered through individual and group interventions are effective in increasing condom use and reducing unprotected sex. Community condom distribution interventions work to build support for condom use as a community norm. As a structural intervention, condom promotion and distribution is designed to address external factors that impact the availability, accessibility, and acceptability of condoms. Structural interventions have demonstrated effectiveness in increasing condom use, condom acquisition and condom carrying; promoting delayed sexual initiation or abstinence among youth; and reducing STIs. Recent [CDC guidance](#) indicates that condom distribution programs are most effective when they combine elements of structural, individual, group and/or community level activities.

### **LGBT Health**

The lesbian, gay, bisexual, and transgender (LGBT) community is made up of people from diverse backgrounds, and its members vary by race, ethnicity, age, income, and education. Despite differences among LGBT people, one experience many share is encountering stigma or discrimination. This social inequality is often associated with poorer health status. Evidence indicates that Wisconsin's LGBT youth and adults experience greater adverse health outcomes with regard to alcohol, drug, and tobacco use, safety and violence, mental health, and HIV/AIDS when compared to their non-LGBT peers. In order to create a health promoting environment and to reduce health inequities, LGBT persons must have access to culturally competent prevention and health care services and must be included in public health outreach programs (see DHS [LGBT Health website](#)).

### **Social Marketing**

Social marketing utilizes contemporary marketing efforts to achieve a social good. In Wisconsin, social marketing efforts focus on reducing rates of HIV in YBMSM in Milwaukee. These efforts are supported by a variety of community partners and are initially directed at reducing anti-gay stigma which may lead to unfavorable social conditions that contribute to HIV transmission, especially among YBMSM. Development of the social marketing campaign included a community readiness assessment conducted by the Center for AIDS Intervention Research at the Medical College of Wisconsin. The social marketing campaign, known as *Acceptance Journeys*, is utilizing print, radio, and the web to direct messages to the African American and LGBT communities as well as clergy and congregants. The focus of the first phase of *Acceptance Journeys*, which is led by Diverse and Resilient, Inc., is to increase positive attitudes towards LGBT people of color. Through a variety of media, *Acceptance Journeys*

unfolds real life stories depicting LGBT persons and a non-LGBT person, mostly people of color, with the non-LGBT person describing their journey to coming to accept their LGBT loved one. The first phase of this social marketing campaign is designed to change attitudes towards LGBT people in communities of color and to reduce internalized homophobia in LGBT people themselves.

### ***Nonoccupational Postexposure and Pre-exposure Prophylaxis***

Nonoccupational postexposure prophylaxis (nPEP) and pre-exposure prophylaxis (PrEP) are two important biomedical prevention interventions. nPEP utilizes prophylactic medications as soon as possible after a known sexual or needle-sharing exposure to HIV. The CDC released [recommendations](#) for nPEP in January 2005. With PrEP, uninfected persons at higher risk for HIV infection take antiretroviral medication in order to prevent becoming infected during possible risk exposures. The CDC issued [interim guidance](#) to health care providers on the use of PrEP among MSM in January 2011 and [interim guidance](#) on the use of PrEP among heterosexually active adults in August 2012. Implementation of these recommendations and interim guidance require careful clinical, behavioral, and financial considerations. The Wisconsin AIDS/HIV Program will collaborate with clinicians and at-risk populations in promoting the implementation of nPEP and PrEP consistent with current clinical recommendations, interim guidance, and future standards of practice.

### ***Information and Referral***

The [Wisconsin HIV/STD/Hepatitis C Information and Referral Center \(IRC\)](#), funded by the Wisconsin Department of Health Services, provides statewide information and referral through a toll-free hotline and comprehensive website and database located at [www.irc-wisconsin.org](http://www.irc-wisconsin.org). The IRC provides information and referral for the spectrum of prevention, testing, linkage, and treatment services.

## **Prevention Objectives & Priority Activities: 2012-2015**

### **Focus: Social Media/Technology Based Outreach to MSM**

*Objective:* Reduce HIV risk behaviors among MSM who use the Internet to find sexual partners and network with peers.  
[Supporting NHAS Goals 1 & 3]

#### Priority activities include:

- Implementing one-on-one online risk reduction counseling with MSM using Internet chat services.
- Delivering condom use and HIV testing messages at social networking sites serving as online meeting places for MSM.
- Monitoring community attitudes, knowledge and beliefs about HIV as expressed in Internet venues, and sharing these with HIV prevention providers to improve program development.
- Providing an online resource for questions about HIV prevention and care, and providing referrals to HIV testing, care and STI services.
- Developing smart phone outreach initiatives.

### **Focus: Prevention for Positives**

*Objective:* Ensure that newly-diagnosed individuals identified through *Prevention for*

*Positives* service providers are referred and successfully linked to HIV care and other services.

[Supporting NHAS Goal 2]

Priority activities include:

- Distributing policies and procedures to Counseling & Testing and HIV Partner Services providers to continue ensuring 1.) referral to HIV care and other services as the standard of care for persons who are newly diagnosed or previously diagnosed and not receiving HIV specialty medical care, and 2.) periodic updating of referral lists and agreements with agencies providing services for HIV-positive persons.
- Providing training to support staff effectiveness at assessing client needs and making appropriate client referrals.
- Establishing mechanisms through the *EvaluationWeb* data system to ensure documentation of initial and updated referrals to appropriate services for all HIV-positive clients.

*Objective:* Ensure that individuals who are referred to services follow through in completing their initial appointment.

[Supporting NHAS Goal 2]

Priority activities include:

- Maintaining methods to confirm client access of services, including securing client consent to share information with appropriate providers.
- Maintaining and promoting policies & procedures to encourage more effective communication between HIV prevention and care agencies regarding client completion of service referrals.
- Establishing mechanisms through the *EvaluationWeb* data system to ensure documentation of HIV-positive clients accessing referred services.
- Coordinating communications with medical case managers to ensure that clients are engaged in care.
- Coordinating with Partner Services to ensure that referred clients are linked to care.

*Objective:* Deliver an effective behavioral intervention (EBI) to HIV-positive clinic patients, using existing resources to serve the maximum number of people.

[Supporting NHAS Goals 1, 2 & 3]

Priority activities include:

- Piloting *Partnerships for Health* EBI intervention in 2012 at three clinics and expand during 2013-2015 to include other clinics in the state. Intervention components include:
  - clinics adopting prevention as an essential component of patient care and providers delivering the intervention to HIV-positive patients in HIV outpatient clinics;
  - prevention messaging integrated into clinic visits so that every patient is counseled at every visit and providers routinely initiate a brief discussion with the patient or client about safer sex that focuses on self-protection, partner protection, and disclosure.
  - supportive relationships built and maintained between the patient and the provider;
  - referrals for needs that require more extensive counseling and services; and

- waiting room posters and brochures used to reinforce prevention messages delivered by the provider.

### **Focus: Condom Promotion & Distribution**

*Objective:* Increase accessibility of condoms to high-risk populations.  
[Supporting NHAS Goals 1 & 3]

Priority activities include:

- Identifying appropriate venues for distributing condoms to risk populations and scheduling regular distribution times.
- Assisting local providers in identifying cost-effective ways to purchase condoms in bulk and minimize cost of delivery and distribution.
- Exploring web-based methods for distributing condoms to at-risk populations and partner agencies.
- Increasing and improving coordination efforts of condom distribution through HIV Partner Services, HIV CTR and clinic sites serving HIV positive persons.
- Promoting the accessibility, availability, and acceptability of condoms.

*Objective:* To increase knowledge of correct condom use among target populations.  
[Supporting NHAS Goals 1 & 3]

Priority activities include:

- Updating condom education to be more appealing and appropriate for populations, with attention to health literacy and cultural competence (e.g. "teach back" education models that focus on skill-building).
- Using focus groups, key informant interviews and published research to identify knowledge gaps & misinformation about condom use and efficacy among target populations.
- Utilizing web-based social networks and new communication technologies to inform target populations about condom use, efficacy and availability.
- Educating providers who are well-placed to distribute and promote condoms to high-risk populations.

*Objective:* To decrease stigma and negative perceptions around condom use.  
[Supporting NHAS Goals 1 & 3]

Priority activities include:

- Utilizing special events (*PrideFest*, other LGBT community celebrations, National Condom Week, etc.) to build community support for condom use.
- Developing projects that use population peers as educators and promoters of condom use, and as 'secondary distributors' to at-risk individuals.
- Using focus groups, key informant interviews and existing research to identify specific attitude barriers to consistent condom use and develop targeted messages to address them.
- Exploring strategies such as specific condom branding and large-scale coordinated social marketing campaigns.

**Focus: *Project Chica* Group Level Intervention**

*Objective:* Reduce HIV risk behaviors among high-risk Latina transgender population.  
[Supporting *NHAS* Goals 1 & 3]

Priority activities include:

- Implementing initial and periodic risk assessment of group clients.
- Implementing *Project Chica* curriculum, adapted for Latina transgender clients from the CDC *SISTA* EBI.
- Distributing condoms and referring to needed services such as mental health, substance abuse and HIV CTR.

**Focus: SHEBA Group-level Intervention**

*Objective:* Reduce HIV risk behaviors among high-risk African American transgender population.  
[Supporting *NHAS* Goals 1 & 3]

Priority activities include:

- Implementing initial and periodic risk assessment of group clients.
- Implementing *TWISTA* curriculum, adapted for African American transgender clients from the CDC *SISTA* EBI.
- Implementing adapted motivational interviewing EBI protocol.
- Distributing condoms and referring to needed services such as mental health, substance abuse, and HIV CTR.

**Focus: IDU Harm Reduction Outreach (*SSP - Syringe Support Program*)**

*Objective:* Reduce HIV risk behaviors among injection drug users.  
[Supporting *NHAS* Goals 1 & 3]

Priority activities include:

- Providing individual outreach education to IDUs on issues such as proper needle cleaning, needle disposal, vein care, and hepatitis C risks.
- Referring IDUs to needed services such as health care, recovery programs, and mental health services.
- Promoting correct disposal of injection drug equipment.
- Collaborating with privately funded syringe exchange programs.

**Focus: *Safety Counts* Group-Level Intervention**

*Objective:* Reduce HIV risk behaviors among injection drug users.  
[Supporting *NHAS* Goals 1 & 3]

Priority activities include:

- Implementing initial and periodic risk assessment of group clients.
- Implementing CDC EBI *Safety Counts* curriculum.
- Referring to AODA services (such as those at the United Community Day Center in Milwaukee) or other outpatient and residential treatment facilities.

- Referring for HIV/STI testing, domestic violence and counseling services for children witnessing family violence.
- Distributing condoms.

**Focus: Viral Hepatitis**

*Objective:* Improve viral hepatitis disease surveillance.

[Supporting *NHAS* Goals 1, 2, 3]

Priority activities include:

- Developing a protocol for enhanced surveillance of HCV infections in persons under 25 years of age.
- Revising hepatitis C guidelines for local health department to include protocols for reflexive HCV testing, HCV rapid testing and enhanced follow-up of HCV infection in persons under 25 years of age.
- Assisting the Wisconsin Immunization Program with data clean up and analysis of hepatitis B data.

*Objective:* Reduce viral hepatitis caused by drug-use behaviors.

[Supporting *NHAS* Goals 1 & 3]

Priority activities include:

- Increasing outreach and harm reduction efforts to IDUs through improved collaboration and integration with HIV and STD prevention and outreach projects serving IDUs.
- Increasing HCV testing provided by HIV harm reduction and outreach programs that reach IDUs.

*Objective:* Improve viral hepatitis health education and risk reduction.

[Supporting *NHAS* Goals 1 & 3]

Priority activities include:

- Developing and distributing age-specific, culturally appropriate HCV prevention materials targeted at high risk youth (i.e. IDUs under age 25 years).
- Revising and distributing public education material on HCV infection risks and testing recommendations that can be used by health care providers, community clinics, local public health departments, federally qualified health centers, public STD clinics, and other settings that the general public and high risk populations access.

*Objective:* Eliminate transmission of vaccine preventable viral hepatitis.

[Supporting *NHAS* Goals 1 & 3]

Priority activities include:

- Continuing to offer monovalent hepatitis B (HBV) and combination Twinrix vaccine to adults at high risk for HBV infection.
- Continuing to support HBV vaccine efforts within the Wisconsin Department of Corrections.

*Objective:* Prevent healthcare-associated viral hepatitis.

[Supporting *NHAS* Goals 1 & 3]

Priority activities include:

- Providing technical assistance related to viral hepatitis to the Health Care Acquired Infection Project in the Bureau of Communicable Disease and Emergency Response.

### **Focus: Lesbian, Gay, Bisexual and Transgender (LGBT) Health**

*Objective:* Improve the extent and quality of data collected and analyzed, and use of data regarding sexual minority populations. These include both young people and adults who identify as LGBT and individuals who have sexual contact with partners of the same sex, irrespective of sexual orientation.

[Supporting NHAS Goals 1 & 3]

#### Priority activities include:

- Analyzing and disseminating data from the YRBS and BRFSS demonstrating health disparities experienced by LGBT populations.
- Preparing a summary of demographic data regarding LGBT populations in Wisconsin.
- Broadly disseminating analyses of LGBT health outcomes and demographic data through:
  - reports on the LGBT health web site:  
<http://www.dhs.wisconsin.gov/lgbthealth/HealthReports/index.htm>;
  - reports tracking health disparities and progress for *Healthiest Wisconsin 2020*;
  - presentations at statewide conferences and other venues; and
  - articles or links to the data reports in newsletters and journals of medical, education, and other professionals.

*Objective:* Improve the reach and quality of services to LGBT populations through support of LGBT services and cultural competence training to improve service providers' ability to effectively serve LGBT young people and adults.

[Supporting NHAS Goals 2 & 3]

#### Priority activities include:

- Developing web-based LGBT trainings for providers.
- Meeting with DHS program staff to share program-specific LGBT data fact sheets and assessing current efforts to include LGBT populations in their work.

*Objective:* Reduce health disparities experienced by LGBT people through more favorable policies and community engagement.

[Supporting NHAS Goals 2 & 3]

#### Priority activities include:

- Add *Nutrition and Physical Activity* and *Resiliency Factors* as health topics to the DHS LGBT website.
- Advocate for the addition of a housing question to the YRBS.
- Provide support to *Acceptance Journeys*.
- Develop LGBT section in Minority Health Report/Healthiest Wisconsin 2020 baseline report.

### **Focus: Medical prophylaxis including Pre-exposure Prophylaxis (PrEP) and Non-occupational Post-Exposure Prophylaxis (nPEP)**

*Objective:* Improve medical and HIV service provider knowledge about PrEP and nPEP.

Priority activities include:

- Promoting the use of PrEP in clinical settings in accord with current practice standards.
- Providing language and messaging for prevention and care providers to talk with clients about PrEP, including messaging about the risks and benefits of PrEP.
- Streamlining and publicizing the process and increasing access for appropriate use of nPEP.

*Objective:* Increase community awareness and education about PrEP and nPEP.

Priority activities include:

- Gathering input from gay and bisexual men and other appropriate populations on how to deliver messages about PrEP and nPEP.
- Delivering messages to these populations which will raise awareness and educate about the risks and benefits of PrEP and nPEP.

*Objective:* Explore funding for PrEP.

Priority activities include:

- Determining to what extent insurance or other payment methods will cover PrEP.
- Assessing the level of stigma in accessing various payment methods.

## **B. TEST**

HIV testing is one of the most important interventions in controlling the spread of HIV infection. It is the first step to linking persons infected with HIV to medical care. Testing services promote early detection of HIV infection. For persons testing positive for HIV, awareness of their HIV status can help them take steps to protect their own health and that of their partners. Research indicates that most persons reduce high risk behaviors after knowing they are infected with HIV. For those testing negative, the testing process is an opportunity to be informed and take action to avoid risks and stay uninfected.

The focus of publicly funded counseling, testing, and referral (CTR) services is two-fold: 1) to identify undiagnosed HIV infection and provide linkages to HIV specialty care services and 2) to promote primary and secondary prevention through providing or linking persons with individualized, client-centered risk reduction planning and counseling. HIV education and counseling, which is provided in all publicly funded CTR venues, focuses on reducing individual risk behaviors, providing information regarding the HIV antibody test, and assisting the individual in making a decision regarding HIV testing. HIV positive persons are referred for medical follow-up, case management, and partner services (PS).

Publicly funded CTR services provide individuals the option of anonymous or confidential testing. Anonymous testing enables individuals who have special concerns about privacy the opportunity to undergo HIV testing without having their name (identity) connected with their HIV test results. For confidential testing, the most common type of testing conducted through publicly funded CTR services and testing conducted elsewhere, a client's name is known and is connected with their HIV test result. Positive HIV test results of confidential tests are reported to the AIDS/HIV Program for purposes of HIV surveillance and public health follow-up.

Acute HIV testing focuses on identifying HIV infection prior to antibody response and within the first few weeks of infection. Acute HIV testing is directed to persons at highest risk of HIV infection in order to identify persons in the early (acute) stage of HIV infection, to assist them in gaining prompt access to HIV medical care, and to prevent the transmission of HIV to others by persons who are in the early and highly infectious stage of HIV infection.

Consumers have the option of self-administered HIV home testing by purchasing an HIV testing kit online or at local pharmacies. There are two options for home testing by either 1. collecting a sample at home and forwarding it to a medical laboratory where the test is analyzed ([Home Access<sup>®</sup> HIV-1 Test System](#)) or 2. collecting a sample, running the test, and obtaining the test result at home ([OraQuick<sup>®</sup> In-Home HIV Test](#)). The second option of home testing and obtaining the test result at home was a recent development. This option uses a rapid HIV test which was approved by the FDA in July 2012 and will be available commercially in October 2012. Positive test results of the more recent home test kit are considered preliminary results that need to be confirmed by additional laboratory testing.

Testing services promote early detection of HIV infection through:

- routine testing for segments of the general population,
- targeted testing for high risk persons, and
- testing of sexual and needle sharing partners of HIV positive persons (through Partner Services).

#### *Routine Testing*

Routine HIV testing occurs as part of regular medical care. The federal Centers for Disease Control and Prevention released [recommendations](#) that all persons age 13-64 years undergo HIV testing as a routine part of health care, similar to the way screening occurs for other health conditions. The CDC also recommends that all pregnant women receive HIV testing during prenatal care.

In August 2012, the CDC released the document [Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945-1965](#). The purpose of these recommendations is to better identify persons living with HCV infection. An estimated 2.7-3.9 million persons in the U.S. are living with HCV infection and the majority are currently unaware of their infection. New HCV therapies that can halt disease progression and provide a virologic cure (i.e., sustained viral clearance following completion of treatment) in most persons. Targeted testing and linkage to care for infected persons in the 1945-1965 birth cohort is expected to reduce HCV-related morbidity and mortality.

#### *Targeted Testing*

Targeted HIV testing is directed to individuals at higher risk for HIV infection, including:

- sexually active gay, bisexual and other men who have sex with men (MSM);
- persons who have had unprotected sex with someone known to be infected with HIV;
- women who have had unprotected sex with bisexual males or who have exchanged sex for money or drugs;
- persons who have shared injection drug equipment (such as needles, syringes, cotton, water) with others;
- persons diagnosed with a sexually transmitted disease (STD) like syphilis or gonorrhea; and
- persons diagnosed with hepatitis B or C or tuberculosis (TB).

The Wisconsin Department of Health Services supports targeted HIV testing through a variety of agencies, venues, and strategies, including:

- community-based organizations
- AIDS service organizations
- local health departments
- MSM outreach
- IDU outreach
- substance abuse treatment facilities
- STD clinics
- jails and correctional settings
- medical settings/community health centers
- social networks
- sex worker outreach

#### *Social networks testing*

Social networks testing is a peer-driven, recruitment strategy to reach and provide HIV testing to high risk persons who may be infected but unaware of their status. This prevention intervention enlists persons newly and previously diagnosed HIV-positive and high-risk HIV negative persons as recruiters who encourage members of their social networks to undergo HIV testing. The strategy is based on findings that individuals are linked with large social networks and that infectious diseases often spread through these networks. Wisconsin was one of the early adopters of social networks HIV testing.

#### *Partner Services Testing*

Partner Services (PS) staff notify sexual and needle sharing partners of HIV positive persons that they may be at risk for HIV infection. In addition to notifying partners of their risk and providing client-centered HIV education and counseling, PS staff offer partners immediate access or referral to HIV testing services. PS has the highest rate of identifying new HIV cases (positivity rate) of any testing initiative in Wisconsin, with approximately 14% of persons testing positive for HIV infection.

### **Testing Objectives & Priority Activities for 2012-2015**

#### **Focus: Identification of HIV in high risk populations**

*Objective:* Establish and implement annual goals for testing high risk populations.  
[Supporting NHAS Goals 1 & 3]

#### Priority activities include:

- Establishing testing targets for high risk groups based Wisconsin surveillance data, as well as national estimates of the percentage of HIV positive individuals who are unaware of their infection.
- Allocating testing targets to funded agencies using the following criteria:
  - regional epidemiologic and population demographic data;
  - cultural competency for working effectively with target populations;
  - historical and current demographics of client-base;
  - past and current performance reviews; and
  - targeted populations for agency social networks testing plans.
- Monitoring and evaluating attainment of testing goals quarterly, providing technical assistance to sites as needed to meet goals.

- Supporting planning meetings among sites with similar testing target populations to coordinate services and facilitate collaboration.

*Objective:* Use testing strategies demonstrated to yield the highest number of first-time testers and the highest prevalence of positive results.

[Supporting NHAS Goals 1 & 3]

Priority activities include:

- Utilizing a *Social Networks Strategy* to provide testing to high risk and disproportionately affected populations through select CTR sites.
- Providing opportunities for testing of social network members through case management and medical services sites.
- Identifying and responding to HIV case clusters and other localized increases in HIV cases using public and private community partnerships.
- Providing technical assistance to grant funded testing sites to promote a cultural norm of biannual testing among MSM.
- Providing routine HIV screening at local public health STD testing sites.
- Utilizing surveillance data and zip code data to develop testing site locations and types in southeastern Wisconsin.

*Objective:* Employ a variety of testing technologies and CDC-recommended algorithms to identify undiagnosed infection at its earliest stage.

[Supporting NHAS Goal 1]

Priority activities include:

- Working with the Wisconsin State Laboratory of Hygiene to validate new HIV tests and testing algorithms based on CDC recommendations.
- Promoting testing to identify acute infection in high risk populations, particularly MSM.
- Developing protocols to link clients with rapid reactive results to HIV specialty services prior to clients receiving their confirmatory results.
- Supporting high quality testing by encouraging agencies to employ or train staff in phlebotomy for tests requiring venipuncture blood samples.
- Encouraging providers serving pregnant women to make perinatal HIV testing a standard of care, and monitoring HIV testing and seropositivity in expectant women through *PeriData.net*.
- Consulting with clinical providers on effective implementation of routine HIV screening, providing policy and procedure support on routine HIV screening practice, including implementation of opt-out testing in accordance with current Wisconsin statutes.

*Objective:* Promote appropriate use of the OraQuick home (over-the-counter) rapid HIV test through communication of key information regarding the test (e.g. performance, need for follow-up testing, and linkage to medical care) to consumers and community stakeholders such as physicians, pharmacists and CTR providers.

Priority activities include:

- Developing and implementing a communication plan that includes specific messages for various stakeholder groups and identifies the means through which these messages are communicated.

- Updating the AIDS/HIV Program website to include information regarding the test for both the community and clinicians.
- Assessing the impact of the test on the use of CTR services, including the use of CTR sites to perform follow-up testing after a home rapid test.
- Working with manufacturers of the home rapid HIV testing or large national pharmacies to determine the number of tests bought in Wisconsin, and ideally, the number of positives identified.
- Working with retail outlets to ensure individuals testing positive have information and access to counseling and medical resources.

*Objective:* Coordinate testing activities among public and private providers that do not receive AIDS/HIV Program funding.

[Supporting *NHAS* Goal 1]

Priority activities include:

- Ensuring communication and collaboration between CDC-directly funded agencies and state-funded and private testing providers.
- Participating in planning activities for HIV testing at Milwaukee *PrideFest* and other LGBT community celebrations and events to ensure a collaborative and comprehensive approach to testing persons at higher risk for HIV.
- Promoting testing standards related to revised algorithms and linkage/retention in care activities through meetings, webinars, and electronic communication.
- Monitoring and promoting the implementation of the provisions of the Affordable Care Act regarding insurance coverage of HIV testing services.

**Focus: Reduce transmission and risk activities in high risk populations**

*Objective:* Provide client centered risk reduction counseling.

[Supporting *NHAS* Goals 1 & 3]

Priority activities include:

- Training public test sites on client-centered risk reduction counseling.
- Developing and supporting task groups to identify and support enhanced risk reduction counseling for high-risk repeat testers and persons testing positive who continue to engage in risk activities.
- Providing opportunities for ongoing risk reduction messages and counseling in HIV specialty clinics through the “Partnerships for Health” intervention.

*Objective:* Facilitate linkage to HIV medical evaluation and HIV Partner Services.

[Supporting *NHAS* Goal 2]

Priority activities include:

- Providing training to all public test sites on linking clients testing positive to HIV specialty services.
- Requiring confidential testing as a program standard, allowing anonymous testing only in situations where the client would not otherwise be tested.
- Conducting quarterly quality assurance analysis of testing data to monitor linkages to services.

- Analyzing linkage to HIV specialty services based on client demographics, test site types, and individual agencies.
- Providing technical assistance to sites that do not meet CDC performance indicators for linking persons to HIV specialty services.
- Coordinating with Ryan White and Life Care Services to ensure linkage to and retention in care through “Linkage to Care Specialists” for clients not receiving their test results or at risk of missing an initial appointment or dropping out of care.

### **Focus: Collaboration between HIV and Viral Hepatitis testing services**

*Objective:* Improve viral hepatitis testing to prevent new infections and liver disease.  
[Supporting NHAS Goal 1]

#### Priority activities include:

- Continuing to collaborate with local health departments, the Wisconsin Department of Corrections (DOC) and the Wisconsin State Laboratory of Hygiene on viral hepatitis screening initiatives that target adults at high risk.
- Improving HCV screening, counseling and testing and referral in public sites by revising and disseminating risk assessment and harm reduction screening, reference and referral materials.
- Collaborating on the pilot of hepatitis C rapid testing with IDUs served by HIV prevention programs.
- Piloting and implementing an HCV rapid testing technology in 5-7 sites that currently use HIV rapid testing and serve young IDUs.
- Expanding HCV rapid testing to state licensed methadone treatment facilities.
- Promoting implementation of federal [guidelines](#) for HCV testing for individuals born between 1945 and 1965.
- Encourage routine screening for viral hepatitis for HIV positive individuals.

## **C. LINK**

Linkage services assist persons at high risk for or diagnosed with HIV infection in gaining access to needed services. These services focus on:

- improving initial linkages to care immediately following HIV diagnosis,
- establishing positive and enduring relationships between HIV positive clients and clinicians,
- identifying individuals at risk of falling out of care and intervening to maintain them in care, and
- identifying individuals who have lapsed from care and re-engaging them in care.

For HIV positive persons, linkage services focus on ensuring access and adherence to comprehensive medical services, HIV medications, and other critical health and support services. Persons who are uninfected but at high risk for HIV transmission may need assistance in linking to and accessing health and support services as well as ongoing prevention services. Linkage services include:

- outreach,
- non-medical case management,
- medical case management,

- services directed to partners of HIV positive persons (Partner Services), and
- other support services (including information and referral).

#### *Outreach & Early Identification of Individuals with HIV/AIDS*

Outreach is an intervention that is usually conducted face-to-face in places where clients congregate, including needle exchange and outreach for the primary purpose of promoting counseling, testing, and referral (CTR). Outreach is typically delivered at a location of convenience to the target population and the level of intensity is not as high as that of an ILI. Outreach focuses on information dissemination, prevention messages and referral rather than skills building and behavior change typical of ILI. This intervention is intended to introduce individuals to HIV prevention messages and recruit individuals into more intensive interventions that are directed at changes in attitudes, beliefs and high-risk behavior.

The Care and Treatment Program funds outreach services that are focused on early identification of individuals with HIV/AIDS and bringing HIV positive individuals not currently in care into care and treatment services.

#### *Partner Services*

Partner services (PS) provide HIV positive individuals and their sexual and needle-sharing partners a range of services, including assessment of HIV-related health and human service needs and assistance in accessing services. PS staff provide follow-up to confirm that linkage has occurred. Linkage services take place when PS providers assist clients and their partners in assessing their needs and in locating service providers who can address those needs. PS providers conduct follow-up contact with clients to ensure that clients were successfully engaged with identified service providers. In Wisconsin, HIV PS is coordinated by the Wisconsin AIDS/HIV Program and provided to clients by staff in select local health departments.

#### *Medical and Non-medical Case Management*

Case management is directed at ensuring that HIV positive persons with complex needs receive timely, coordinated services and that resource links are made and utilized to maintain an individual's ability to function independently in a community of their choice as long as practical. Case management involves the active participation of the client or the client's designated representative in all aspects of the case management process. Case management encourages collaboration, cost efficiency, and service integration to avoid service duplication. HIV case management services are provided through AIDS service organizations, community-based organizations, and select HIV health care clinics.

#### *Linkage to Care Specialists*

In 2011, the Wisconsin AIDS/HIV Program was awarded a 4-year Linkage to Care grant by the federal Health Resources and Services Administration. The largest component of this grant is intensive, time-limited, case management services provided by Linkage to Care Specialists (LTCS). LTCS are located at agencies that serve a large number of high-risk individuals and at sites that have successfully implemented the Social Network Strategy (SNS) for testing in target populations. Throughout the duration of the project, high priority HIV positive individuals are assigned to a LTCS who will monitor and assist clients in accessing services for a minimum of 3 medical evaluation visits but no greater than 12 months. For incarcerated populations, the duration of service is extended to 18 months. At the conclusion of services, the LTCS provides a close-out assessment to determine whether the client should be referred to long term case management services.

### *Other Support Services*

Support services are important in assisting individuals in accessing services and staying engaged in HIV-related prevention and care services. These services can be effectively and efficiently delivered when co-located with care and treatment services. Support services subsidized with federal Ryan White and state Life Care Services funds include:

- food bank/home-delivered meals - provision of actual food or meals and household (e.g. hygiene or cleaning) supplies;
- legal services - provision of legal services allowable under the Ryan White Program;
- linguistic services - provision of interpretation and translation services; and
- medical transportation - direct provision of transportation or a voucher for transportation to a client specifically to access health care services.

In Wisconsin, many of these services are either provided directly or coordinated by AIDS service organizations and other community-based organizations. Additional HIV-related support services are provided by other agencies and through a variety of funding sources such as support for housing funded under the federally funded [Housing Opportunities for Persons with AIDS](#) (HOPWA) Program administered by the Wisconsin Department of Commerce.

### **Link Objectives & Priority Activities for 2012-2015**

#### **Focus: Linkage to Care**

*Objective:* Implement Institute of Medicine (IOM) recommendations for monitoring HIV Care in the United States.

[Supporting NHAS Goal 2]

#### Priority activities include:

- Evaluating existing data collection mechanisms and performing a capacity assessment of funded providers to track recommended indicators.
- Implementing tracking of IOM recommended indicators.

*Objective:* Ensure access to linkage to care services for all high risk populations across Wisconsin.

[Supporting NHAS Goals 2 & 3]

#### Priority activities include:

- Establishing partnerships with non-traditional providers such as non-Ryan White funded Federally Qualified Health Centers (FQHC) and community health centers to ensure awareness of interventions and availability of services.
- Providing technical assistance and capacity building support to non-traditional providers in assessing rates of retention and improving retention in care.

*Objective:* Ensure linkage to both medical and supportive services.

[Supporting NHAS Goal 2]

#### Priority activities include:

- Evaluating client to determine health and supportive care needs.
- Linking client to health care including HIV specialty care, primary health care, dental care, and other health care as needed.

- Linking client to relevant supportive services (ie: housing assistance, food banks, transportation assistance, etc) that promote adherence to health care.

*Objective:* Deploy an algorithm for identification of acute HIV infection.

[Supporting *NHAS* Goals 1 & 2]

Priority activities include:

- Refining and distributing an acute HIV testing algorithm to identified testing sites.
- Piloting acute HIV screening at multiple CTR sites throughout the southern and southeastern regions.
- Assigning Linkage to Care Specialists (LTCS) to HIV counseling, testing, and referral (CTR) sites.

*Objective:* Identify and train LTCS to facilitate initial linkages and retention in care for high risk HIV positive individuals.

[Supporting *NHAS* Goals 2 & 3]

Priority activities include:

- Contracting with local community organizations for 10 LTCS to pilot the health navigator intervention.
- Developing and delivering training to identified LTCS.
- Defining linkage to care service and activities.
- Generating an algorithm for assignment of priority cases to LTCS.

*Objective:* Develop profile of patients “at risk” for falling out of care.

[Supporting *NHAS* Goals 2 & 3]

Priority activities include:

- Compiling data from clinical and community HIV providers on socio-behavioral factors that are indicative of individuals likely to fall out of care.
- Utilizing data to develop a “profile” that will assist HIV treatment centers in targeting resources effectively.
- Establishing systematic mechanisms for sharing care-related health information between AIDS/HIV Program and community providers.

*Objective:* Collaborate with the Department of Corrections (DOC) to establish stronger systematic linkages and re-engagement support for individuals being released from incarceration.

[Supporting *NHAS* Goals 2 & 3]

Priority activities include:

- Assigning all HIV positive individuals with scheduled release dates from the Department of Corrections to a LTCS.
- Coordinating discharge planning efforts with clinic based LTCS or case managers.
- Establishing systematic mechanisms that facilitate re-engagement in community care upon release from the Milwaukee County Correctional Facility – South (formerly House of Correction).

**Focus: Partner Services (PS)**

*Objective:* Increase the number of sexual and needle-sharing partners, of HIV positive individuals, notified through Internet Partner Services (IPS).

[Supporting *NHAS* Goals 1 & 3]

Priority activities include:

- Intensifying training of local PS providers regarding the implementation of IPS.
- Informing HIV care providers (case managers, clinicians, other providers) about the availability of IPS and the importance of partner-specific Internet and social media contact information in PS.

*Objective:* Reduce the number of single-jurisdictional PS agencies from 11 agencies to 6.

[Supporting *NHAS* Goals 1, 2 & 3]

Priority activities include:

- Reinitiating discussions with state and local health department staff in the Western Region regarding regionalization of PS.
- Negotiating and establishing contracts with local health departments for the implementation of multi-jurisdictional PS.
- Providing consultation and technical assistance to new multi-jurisdictional agencies.

*Objective:* Increase the usability and implementation *Partner ServicesWeb* database by local PS providers.

[Supporting *NHAS* Goals 1, 2 & 3]

Priority activities include:

- Developing and disseminating user-friendly *Partner ServicesWeb* policies and procedures.
- Collaborating with the *Partner ServicesWeb* vendor in refining *Partner ServicesWeb*.
- Intensifying consultation and technical assistance regarding local PS provider implementation of *Partner ServicesWeb*.

*Objective:* Increase HIV care and service providers knowledge and understanding of PS.

[Supporting *NHAS* Goals 2 & 3]

Priority activities include:

- Developing and disseminating PS print and electronic promotional materials among HIV service providers.
- Participating in presentations at case managers and HIV treaters meetings and trainings.

*Objective:* Collaborate with state and local STD public health staff in identifying individuals at risk for HIV and provide timely HIV counseling, testing, and linkage to care services.

[Supporting *NHAS* Goals 1, 2 & 3]

Priority activities include:

- Identifying public health agencies and staff providing STD services in LHDs responsible for providing HIV PS.
- Collaborating with local PS providers in facilitating discussions and joint efforts in LHDs to identify, screen, and routinely test persons who are at risk for HIV and other

STDs, to facilitate linkage to care, and to elicit and refer at-risk partners to PS and other needed services.

*Objective:* Monitor HIV PS data to identify acute HIV cluster infections.

[Supporting NHAS Goals 1 & 3]

Priority activities include:

- Ongoing monitoring and analysis of HIV PS data to identify trends and potential targeted epidemiologic investigations.
- Collaborating with state HIV surveillance, epidemiology and LHD staff in planning, implementing, and evaluating select contact and cluster investigations.

## D. TREAT

Treatment services promote the health of HIV positive persons through the direct provision of primary medical care and other core medical services, the provision of and referral to support services directed at improving access and adherence to care, and the integration of prevention services with HIV-related and other primary care medical services for persons living with HIV. The federal agency HRSA, under Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009, identifies core medical services to include:

- primary medical care,
- medical case management (including treatment adherence)
- early intervention services,
- medical nutrition therapy,
- medications,
- oral health,
- mental health,
- substance abuse, and
- health insurance assistance.

Publicly funded care services typically have eligibility requirements that clients must meet in order to participate in a program.

### *Primary Medical Care*

Primary medical care is HIV-related routine health care that is provided in an outpatient clinical (non-hospital) setting and includes professional diagnostic and therapeutic services that are usually provided by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, diagnosis and treatment of common physical and mental health conditions, prescribing medications and medication management, education and counseling on health issues, continuing care and management of chronic conditions, monitoring of CD4 counts and viral loads, and referral to and provision of specialty care. Private medical providers are the primary source of HIV-related health care for persons with HIV infection in Wisconsin. Clinical care settings include private medical clinics, academic medical centers, Federally Qualified Health Centers, and other community-based medical facilities. Many HIV-related primary care services in Wisconsin are supported with federal funding under the Ryan White HIV/AIDS Treatment Extension Act.

### *Medical Case Management*

Medical case management includes a range of client-centered services that link clients with health care, non-medical and other services. These services focus heavily on coordination and follow-up of medical treatments and provision of treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS treatment with the goal of clients achieving an undetectable viral load. These services are necessary to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care. Medical Case Managers also conduct prevention for positives activities to promote healthy relationships and prevent disease transmission.

### *Early Intervention Services*

Early intervention services include counseling individuals with respect to HIV/AIDS, testing, providing referrals, conducting periodic medical evaluations for individuals with HIV/AIDS, and providing therapeutic measures.

### *Medications*

Current medications in managing HIV disease include antiretroviral drugs and other medications which prevent or treat health conditions associated with HIV infection. Since the advent of HAART in the 1990's, there has been a dramatic increase in the health and longevity of individuals who start HAART early in the course of HIV infection. In Wisconsin, the AIDS/HIV Drug Assistance Program (ADAP) provides drug coverage to financially needy persons for the treatment of HIV infection and AIDS. The ADAP is designed to maintain the health and independence of persons living with HIV infection in Wisconsin by providing access to HIV-related antiretroviral drugs, HIV-related prophylactic drugs, and hepatitis C medications as well as vaccines for hepatitis A and B.

### *Oral Health Care*

Oral health care is an important part of the overall health care of persons with HIV infection. Poor oral health can adversely affect quality of life by complicating medical conditions and by interfering with medication adherence, especially when pain or discomfort interferes with a person's ability to manage daily routines. Oral health care includes diagnostic, preventive, and therapeutic services typically provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

### *Mental Health*

Persons living with HIV may experience a range of mental health issues at different points in their life. These issues vary greatly, ranging from emotional distress associated with living with a chronic illness, to depression and anxiety occurring as a result of learning one's HIV status, to severe mental illness. Mental health services which support persons living with HIV take many forms, including psychosocial support groups, individual and group counseling, intensive psychotherapy, medication management, and hospitalization. To identify mental health service needs, persons living with HIV need access to primary care providers who are skilled in screening for mental health issues and mental health professionals.

### *Substance Abuse*

Persons living with HIV have disproportionately high rates of substance use and abuse compared to the general population. Substance abuse adversely affects risk reduction behaviors, increases morbidity, and decreases the quality of life and access and adherence to HIV medications. Persons living with HIV and substance abuse need access to: a.) primary care providers skilled in screening for substance abuse problems, referring to treatment, and tailoring HIV medical treatment to diverse lifestyles and substance abuse treatment interactions. They

also need access to mental health professionals competent in providing culturally sensitive substance abuse services.

#### *Health Insurance Premium & Cost Sharing Assistance*

These services consist of financial assistance for eligible individuals living with HIV to maintain continuing health insurance coverage or to receive medical benefits under a health insurance program. The AIDS/HIV Health Insurance Premium Subsidy Program purchases group health continuation coverage (COBRA), Medicare supplement policies, and individual health insurance policies for persons living with HIV and AIDS. For eligible uninsured individuals, the Insurance Program purchases coverage from the Health Insurance Risk Sharing Plan (HIRSP), Wisconsin's high-risk insurance pool. The AIDS/HIV Health Insurance Premium Subsidy Program purchases HIRSP policies with prescription drug coverage for participants, which expands access to care for participants and saves ADAP funds. This is because the cost to pay for HIRSP premiums, pharmaceutical deductibles, and co-insurance is less than the full cost of ADAP covered medications for these individuals.

#### *Medical Home*

While the category of "medical home" is not a fundable service under Ryan White, to better coordinate all aspects of care, the AIDS/HIV Program is encouraging the development of medical homes. In the medical home model each patient is assigned a care team, composed of medical care and support service staff, who work as a unit to identify client needs and develop a care plan to address each need. A formal plan is being finalized in partnership with the Wisconsin Medicaid Program and the two state-designated AIDS Service Organizations (AIDS Resource Center of Wisconsin and AIDS Network) for the creation of an HIV specific medical home for Medicaid eligible clients. All agencies receiving Ryan White and/or Life Care Services funding are expected to coordinate all aspects of client care by providing services in house or establishing partnerships to make and accept care referrals. In late 2011 the Program issued a Request for Proposal (RFP) to determine Ryan White Part B contractors. The RFP required applicants to "demonstrate the ability to work jointly with other providers to ensure that needed services are coordinated and that clients experience a seamless continuum of care." A client will be more likely to adhere to care and obtain better health outcomes when medical and support needs are coordinated by a central contact.

### **Treat Objectives & Priority Activities for 2012-2015**

#### **Focus: Ryan White Initiatives**

*Objective:* Expand HIV care delivery and capacity.  
[Supporting NHAS Goal 2]

#### Priority activities include:

- Contracting Ryan White Part B funds to AIDS service organizations and community based organizations that have the ability and capacity to provide core medical care and coordinate support services in a clinical setting.
- Developing strategies to improve access to care for underserved populations.
- Coordinating efforts with Ryan White Part C and D grantees to ensure efficient and effective use of resources and to prevent service duplication.
- Continuing support of the Laboratory Reimbursement Program to assist with the costs of laboratory tests that monitor the effectiveness of HIV treatment.

- Encouraging improved mental health and substance abuse screenings, organizing trainings for providers, and increasing funding for mental health and substance abuse care.
- Ensuring the viability of the ADAP and client access to antiretrovirals by reducing costs through increased efficiencies, aggressively pursuing pharmaceutical company rebates, and maximizing federal grant opportunities and state general purpose revenue funds.

*Objective:* Enhance program assessment, planning, and evaluation activities to promote improved health outcomes.

[Supporting NHAS Goal 2]

Priority activities include:

- Identifying barriers to services through a statewide needs assessment of both providers and consumers.
- Collaborating with the SAPG, Wisconsin's joint prevention and care planning body.
- Continuing development of prevention and care joint initiatives such as the Linkage to Care program.
- Implementing a statewide, coordinated data reporting system to improve oversight of service delivery, identify service gaps, and direct State initiatives.

*Objective:* Assess the impact of the Affordable Care Act (ACA) on the Ryan White and Life Care Services Programs.

[Supporting NHAS Goals 2 & 3]

Priority activities include:

- Monitoring the implementation of 2014 provisions related to Medicaid eligibility.
- Monitoring Wisconsin Medicaid's implementation of the ACA provision related to Medicaid eligibility.
- Monitoring impact of the ACA on the reauthorization of the Ryan White Program.
- Coordinating services with third party payers to cover individuals and services not included in the ACA.
- Educating providers and clients on the Ryan White and Life Care Services benefits in light of ACA enactment.

*Objective:* Increase cultural competency of services and providers.

[Supporting NHAS Goals 2 & 3]

Priority activities include:

- Supporting the work of MATEC, providers, and other key stakeholders in improving the diversity of the health and supportive workforce.
- Developing agency cultural competence indicators and performance measures to ensure individuals receive appropriate care.

*Objective:* Ensure access to care for foreign born or undocumented individuals.  
[Supporting NHAS Goal 2]

Priority activities include:

- Supporting outreach efforts that inform minority communities about available services for undocumented individuals.
- Educating providers that Ryan White services are available to individuals not eligible for other state or federal programs because of citizenship requirements.
- Promoting partnerships with immigrant and alien service organizations to promote access to Ryan White services.

*Objective:* Enhance access to care.  
[Supporting NHAS Goal 2]

Priority activities include:

- Continuing utilization of Minority AIDS Initiative funding to increase the number of minority individuals enrolled in the ADAP and AIDS/HIV Insurance Premium Subsidy Programs.
- Utilizing Emerging Communities funding to increase access to care for minority individuals in the Milwaukee Metropolitan Statistical Area.
- Ensuring uninsured individuals have access to comprehensive health care through the AIDS/HIV Insurance Premium Subsidy Program.
- Promoting partnerships with Federally Qualified Health Centers to provide low income individuals with more quality care options.

*Objective:* Ensure the delivery of quality services.  
[Supporting NHAS Goal 2]

Priority activities include:

- Continuing support of MATEC monthly treaters meetings where medical providers share case studies and best practices.
- Continuing the development of uniform performance measures that ensure all clients receive quality care.
- Collaborating with the SAPG and providers to ensure that people living with HIV are aware of available services and know how to access services.
- Promoting care coordination activities to ensure that clients receive comprehensive and complimentary care.
- Establishing a coordinated client level data system to assist agencies in tracking client care to improve the quality of care delivery.

*Objective:* Enhance care coordination.  
[Supporting NHAS Goal 2]

Priority activities include:

- Developing a networked system to monitor the services provided and where the services are provided.
- Developing a medical home model that utilizes a team approach to ensure that patient care and supportive needs are addressed.
- Facilitating communication opportunities between providers on the care continuum to increase care services while reducing service overlaps.

- Expanding efforts and opportunities for the Early Identification of Individuals with HIV/AIDS and linking them to care.

*Objective:* Promote the continuing development of Ryan White program effectiveness.  
[Supporting NHAS Goal 2]

Priority activities include:

- Collaborating with federal partners on program reauthorization.
- Coordinating activities with the Affordable Care Act to maximize care resources.

**Focus: HIV Case Management**

*Objective:* Develop standards for medical case management.  
[Supporting NHAS Goal 2]

Priority activity:

- Assembling a provider workgroup to define medical case management services, developing standards of practice, and refining performance measures.

*Objective:* Revise & update standards for non-medical case management to stay current with state and federal initiatives.  
[Supporting NHAS Goal 2]

Priority activities include:

- Incorporate linkage to care activities into non-medical case management programs for lower priority populations.
- Revising service definition, requirements and quality assurance activities.

*Objective:* Provide continuing education for case managers funded by the Ryan White and LCS programs.  
[Supporting NHAS Goal 2]

Priority activities include:

- Developing ongoing education targeted towards skills building for case managers working in both medical and non-medical settings.

*Objective:* Move funded providers toward a networked data entry and reporting system in order to facilitate secure data-sharing and reduce duplication of services.  
[Supporting NHAS Goal 2]

Priority activities include:

- Developing a linked central data repository for use by the AIDS/HIV Program and collaborating partners.
- Linking internal data sources in order to analyze linkage to and retention in care and treatment services including case management.

*Objective:* Ensure the availability of medical case management services in HIV specialty clinics.  
[Supporting NHAS Goal 2]

Priority activities include:

- Building the capacity of existing Ryan White funded clinical settings to provide medical case management services.
- Forging new partnerships among non-Ryan White funded, high-volume clinical settings to ensure knowledge of case management and linkage to care services.

*Objective:* Expand availability of case management training.  
[Supporting NHAS Goal 2]

Priority activities include:

- Developing and providing more online and distance learning opportunities for training and professional development

*Objective:* Reduce case load burden for case managers by promoting client self-management.  
[Supporting NHAS Goal 2]

Priority activities include:

- Support short-term, intensive case management activities of LTCS that will develop client skills and knowledge resulting in less need for on-going case management services.
- Shifting existing case management resources toward high risk populations through specific, high impact interventions such as medical case management and linkage to care.
- Promote brief case management services for low acuity clients to ensure case load room for all high acuity clients.
- Support efforts to provide self-management trainings (ie: budgeting and finance counseling, treatment adherence counseling, etc.)

*Objective:* Improve quality monitoring of Ryan White and Life Care Services funded providers.  
[Supporting NHAS Goal 2]

Priority activities include:

- Revamping existing annual audit processes.
- Improving data collection and analysis from existing service providers.

**Focus: Viral Hepatitis**

*Objective:* Improve viral hepatitis care and treatment to prevent liver disease.  
[Supporting NHAS Goals 2 & 3]

Priority activities include:

- Supporting efforts to maintain and improve access to HCV treatment medications through Medicaid and patient assistance programs.
- Assessing and analyzing the impact and scope of healthcare costs associated with HCV.
- Promoting integrated care by developing a network of physicians trained to provide prevention and care services for persons at risk for or infected with viral hepatitis.

- Encouraging routine screening for viral hepatitis for HIV positive individuals.

**Focus: Wisconsin AIDS Drug Assistance Program (ADAP) & AIDS/HIV Health Insurance Premium Subsidy Program**

*Objective:* Continue prescription drug assistance and insurance premium assistance to eligible HIV-positive individuals who are not insured or are underinsured.

[Supporting NHAS Goals 2 & 3]

Priority activities

- Monitoring program budget and expenditures to ensure sufficient funds are available.
- Reviewing program utilization monthly.
- Updating ADAP and the AIDS/HIV Health Insurance Premium Subsidy Program budget forecasts quarterly.
- Prioritizing all Food and Drug Administration (FDA) approved antiretroviral medications for ADAP coverage.
- Identifying and purchasing the most cost effective health insurance coverage available that includes prescription drug coverage.
- Developing contingency plans for cost containment strategies if available funding is projected to be insufficient to meet program needs.

*Objective:* Assess the impact of the Affordable Care Act (ACA) on ADAP and the AIDS/HIV Health Insurance Premium Subsidy Program.

[Supporting NHAS Goals 2 & 3]

Priority activities

- Monitoring the implementation of 2014 provisions related to Medicaid eligibility.
- Monitoring Wisconsin Medicaid's implementation of the ACA provisions related to Medicaid eligibility.
- Monitoring the 2014 insurance exchange provision that will provide access to health insurance.
- Verifying that ADAP expenditures are counted toward the true out-of-pocket (TrOOP) cost for program participants with Medicare Part D prescription drug coverage to reduce costs for participants and maximize the cost efficiency for ADAP.

*Objective:* Enhance quality assurance activities for ADAP and the AIDS/HIV Health Insurance Premium Subsidy Program.

[Supporting NHAS Goals 2 & 3]

Priority activities

- Implementing HRSA/ADAP performance measures related to application determination, eligibility recertification, and formulary requirements.
- Analyzing data to identify suboptimal treatment regimens and follow-up with providers.
- Revising recertification process to optimize efficiency and adhere to HRSA's guidelines.
- Analyzing program usage and completing financial audits to ensure accuracy.

*Objective:* Reduce disparities in access to care through the ADAP and AIDS/HIV Health Insurance Premium Subsidy Program.

[Supporting NHAS Goals 2 & 3]

Priority activities

- Promoting awareness of AIDS/HIV drug assistance programs to increase the number of HIV-positive individuals receiving treatment.
- Working closely with health care providers and service agencies to conduct outreach to minority individuals with HIV infection to enroll them in ADAP and other health care and support services.

*Objective:* Streamline processes to reimburse pharmacies for covered medications and to make health insurance premium payments.

[Supporting *NHAS* Goals 2 & 3]

Priority activities

- Implementing electronic claims processing utilizing Medicaid's InterChange system.

**ADDENDUM I**

**WEB LINKS TO EPIDEMIOLOGIC PROFILE & WEB-BASED RESOURCES**

**Wisconsin AIDS/HIV Surveillance Annual Report:  
Cases Reported through December 31, 2011**

<http://www.dhs.wisconsin.gov/aids-hiv/Stats/2011SurvAnnualReview.pdf>

**Other Wisconsin HIV Surveillance and Statistical Reports**

<http://www.dhs.wisconsin.gov/aids-hiv/Stats/index.htm>

**Practice Standards and Administrative Guidelines  
for HIV related Non-medical Case Management**

<http://www.dhs.wisconsin.gov/aids-hiv/PDFs/CMPracStandards/MERGEDStandardsDocJan2010.pdf>

**Professional HIV Case Manager Reference Manual**

<http://www.dhs.wisconsin.gov/aids-hiv/PDFs/CMResManual0309/TOC-Linked.pdf>

**Quality Management Plan for Ryan White Part B  
and Life Care Services Funded Programs**

<http://www.dhs.wisconsin.gov/aids-hiv/PDFs/Wisconsin%20PartBQualityManagementPlanFinal2008.pdf>

**Resources for Wisconsin Clinicians**

<http://www.dhs.wisconsin.gov/aids-hiv/ClinicianResources/index.htm>

**Wisconsin AIDS/HIV Program Notes**

<http://www.dhs.wisconsin.gov/aids-hiv/ProgramNotes/index.htm>

## ADDENDUM II

### REVIEW OF 2009 WISCONSIN HIV COMPREHENSIVE PLAN: MAJOR RYAN WHITE RELATED ACCOMPLISHMENTS

In 2009, the Wisconsin AIDS/HIV Program created the *Wisconsin HIV Comprehensive Plan*. This document consolidated planning activities for Wisconsin HIV prevention and care services into a single living document that was updated no less than annually. The Comprehensive Plan was organized based on the conceptual framework of *Prevent-Test-Link-Treat*, which supports integrated planning and service implementation to ensure optimal use of resources and outcomes for people living with HIV and populations at risk for HIV infection.

The 2009 *Wisconsin HIV Comprehensive Plan* had four overarching goals:

- Goal 1: Eliminate health disparities so that all people living with HIV in Wisconsin receive needed HIV medical care, treatment, and social support.
- Goal 2: Improve access to quality medical care and needed social support services.
- Goal 3: Develop strategies that identify the needs of people living with HIV who are not in care or who are lost to care, especially the needs of historically underserved populations.
- Goal 4: Strengthen the continuum of care between HIV prevention and care services.

While these goals, by their very nature and focus, have ongoing activities supporting them, significant achievements have been made. The following are major accomplishments of Ryan White related activities that evolved from the *2009 Comprehensive Plan*.

- The AIDS/HIV Programs is one of seven demonstration states selected to develop an innovative and replicable model to successfully link and retain individuals in care. The Wisconsin model encompasses all four goals of the *Comprehensive Plan*. The model involves strong collaboration throughout the care continuum, from identification of HIV positive individuals to the successful enrollment of individuals in care and support services. The initial focus group is on young MSM of color, a group that has been disproportionately impacted by the HIV epidemic. Through the use of Linkage to Care Specialists, the model is focusing on linking HIV positive individuals to the best care and support services to meet identified needs. The model also has a component focused on re-engaging individuals who have fallen from care.
- In November 2011, the AIDS/HIV Program conducted a Request for Proposal competitive process to identify providers for Ryan White Part B services. The successful applicants demonstrated ability to 1) provide efficient and effective care 2) provide culturally competent care 3) serve a largely uninsured or underinsured population 4) provide care statewide with a focus on Milwaukee and rural areas and 5) have the ability to make referrals by demonstrating established relationships with prevention and other service providers.
- The AIDS/HIV Program continues to operate the ADAP and AIDS/HIV Health Insurance Premium Subsidy Programs without having to implement a wait list or other cost containment initiatives. This ensures that the most vulnerable individuals continue to have access to life saving medications.
- The AIDS/HIV Program continues to support the Laboratory Reimbursement Program to assist with the cost of certain laboratory tests used to monitor the effectiveness of HIV treatment.

- Relationships with non-traditional providers have been developed through the ongoing support of the monthly Treaters meetings, quarterly meetings with Department of Corrections staff, publication of the monthly *Program Notes*, and participation in the first learning session for the Linkage to Care grant.

Even with these achievements, work remains to be done. The newly developed *WHAS* continues to align activities overseen by the Wisconsin AIDS/HIV Program within the Prevent-Test-Link-Treat framework utilized in the 2009 Wisconsin HIV Comprehensive Plan. All activities are designed to meet identified needs, gaps, and continuing challenges. Activities can be found in the following sections of the *WHAS*:

- Prevent: pages 27-35
- Test: pages 35-40
- Link: pages 40-45
- Treat: pages 45-53

## ADDENDUM III

### CONTINUUM OF SERVICES

#### **CDC HIV Prevention Cooperative Agreement funding in Wisconsin**

Wisconsin is eligible for and receives *Category A: HIV Prevention Programs for Health Departments* funding from CDC, currently under Funding Opportunity Announcement PS12-1201. Wisconsin also receives *Category C: Demonstration Projects to Implement and Evaluate Innovative, High Impact HIV Prevention Interventions and Strategies* which is awarded on a competitive basis. Wisconsin is not eligible for funding under *Category B: Expanded HIV Testing for Disproportionately Affected Populations*.

#### **Category A**

The Wisconsin Department of Health Services is the grantee for HIV Prevention Category A funds. These funds are awarded as *base funding* by the CDC, and are determined for each state by the CDC using a formula partially based on local HIV seroprevalence and incidence. A new five-year grant cycle for CDC HIV Prevention Cooperative Agreement funding began on January 1, 2012.

The CDC identified the following four **Core Component Interventions** for the PS12-120 funding cycle:

- targeted HIV testing;
- prevention for HIV-positive persons, including HIV partner services;
- condom distribution; and
- policy initiatives.

Additionally, the CDC listed the following three **Required Activities** for the grant period:

- jurisdictional HIV planning;
- capacity building (CB) and technical assistance (TA); and
- program planning, monitoring and evaluation, and quality assurance (QA).

Finally, the CDC outlined the following three optional **Recommended Components** for 2012:

- Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk;
- Social Marketing, Media and Mobilization; and
- Pre-exposure Prophylaxis and Non Occupational Post-exposure Prophylaxis Services.

The Prevention grants fund thirteen organizations that have demonstrated the ability to provide culturally competent HIV prevention services effectively targeted to persons at highest risk for HIV infection. HIV prevention services are colocated with clinical services whenever possible.

Contracted agencies for 2012 include:

- AIDS Network,
- AIDS Resource Center of Wisconsin,
- Beloit Area Community Health Center,
- BESTD Clinic,
- Black Health Coalition,
- Diverse and Resilient, Inc.,
- Milwaukee LGBT Center,
- OutReach, Inc.,
- Pathfinders, Inc.,
- Sixteenth Street Community Health Center,

- STD Specialties,
- United Migrant Opportunity Services (UMOS), and
- Youth Services of Southern Wisconsin (Youth SOS).

Additionally, several local health departments received funding to conduct HIV Partner Services and/or Disease Investigative Specialist services. These health departments include:

- Brown County
- Eau Claire City/County
- Kenosha County
- La Crosse County
- Public Health of Madison and Dane County
- Marathon County
- City of Milwaukee Health Department
- Racine County
- Rock County
- Waukesha County, and
- Winnebago County.

Finally, grants were given to tribal HIV coordinators at eleven different tribal nations within Wisconsin:

- Bad River,
- Ho Chunk,
- Lac Courte Oreilles,
- Lac du Flambeau,
- Menominee,
- Oneida,
- Potawatomi,
- Red Cliff,
- Sokaogon,
- St. Croix, and
- Stockbridge-Munsee.

### **Category C**

The following Wisconsin providers were awarded **Category C** funding in 2012 to continue and expand the efforts around the *EndHIV* project in Milwaukee, Wisconsin:

- **Diverse and Resilient, Inc.** receives funds to support the next phase of the *Acceptance Journeys* social marketing campaign, which was developed in response to the results of the 2010 *EpiAid* investigation in Milwaukee;
- **University of Wisconsin** receives funding for formal evaluation of year two of the *Acceptance Journeys* campaign;
- **Black Health Coalition** receives funds to conduct a community mobilization intervention with young African American MSM in Milwaukee;
- **Milwaukee City Health Department** receives funding to support a CDS (*Community Disease Specialist*) to focus on HIV and syphilis partner services efforts with young MSM of Color;
- **Pathfinders** is funded for a structural level intervention targeting runaway and homeless GBT males; and

- **UMOS** is funded to conduct social networks HIV testing with young Latino MSM, parallel to efforts targeting young African American MSM.

### **Beyond the CDC HIV Prevention Cooperative Agreement**

Wisconsin has been fortunate to have executive and legislative support of the AIDS/HIV Program. In 2012, the AIDS/HIV Prevention Program was given \$260,000 in Wisconsin *General Purpose Revenue* (GPR) to target HIV prevention outreach to out-of-treatment injection drug users. An additional \$566,200 in GPR was budgeted for HIV prevention programming at Wisconsin's two *AIDS Service Organizations* (ASOs). A special faith-based HIV Prevention project conducted in Milwaukee by Black Health Coalition was supported by \$50,000 in GPR for 2012, and \$113,800 of GPR was used to support fee-for-service HIV testing, mostly conducted through local health departments. The Program also has an additional \$75,000 each year for HIV Prevention as part of the AODA block grant.

### **HIV prevention programs in Wisconsin receiving funds directly from Federal sources**

In 2012, several major federal awards are directly supporting HIV prevention efforts. Both awards target MSM of color in the greater Milwaukee area:

- The CDC awarded Diverse and Resilient, Inc. funding under Funding Opportunity Announcements PS10-1003 and PS11-1013. This funding supports various behavioral interventions with persons at increased risk for HIV, particularly young MSM and MSM of Color. Funded projects include
  - *BE ABLE*: Group-level intervention for HIV-African American gay and bisexual men, ages 21-35, to discuss issues in the community with the purpose of reducing HIV transmission.
  - *mPOWERMENT*: Community-level intervention for young gay and bisexual men of various races, ages 14-21, to shape a healthy community for themselves, build positive social connections, and support their friends to have safer sex.
  - *Counseling and Testing*: MSM of color, ages 13-29
  - *Personalized Cognitive Counseling*: An individual-level single session counseling intervention for young MSM of color who are repeat HIV testers.
  - *Community Promise*: Role model stories created based on interviews with young gay and bisexual men of color, ages 13-29 who have made positive behavior change. Peer advocates are recruited from the target population and trained to distribute stories to social networks.
  - *Comprehensive Risk Counseling and Services (CRCS) and Choosing Life: Empowerment! Action! Results! (CLEAR)*: Client-centered, individual-level intervention with HIV positive MSM of colors, ages 13-29, using cognitive behavioral techniques to change behavior.

This funding runs from 2010-2016, and approximately \$650,000 a year.

- **SAMHSA** awarded the AIDS Resource Center of Wisconsin (ARCW) funding for 2012 – 2016 to support two behavioral interventions directed at young MSM of color and high risk heterosexual women in order to reduce and eliminate the occurrence of substance abuse and HIV infection within these populations. SAMHSA is providing approximately \$300,000 a year for this effort.
- The **National Institute of Mental Health** has awarded the Center for AIDS Intervention Research (CAIR) within the Medical College of Wisconsin to research social networks.

This three site study (Milwaukee, Miami, and Cleveland) will examine the effectiveness of using social networks to increase safer sex norms and to decrease risky sexual behaviors for 18-29 year African American MSM who are members of social networks and engaged in risky sexual behavior. Funding runs 2010-2015 and is \$800,000 a year divided between the three study sites.

### **HRSA Ryan White funding in Wisconsin**

Wisconsin is eligible for and receives funding under four Ryan White Parts: B, C, D, and F.

#### **Part B**

The Wisconsin Department of Health Services is the grantee for Ryan White Part B funds.

These funds encompass:

- base funds supporting contracts for direct services at seven agencies and supporting the AIDS/HIV Health Insurance Premium Subsidy Program;
- ADAP funds supporting the provision of medications and health insurance through the ADAP and Insurance programs;
- ADAP supplemental funds supporting the provision of medications in the ADAP;
- Emerging Communities supporting the provision of direct services in the Milwaukee MSA; and
- Minority AIDS Initiative funds supporting efforts to minority patients with the ADAP.

In November 2011, the Wisconsin Department of Health Services conducted a Request for Proposal (RFP) to award Part B funds through 2016. Based on review of identified service needs and gaps, it was determined that nine services were most needed and would be eligible for Part B funding. The nine services are:

#### **Core Services** include:

- outpatient/ambulatory medical care,
- oral health care,
- mental health services,
- outpatient substance abuse services, and
- medical case management.

#### **Support Services** include:

- non-medical case management,
- housing services,
- legal services, and
- medical transportation.

As a result of the RFP process, seven agencies were awarded contracts to provide Part B core and support services. The contracted agencies include:

- AIDS Network,
- AIDS Resource Center of Wisconsin,
- Legal Aid Society of Milwaukee,
- Medical College of Wisconsin – Department of Pediatrics,
- Medical College of Wisconsin – Infectious Disease Clinic,
- Sixteenth Street Community Health Center, and
- University of Wisconsin Hospital and Clinics.

In determining how to distribute funds, some key factors were considered including:

- Epidemiologic profile: The majority of Wisconsin's cases are located in the southeastern region of the state. To address this trend just over 60% of funds are directed to this region.
- Cultural competency: Consistent with national trends, member of minority populations are much more likely to be impacted by HIV than their white counterparts. Selected agencies had to demonstrate the ability to reach and serve target populations.
- Uninsured status: As Ryan White funds are a payer of last resort, it was important that agencies provide services to clients who lack other resources and care options.
- Established networks: If agencies were unable to provide a service on site, they had to demonstrate the ability to make referrals and follow up on the referrals to ensure client needs were addressed.

Additionally, Sixteenth Street Community Health Center and Milwaukee Health Services are the contracted providers for the Minority AIDS Initiative funds. Each clinic serves a patient base that has more than a 90% minority composition. Sixteenth Street Community Health Center focuses on the Hispanic community while Milwaukee Health Services focuses on the African American community.

### Part C

Four Wisconsin providers are Ryan White Part C grantees.

- **AIDS Resource Center of Wisconsin** receives funds to provide outpatient/ambulatory care and oral health care;
- **Milwaukee Health Services** receives funding for medications, outpatient/ambulatory medical care, oral health care, early intervention services, mental health services, outpatient substance abuse services, non-medical case management, health education and risk reduction, medical transportation, and outreach services;
- **Sixteenth Street Community Health Center** receives funds to provide medications, outpatient/ambulatory medical care, medical case management, oral health care, early intervention services, mental health services, health education and risk reduction, and outreach services; and
- **University of Wisconsin Hospital and Clinics** receive funding for medications, outpatient/ambulatory medical care, medical case management, oral health care, mental health services, and benefits and disability counseling.

### Part D

The Medical College of Wisconsin – Department of Pediatrics is Wisconsin's sole recipient of Ryan White Part D funds. The funds support the Primary Care Network which provides services to HIV positive pregnant women, children, and their families. Funded services include medications, medical case management, mental health services, outpatient substance abuse services, emergency financial assistance, food bank/home delivered meals, health education and risk reduction, linguistic services, medical transportation, outreach services, psychosocial support services, and community treatment adherence counseling.

### Part F

Ryan White Part F funds the AIDS Education and Training Centers (AETC) and demonstration projects through the Special Projects of National Significance (SPNS) initiatives.

Wisconsin is part of the Midwest AIDS Training and Education Center (MATEC) based at the University of Illinois at Chicago and receives Part F funding as an AETC. The Wisconsin site of MATEC is part of the University of Wisconsin at Madison. Part F funds provide technical assistance, training, and education opportunities to HIV medical providers.

The Wisconsin Department of Health Services receives Part F funding as part of a four year SPNS initiative to develop an innovative and replicable Linkage to Care model.

### **Beyond Ryan White**

Wisconsin has been fortunate to have executive and legislative support of the AIDS/HIV Program. Wisconsin Statute [252.12\(2\)\(a\)8](#), created the Michael Johnson Life Care Services and Early Intervention Program and provides over \$3.5 million in state revenue to support the work of Wisconsin's two AIDS service organizations. Additionally, state revenues provide over \$1.3 million in support for the ADAP and Health Insurance Premium Subsidy Programs. Despite this support, recent state budget deficits have forced funding cuts.

As part of the current budget biennium, all programs were forced to take a 10% cut in state revenue. Recognizing the vital role the ADAP plays in the lives of HIV positive individuals, the AIDS/HIV Program was allowed to avoid cutting the ADAP budget and instead absorb the cut in a different area. The current budget situation makes Ryan White and other funding sources even more important partners in the provision of HIV services.

The Wisconsin Medicaid Program is also a primary provider of medical care services for Wisconsin's HIV positive individuals. Annually, the Medicaid Program pays more than \$30 million to providers to render care and treatment services for HIV positive individuals.

Funds are also available to agencies and providers through non-governmental grants. Many corporations and philanthropic organizations provide grants that can be used to provide services that may be restricted under governmental programs.

### **How do all of these come together?**

The Wisconsin AIDS/HIV Program works to support the efforts of all HIV service providers regardless of contractual relationship.

- Bi-monthly meetings of HIV Prevention providers are conducted in the Milwaukee area, so agency staff can work together on common challenges and share strategies for reaching target populations.
- HIV Prevention staff hold quarterly meetings in the Madison Metro area and in the Fox Valley metro area where funded HIV prevention providers, local health departments and community-based organizations serving at-risk communities develop strategies around coordinated observance of HIV-related awareness days (World AIDS Day, HIV Testing Day, etc.) and discuss long-term objectives for HIV prevention in their community.
- Through a contract with MATEC, monthly meetings are held that bring together providers from across the state to present case histories and discuss best practices, treatments, and care options.
- The periodic newsletter *Wisconsin AIDS/HIV Program Notes* is sent to all tribal clinics, all local public health departments, over 40 individual clinicians, HIV prevention and care service providers, infection control preventionists, and other partners to keep them informed on new policies, programs, studies, and treatment guidelines.
- As of February 2011, all lab results for CD4 counts and viral loads are required to be submitted to the AIDS/HIV Program's Surveillance Unit, allowing the Program to better monitor the community viral load.
- A key component of the SPNS Linkage to Care initiative is to foster stronger communication and relationships with non-traditional providers. While this initiative is only in the first year, stronger partnerships have already been forged with Partner Services and Department of Corrections staff. This initiative is also providing a format to demonstrate the mutual benefits

of information exchanges and encouraging non-traditional providers to work cooperatively with the Program and Ryan White funded colleagues.

- The HIV Counseling, Testing and Referral Coordinator collaborates with agencies directly funded by the CDC in assessing and establishing HIV testing targets for HIV counseling, testing and referral for agencies funded by the AIDS/HIV Program.

### **Impact of State and Local Budget Cuts**

In the current biennium, State agencies and programs, including the AIDS/HIV Program, received a 10% cut in state revenue. To compensate for the loss in state revenue, the AIDS/HIV Program has adopted the following strategies:

- **Prioritizing ADAP:** To ensure that the ADAP remained viable and able to provide life-saving medications, the ADAP was exempted from the 10% budget reduction and cuts were absorbed in other program areas.
- **Streamlining service delivery:** The 2011 Request for Proposal allowed the AIDS/HIV Program to prioritize services and contract with providers best able to deliver services in an efficient and effective manner.
- **Consolidating services:** Prior to the 2011 Request for Proposal process, the AIDS/HIV Program discontinued contracts with underperforming providers and directed funds to providers better able to address service needs.
- **Increasing program efficiencies:** The goal of the Linkage to Care grant is to develop a model for successful long term care participation that can be implemented program-wide and reduce the need for ongoing long term case management services. The Program is exploring better data sharing capabilities that will allow the Program and providers to track and monitor the delivery of services.

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CARE Grant Funding by HRSA Core Services and Support Services Categories, Wisconsin<sup>1</sup>

HRSA Core Service Category	GPR/Early Intervention	Ryan White Part B	Ryan White Part C	Ryan White Part D	Ryan White Part F	Total
Medications (ADAP)		\$4,277,618				\$4,277,618
Medications (GPR)		\$136,631				\$136,631
Medications (GPR Match)		\$87,369				\$87,369
Health Insurance Premiums (ADAP)		\$1,025,755				\$1,025,755
Health Insurance Premiums (GPR)		\$1,082,220				\$1,082,220
Medications (local)			\$59,400	\$700		\$60,100
Outpatient/Ambulatory Medical Care	\$914,336	\$900,000	\$898,087			\$2,712,423
Medical Case Management/Adherence		\$475,000	\$337,843	\$720,556		\$1,533,399
Oral Health	\$315,769	\$275,000	\$72,057			\$662,826
Early Intervention Services	\$68,958		\$176,708			245,666
Mental Health	\$329,198	\$295,000	\$114,190	\$33,909		\$772,297
Substance Abuse		\$30,000	\$11,000	\$37,447		78,447
Linkage to Care (SPNS Demonstration)					\$728,105	\$728,105
<b>Total Core Services Allocation</b>	<b>\$1,628,261</b>	<b>\$8,584,593</b>	<b>\$1,669,285</b>	<b>\$792,612</b>	<b>\$728,105</b>	<b>\$13,402,856</b>
HRSA Support Service Category	GP/Early Intervention	Ryan White Part B	Ryan White Part C	Ryan White Part D	Ryan White Part F	
Non-Medical Case Management	\$1,672,624	\$160,000	\$103,035			\$1,935,659
Emergency Financial Assistance				\$2,000		\$2,000
Food bank/home-delivered meals	\$110,840			\$3,000		\$113,840
Health Education/Risk Reduction			\$7,009	\$15,000	\$205,793	\$227,802
Housing		\$50,000				\$50,000
Legal	\$115,295	\$50,000				\$165,295
Linguistics				\$1,000		\$1,000
Medical Transportation		\$40,000	\$875	\$8,000		\$48,875
Outreach		\$49,043	\$75,546	\$3,000		\$127,589
Psychosocial Support Services				\$11,101		\$11,101
Substance Abuse Residential						
Treatment Adherence Counseling				\$12,000		\$12,000
<b>Total Support Services Allocation</b>	<b>\$1,898,759</b>	<b>\$349,043</b>	<b>\$186,465</b>	<b>\$55,101</b>	<b>\$205,793</b>	<b>\$2,695,161</b>
<b>Total Core and Support Services Allocation</b>	<b>\$3,527,020</b>	<b>\$8,933,636</b>	<b>\$1,855,750</b>	<b>\$847,713</b>	<b>\$933,898</b>	<b>\$16,098,017</b>

<sup>1</sup> The fiscal year for GPR and Early Intervention funding spans July 1 through June 30. The fiscal year for Ryan White Part B funding generally spans April 1 through March 31 except for special projects which may vary. The fiscal year time frames for Ryan White Parts C, D, and F vary.

**CDC HIV Prevention Cooperative Agreement & HIV Prevention GPR Funding for 2012, Wisconsin**

Note: The following table identifies HIV prevention services and the respective agencies funded in 2012 by the Wisconsin Department of Health Services (DHS), Division of Public Health. Funding was awarded from federal and state sources. The table does not include an agency's HIV-related services or other agencies providing HIV services that are supported through sources other than DHS.

	<i>CTR</i>	<i>Prevention w/ HIV+</i>	<i>CDSLI</i>	<i>EBIs</i>	<i>Social Mark.</i>	<i>Community Planning</i>	<i>CB and TA</i>	<i>Evaluation</i>	<i>QA</i>
Amount awarded	<b>\$1,236,481</b>	<b>\$612,445</b>	<b>\$406,174</b>	<b>\$497,000</b>	<b>\$351,148</b>	<b>\$96,514</b>	<b>\$201,959</b>	<b>\$136,497</b>	<b>\$226,738</b>
% of total award	32.84%	16.27%	10.79%	13.20%	9.33%	2.56%	5.36%	3.63%	6.02%

<b>Risk Group Sub-totals</b> [not mutually exclusive]	
<b>HIV Testing (all groups)</b>	<b>\$1,236,481</b>
<b>HIV+ Persons</b>	<b>\$612,445</b>
<b>MSM</b>	<b>\$714,722</b>
<b>IDU</b>	<b>\$275,999</b>
<b>Youth &amp; Young Adults</b>	<b>\$188,472</b>
<b>HRH</b>	<b>\$145,000</b>
<b>Minority Communities</b>	<b>\$281,673</b>
<b>Women</b>	<b>\$260,000</b>
<b>Transgender</b>	<b>\$51,001</b>

2012 HIV Prevention Program total = **\$3,764,955**.

**2012 HIV Prevention and Care Contracted Agencies and Services**

Note: The following table identifies HIV prevention and care services and the respective agencies funded in 2012 by the Wisconsin Department of Health Services (DHS), Division of Public Health. Funding was awarded from several funding sources and on a variety of 12-month cycles. The table does not include an agency's HIV-related services or other agencies providing HIV services that are supported through sources other than DHS.

Agency	Funding	Funding Level	Service Description
<b>AIDS Network</b>			
	Prevention	\$144,000	<ul style="list-style-type: none"> <li>• HIV counseling, testing &amp; referral (CTR)</li> <li>• Condom Distribution as a Structural &amp; Community Intervention (MSM)</li> <li>• IDU Harm Reduction outreach</li> <li>• <i>Prevention w/ HIV+ (TBD)</i></li> </ul>
	Care	\$890,828	<ul style="list-style-type: none"> <li>• Oral health services</li> <li>• Mental health services</li> <li>• Linkage to Care</li> <li>• Non-medical case management (bilingual services)</li> <li>• Legal services</li> <li>• Medical transportation</li> <li>• Food bank/home delivered meals</li> <li>• Early intervention services</li> <li>• Housing services</li> </ul>
<b>ARCW – Statewide</b>			
	Prevention	\$142,500	<ul style="list-style-type: none"> <li>• Statewide information and referral hotline, Internet outreach &amp; coordination of condom distribution and promotion.</li> </ul>
	Care	\$65,000	<ul style="list-style-type: none"> <li>• Housing services</li> <li>• Legal services</li> </ul>

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<b>ARCW – Southeast</b>		
Prevention	\$436,000	<ul style="list-style-type: none"> <li>• Targeted HIV CTR with high risk populations (MSM, IDU, sex partners at risk)</li> <li>• Internet-based health education and information services targeting MSM</li> <li>• IDU Harm Reduction outreach</li> <li>• HIV Prevention Education Outreach to MSM venues</li> <li>• Clinic-based HIV Prevention interventions for HIV-positive persons (Partnerships for Health)</li> </ul>
Care	\$3,216,589	<ul style="list-style-type: none"> <li>• Outpatient/ambulatory medical care</li> <li>• Oral health services</li> <li>• Mental health services</li> <li>• Outpatient substance abuse services</li> <li>• Medical case management</li> <li>• Linkage to Care</li> <li>• Non-medical case management (bilingual services)</li> <li>• Medical transportation</li> <li>• Legal services</li> <li>• Food bank/home-delivered meals</li> </ul>
<b>ARCW – Northeast</b>		
Prevention	\$120,000	<ul style="list-style-type: none"> <li>• Targeted HIV CTR with high risk populations (MSM, IDU, sex partners at risk)</li> <li>• Social networks CTR with HIV positive case management clients</li> <li>• Internet-based health education and information services targeting MSM</li> <li>• IDU Harm Reduction outreach</li> <li>• HIV Prevention Education Outreach to MSM venues</li> </ul>
Care	\$515,719	<ul style="list-style-type: none"> <li>• Outpatient/ambulatory medical care</li> <li>• Oral health services</li> <li>• Mental health services</li> <li>• Non-medical case management (bilingual services)</li> <li>• Legal services</li> <li>• Medical transportation</li> <li>• Food bank/home-delivered meals</li> </ul>

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<b>ARCW – North</b>		
Prevention	\$67,000	<ul style="list-style-type: none"> <li>Targeted HIV CTR with high risk populations (MSM, IDU, sex partners at risk)</li> <li>Internet-based health education and information services targeting MSM</li> <li>IDU Harm Reduction outreach</li> <li>HIV Prevention Education Outreach to MSM venues</li> </ul>
Care	\$143,871	<ul style="list-style-type: none"> <li>Mental health services</li> <li>Non-medical case management (bilingual services)</li> <li>Medical transportation</li> </ul>
<b>ARCW – West</b>		
Prevention	\$85,000	<ul style="list-style-type: none"> <li>Targeted HIV CTR with high risk populations (MSM, IDU, sex partners at risk)</li> <li>Social networks HIV CTR with HIV positive case management clients</li> <li>Internet-based health education and information services targeting MSM</li> <li>IDU Harm Reduction Outreach</li> <li>HIV Prevention Education Outreach to MSM venues</li> </ul>
Care	\$286,406	<ul style="list-style-type: none"> <li>Mental health services</li> <li>Non-medical case management (bilingual services)</li> <li>EMedical transportation</li> <li>Food bank/home-delivered meals</li> </ul>
<b>Beloit Area Community Health Center</b>		
Prevention	\$25,000	<ul style="list-style-type: none"> <li>Clinic-based HIV Prevention interventions for HIV-positive persons (<i>Partnerships for Health</i>)</li> </ul>
<b>BESTD Clinic (aka Brady Street Clinic)</b>		
Prevention	\$35,000	<ul style="list-style-type: none"> <li>HIV Testing in high risk communities</li> </ul>
<b>Black Health Coalition</b>		
Prevention	\$120,000	<ul style="list-style-type: none"> <li>Faith-based HIV CTR in high prevalence African American neighborhoods</li> <li>HIV prevention capacity building with faith-based communities</li> </ul>

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<b>Brown County HD</b>		
Care	\$12,000	• HIV Partner Services / Linkage to Care ( <i>Coordinated by Prevention Unit</i> )
<b>Diverse and Resilient</b>		
Prevention	\$100,000	• Capacity building for providers serving MSM youth statewide • Ongoing group for transgender African Americans <i>SHEBA</i>
<b>Eau Claire City/ County HD</b>		
Care	\$9,000	• HIV Partner Services / Linkage to Care ( <i>Coordinated by Prevention Unit</i> )
<b>Health Care for the Homeless</b>		
Care	\$35,206	• Linkage to Care
<b>Kenosha County Health Department</b>		
Care	\$13,000	• HIV Partner Services / Linkage to Care ( <i>Coordinated by Prevention Unit</i> )
<b>La Crosse County Health Department</b>		
Care	\$16,000	• Partner services/linkage-to-care
<b>Legal Aid Society of Milwaukee</b>		
Care	\$15,000	• Legal services
<b>Local Health Departments (multiple agencies)</b>		
Prevention	\$203,740	• HIV testing through fee-exempt testing and provision of HIV test kits • fee-for-service HIV partner services within local jurisdictions
<b>Luther Consulting, Inc.</b>		
Prevention	\$54,060	• Coordination of web-based data reporting consistent with CDC requirements
Care	\$13,800	• Coordination of web-based data reporting consistent with requirements of HRSA's Ryan White Services Report (client-level data report)
<b>Public Health of Madison and Dane County</b>		
Prevention	\$20,000	• HIV partner services ("PCRS") for multi-county jurisdiction
Care	\$25,000	• Partner services/linkage-to-care ( <i>Administered through Prevention</i> )
<b>Marathon County HD</b>		
Care	\$10,000	• HIV Partner Services / Linkage to Care ( <i>Coordinated by Prevention Unit</i> )

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<b>Midwest AIDS Training and Education Center (MATEC)</b>		
Care	\$19,668	• Support for HIV Treaters' Meeting
<b>Medical College of Wisconsin – Infectious Disease Clinic</b>		
Care	\$93,401	• Medical case management
<b>Medical College of Wisconsin – Pediatrics Department</b>		
Care	\$200,000	• Medical case management (statewide for HIV + pregnant women, their newborns, and family members)
<b>City of Milwaukee Health Department</b>		
Prevention	\$114,000	• HIV partner services in southeast Wisconsin
Care	\$80,000	• Partner services/linkage-to-care ( <i>Administered through Prevention</i> )
<b>Milwaukee Health Services</b>		
Care	\$31,645	• Linkage to Care
Prevention	\$60,000	• HIV CTR targeting YMSM of color • Condom Distribution as a Structural & Community Intervention (MSM)
<b>OutReach, Inc</b>		
Prevention	\$25,000	• Condom Distribution as a Structural & Community Intervention (TG & MSM)
<b>Pathfinders, Inc.</b>		
Prevention	\$30,000	• Condom Distribution as a Structural & Community Intervention (YMSM)
<b>Racine HD</b>		
Care	\$13,000	• HIV Partner Services / Linkage to Care ( <i>Coordinated by Prevention Unit</i> )
<b>Rock County HD</b>		
Care	\$13,000	• HIV Partner Services / Linkage to Care ( <i>Coordinated by Prevention Unit</i> )
<b>Sixteenth Street Community Health Center</b>		
Prevention	\$103,500	• Prevention with HIV+ ( <i>Partnership for Health</i> ) • HIV CTR with Latino high risk populations (MSM, IDU, sex partners at risk) • Group prevention with Latina TG populations <i>CHICAS</i>
Care	\$212,570	• Outpatient/ambulatory medical care • Oral health care • Mental health services • Outpatient substance abuse services • Medical case management (bilingual services) • Linkage to Care

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<b>STD Specialties Clinic</b>			
	Prevention	\$100,000	<ul style="list-style-type: none"> <li>• Outreach and clinic CTR targeting MSM and partners at risk</li> </ul>
<b>Tribal Health Clinics</b> (Bad River, Ho Chunk, Lac Courte Oreilles, Lac du Flambeau, Menominee, Oneida, Potawatomi, Red Cliff, Sokaogon, St. Croix, Stockbridge-Munsee)			
	Prevention	\$77,000	<ul style="list-style-type: none"> <li>• HIV capacity building grants of \$7,000 each for 11 Tribal nations to support HIV social networks testing, high risk testing strategies and culturally-specific prevention education.</li> </ul>
<b>UMOS</b>			
	Prevention	\$90,000	<ul style="list-style-type: none"> <li>• Targeted CTR with high risk Latino/a high risk populations (MSM, IDU, sex partners at risk)</li> <li>• Condom Distribution as Structural &amp; Community Intervention (Latino MSM)</li> <li>• <i>Safety Counts</i> (EBI) HIV prevention group for IDUs and partners</li> </ul>
	Care	\$36,418	<ul style="list-style-type: none"> <li>• Linkage to Care</li> </ul>
<b>UW Hospital &amp; Clinics</b>			
	Care	\$315,600	<ul style="list-style-type: none"> <li>• Outpatient/ambulatory medical care</li> <li>• Mental health services</li> <li>• Outpatient substance abuse services</li> <li>• Medical case management</li> </ul>
<b>UW Professional Development &amp; Applied Studies</b>			
	Prevention	\$95,000	<ul style="list-style-type: none"> <li>• Capacity building/training for HIV prevention providers</li> <li>• Community planning coordination</li> </ul>
	Care	\$120,000	<ul style="list-style-type: none"> <li>• Medical and non-medical case management training</li> <li>• Community planning coordination</li> </ul>
<b>UW – State Laboratory of Hygiene</b>			
	Prevention	\$320,000	<ul style="list-style-type: none"> <li>• Staffing and support of statewide HIV CTR Program</li> </ul>
<b>Waukesha County HD</b>			
	Care	\$13,000	<ul style="list-style-type: none"> <li>• HIV Partner Services / Linkage to Care (<i>Coordinated by Prevention Unit</i>)</li> </ul>
<b>Winnebago County HD</b>			
	Care	\$10,000	<ul style="list-style-type: none"> <li>• HIV Partner Services / Linkage to Care (<i>Coordinated by Prevention Unit</i>)</li> </ul>
<b>Youth Services of Southern Wisconsin (YouthSOS)</b>			
	Prevention	\$35,000	<ul style="list-style-type: none"> <li>• CTR targeting YMSM &amp; homeless youth</li> <li>• Condom distribution targeting YMSM &amp; homeless youth</li> </ul>

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**CARE Grant Funding by HRSA Core Services and Support Services Categories, Wisconsin<sup>1</sup>**

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Psychosocial Support Services				\$11,101		\$11,101
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<b>Total Support Services Allocation</b>	<b>\$1,898,759</b>	<b>\$349,043</b>	<b>\$186,465</b>	<b>\$55,101</b>	<b>\$205,793</b>	<b>\$2,695,161</b>
<b>Total Core and Support Services Allocation</b>	<b>\$3,527,020</b>	<b>\$8,933,636</b>	<b>\$1,855,750</b>	<b>\$847,713</b>	<b>\$933,898</b>	<b>\$16,098,017</b>

<sup>1</sup> The fiscal year for GPR and Early Intervention funding spans July 1 through June 30. The fiscal year for Ryan White Part B funding generally spans April 1 through March 31 except for special projects which may vary. The fiscal year time frames for Ryan White Parts C, D, and F vary.

**ADDENDUM IV**

**MET/UNMET NEED ANALYSIS – WISCONSIN:  
CASES REPORTED ON OR BEFORE 12/31/2011 & SERVICE DATES BETWEEN 1/1/2011  
AND 3/31/2012**

	Living cases*	Met need**		Unmet need***	
		Cases	Percent	Cases	Percent
<b>Total</b>					
Total	5,035	3,479	69.1%	1,556	30.9%
<b>Sex</b>					
Male	4,001	2,702	67.5%	1,299	32.5%
Female	1,034	777	75.1%	257	24.9%
<b>Race/Ethnicity</b>					
White	2,298	1,695	73.8%	603	26.2%
African American	1,990	1,266	63.6%	724	36.4%
Hispanic	594	403	67.8%	191	32.2%
American Indian	34	24	70.6%	10	29.4%
Asian/Pac. Is.	66	45	68.2%	21	31.8%
Multi-racial	52	46	88.5%	6	11.5%
Unknown	1	0	0.0%	1	100.0%
<b>Risk exposure</b>					
Men who have sex with men (MSM)	2,550	1,884	73.9%	666	26.1%
Injecting drug use (IDU)	503	287	57.1%	216	42.9%
MSM and IDU	248	166	66.9%	82	33.1%
High-risk heterosexual contact	746	563	75.5%	183	24.5%
Other	74	59	79.7%	15	20.3%
Undetermined	914	520	56.9%	394	43.1%
<b>MSA category</b>					
Milwaukee MSA	2,873	1,998	69.5%	875	30.5%
Madison MSA	614	428	69.7%	186	30.3%
Other Metropolitan Counties	989	668	67.5%	321	32.5%
Non-Metropolitan Counties	408	304	74.5%	104	25.5%
Correctional System	151	81	53.6%	70	46.4%
<b>Diagnosis year</b>					
Before 1990	465	258	55.5%	207	44.5%
1990-1999	1,940	1,194	61.5%	746	38.5%
After 2000	2,630	2,027	77.1%	603	22.9%

\* Persons reported with HIV infection (AIDS or non-AIDS) for whom no notification of death has been received, and who currently reside in Wisconsin.

\*\* Within the specified time interval persons are considered to have met need if there is evidence that they have had 1) a HIV viral load or CD4 count reported to the AIDS/HIV Surveillance Unit of the Wisconsin Division of Public Health, or 2) a claim for a prescription for an anti-retroviral medication submitted to the Wisconsin AIDS Drug Assistance Program (ADAP), or 3) a claim for reimbursement for a laboratory procedure submitted to the Wisconsin HIV/AIDS Laboratory Reimbursement Program, or 4) a viral load or CD4 count reported to the ADAP by a medical provider as part of the annual recertification process.

\*\*\* All persons without documented met need are considered to have unmet need.

**Early Identification of Individuals with HIV/AIDS Estimate**

As of the end of 2011, 6,550 individuals reported with HIV or AIDS were presumed to be alive and living in Wisconsin. Three-quarters (77%) of these were first diagnosed in Wisconsin; the others were initially diagnosed elsewhere. The federal Center for Disease Control and Prevention (CDC) estimates that 21% of people living with HIV are unaware of their HIV status, thus the total number of people living with HIV in Wisconsin is estimated to be 8,300.

**ADDENDUM V**

**STATEWIDE ACTION PLANNING GROUP**

**Wisconsin HIV Community Planning Network Coordinator**

Barbara Nehls-Lowe

**Health Department Co-Chair**

James Vergeront, Director  
AIDS/HIV Program, Bureau of Communicable Diseases and Emergency Response  
Division of Public Health, Wisconsin Department of Health Services

**Community Co-Chair 2012**

Jose Salazar, Milwaukee

**Community Co-Chair Elect 2012**

Jeff Smith, Milwaukee

**Past Community Co-Chair 2010-2011**

Johnny King, Milwaukee

**Past Community Co-Chair 2009 - 2010**

Greg Milward, Madison

**Past Community Co-Chair 2008 – 2009**

Sarah Sloan, Lake Tomahawk

**Past Community Co-Chair 2007 – 2008**

Christina Garcia, Milwaukee

**2012 Members**

Chris Allen, Milwaukee  
Gina Allende, Milwaukee  
Earl Blair, Milwaukee  
Michelle Broaddus, Milwaukee  
Isiah Brokenleg, Minocqua  
Anne Brosowsky-Roth, Milwaukee  
Michael Bullock, Madison  
Ruthie Burich, Milwaukee  
Cindy Draws, Winnebago  
Kate Gaines, Madison  
Maurice Gattis, Madison  
Roma Hanson, Milwaukee  
Anthony Harris, Milwaukee  
Ann Hoepfner, Eau Claire  
Sara Mader, Madison  
Alison Meier, Madison  
Gregg Mulry, Alma Center  
Ken Multhauf, Alma Center  
Mark Nowacki, Madison

Jose Salazar, Milwaukee  
Kimberly Sherard, Milwaukee  
Charles Smart, Milwaukee  
Jeff Smith, Milwaukee  
John Steines, Madison  
Marge A. Sutinen, Madison  
Mary C. Vasquez, Madison  
James Vergeront, Madison  
Bri Vonnahme, Madison  
David Wenten, Milwaukee  
Tracey Whitmore, Milwaukee

## External Partner Participation in Development of the *WHAS*

Throughout the year the Wisconsin AIDS/HIV Program works with providers, persons living with AIDS/HIV (PLWAH), and the community at large to address needs and gaps in services and develop potential solutions. For the purposes of the SCSN, the AIDS/HIV Program also held three independent meetings that devoted time to these topics and solicited input from:

- All Wisconsin Ryan White grantees and contractors,
- People living with AIDS/HIV, and
- Providers of both care and prevention services

Two Statewide Action Planning Group meetings were held to work on the *WHAS*. One meeting was held on February 16, 2012 in DeForest, Wisconsin and the second meeting was held April 19, 2012 in Brookfield, Wisconsin. Additionally, a two-day learning session was held April 26 and 27, 2012 in Waukesha. The learning session was dedicated to the development of a Linkage to Care model and included a detailed discussion of statewide needs from both the provider and client perspectives. The following agencies attended these meetings. While only agency names are listed, the attendees included persons living with HIV and those affected by HIV.

### **February 16, 2012 SAPG Attendees**

- AIDS Network (Ryan White Part B contractor and Ryan White Part F contractor)
- AIDS Resource Center of Wisconsin (Ryan White Part B contractor, Ryan White Part C grantee, Ryan White Part D contractor, and Ryan White Part F contractor)
- Center for AIDS Intervention Research (Ryan White Part F contractor)
- Diverse and Resilient
- Madison-Dane County Public Health
- Mental Health Center of Dane County
- Midwest AIDS Training and Education Center (Ryan White Part F grantee)
- Milwaukee Health Services (Ryan White Part C grantee and Ryan White Part F contractor)
- Rodney Scheel House
- Sixteenth Street Community Health Center (Ryan White Part B contractor, Ryan White Part C grantee, and Ryan White Part F contractor)
- STD Specialties Clinic, Inc
- United Migrant Opportunity Services (Ryan White Part F contractor)
- University of Wisconsin Hospital and Clinics (Ryan White Part B contractor, Ryan White Part C grantee, and Ryan White Part D contractor)

### **April 19, 2012 SAPG Attendees**

- AIDS Resource Center of Wisconsin (Ryan White Part B contractor, Ryan White Part C grantee, Ryan White Part D contractor, and Ryan White Part F contractor)
- Center for AIDS Intervention Research (Ryan White Part F contractor)
- Diverse and Resilient
- Madison-Dane County Public Health Department
- Medical College of Wisconsin Department of Pediatrics (Ryan White Part B contractor and Ryan White Part D grantee)
- Mental Health Center of Dane County
- Midwest AIDS Training and Education Center (Ryan White Part F grantee)
- Milwaukee Health Department
- Milwaukee Health Services (Ryan White Part C grantee and Ryan White Part F contractor)
- Planned Parenthood of Wisconsin
- Rodney Scheel House

- Sixteenth Street Community Health Center (Ryan White Part B contractor, Ryan White Part C grantee, and Ryan White Part F contractor)
- STD Specialties Clinic, Inc
- University of Wisconsin HIV Clinic (Ryan White Part B contractor, Ryan White Part C grantee, and Ryan White Part D contractor)
- Winnebago County Health Department

**April 26-27, 2012 Linkage to Care Learning Session Attendees**

- AIDS Network (Ryan White Part B contractor and Ryan White Part F contractor)
- AIDS Resource Center of Wisconsin (Ryan White Part B contractor, Ryan White Part C grantee, Ryan White Part D contractor, and Ryan White Part F contractor)
- Beloit Area Community Health Center
- Brady East STD Clinic
- Center for AIDS Intervention Research (Ryan White Part F contractor)
- Children's Hospital of Wisconsin (Ryan White Part B subcontractor and Ryan White Part D contractor)
- Diverse and Resilient
- Health Care for the Homeless (Ryan White Part F contractor)
- Madison-Dane County Public Health
- Medical College of Wisconsin Infectious Disease Clinic (Ryan White Part B contractor)
- Medical College of Wisconsin Department of Pediatrics (Ryan White Part B contractor and Ryan White Part D grantee)
- Midwest AIDS Training and Education Center (Ryan White Part F grantee)
- Milwaukee Health Department
- Milwaukee Health Services (Ryan White Part C grantee and Ryan White Part F contractor)
- Milwaukee LGBT Community Center
- Pathfinders
- Planned Parenthood of Wisconsin
- Sixteenth Street Community Health Center (Ryan White Part B contractor, Ryan White Part C grantee, and Ryan White Part F contractor)
- United Migrant Opportunity Services (Ryan White Part F contractor)
- University of Wisconsin Hospital and Clinics (Ryan White Part B contractor, Ryan White Part C grantee, and Ryan White Part D contractor)
- Waukesha County Health Department
- Wisconsin Department of Corrections

## ADDENDUM VI

### RELEVANT TIMELINES

#### ***Preventing HIV Infections (Prevent)***

The Wisconsin AIDS/HIV Program partners with many providers and organizations to provide education and services designed to prevent HIV transmission. Activities that address needs and gaps include:

- In 2012, approximately \$1.9 million in combined federal and state funding will be used to support HIV Prevention activities (including prevention education, HIV testing and HIV partner services) coordinated by the DHS AIDS/HIV Program.
- CDC funded prevention activities renew annually and run on a calendar year January 1 through December 31. Most state funded prevention activities also renew annually and run on a calendar year.
- State funded prevention activities with tribal HIV Prevention coordinators renew annually and run on a federal fiscal year October 1 through September 30.
- The Statewide Action Planning Group holds quarterly meetings to exchange information with providers, consumers, and community members.
- AIDS/HIV Program staff attend CDC sponsored trainings and meetings including the bi-annual *HIV Prevention Leadership Summit (HPLS)*, periodic (usually annual) CDC HIV Prevention Grantee meetings, and multiple meetings coordinated by NASTAD (the National Alliance of State and Territorial AIDS Directors) each year.
- In 2012, the DHS HIV Prevention program will fund 16 agencies to provide HIV prevention education and risk reduction activities, including HIV prevention with HIV-positive persons.
- HIV Prevention activities are targeted based on local HIV epidemiology, with providers given annual client service targets based on race, risk behavior, age, geography and other factors.
- HIV Prevention staff meet with service providers at bi-monthly CBO meetings, quarterly regional meetings of providers in the Madison area and in the Fox Valley area, and semi-annual meetings of CTR providers and HIV PS providers.

#### ***Identifying HIV Positive Individuals (Test)***

The AIDS/HIV Program supports HIV testing initiatives throughout the state. Testing sites are expected to provide pre and post test counseling, notify individuals of test results, and connect positive individuals with Partner Services and medical care. Activities that address needs and gaps include:

- CDC funded testing contracts renew annually and run on a calendar year.
- In 2012, the DHS HIV Program is supporting 14 HIV testing providers through direct grant contracts or fee-for-service HIV testing agreements. Additionally, approximately 18 additional programs are supported by the provision of no-cost HIV rapid tests and free laboratory services through fee-exempt public health agreements.
- HIV CTR grant funded and fee-for-service activities are targeted based on local HIV epidemiology, with providers given annual client service targets based on race, risk behavior, age, geography and other factors.
- Several of the CDC-funded CTR (counseling, testing and referral) providers have been trained in and conduct Social Networks Testing.
- HRSA funded Ryan White Part F Linkage to Care for the expansion of Social Networks Testing contract runs on a Ryan White project year September 1 through August 31.
- The Statewide Action Planning Group holds quarterly meetings to exchange information with providers, consumers, and community members.

- The Prevention unit provides funding and coordination support for several testing events each year, coordinated with national observance days (*National Black AIDS/HIV Awareness Day, National HIV Testing Day, etc.*)

**Improving Linkage and Retention in Care (Link and Treat)**

A primary goal of the AIDS/HIV Program is to improve the number of HIV positive individuals linked to care immediately after a positive result and then successfully retaining them in care. Participation in medical care is vital to improving and maintaining individual health, community health, and in preventing disease transmission. Activities that address needs and gaps include:

- HRSA funded Ryan White Part B Care contracts are determined every 5 years based on a competitive Request for Proposal process.
- HRSA funded Ryan White Part B Care contracts are renewed annually, contingent on agency performance and available funding, and run on a Ryan White project year April 1 through March 31.
- HRSA funded Ryan White Part F Linkage to Care contracts are renewed annually and run on a Ryan White project year September 1 through August 31.
- AIDS/HIV Program staff monitor contract compliance on a monthly basis.
- AIDS/HIV Program staff conduct annual site visits.
- Bi-annually contracted partners complete reports detailing provided services and identifying needs.
- Annually contracted partners and AIDS/HIV Program staff complete federal Ryan White Services Reports.
- Quarterly AIDS/HIV Program staff complete federal ADAP data reports.
- The Statewide Action Planning Group holds quarterly meetings to exchange information with providers, consumers, and community members.
- AIDS/HIV Program staff attend HRSA and NASTAD sponsored trainings and meetings including the All Grantee Meeting and the Annual ADAP Conference.
- MATEC hosts monthly *Treaters Meetings* where clinicians review cases and share best practices and treatment protocols.
- AIDS/HIV Program staff work in collaboration with the University of Wisconsin-Madison, Division of Continuing Studies, HIV Training System to develop, produce and evaluate training for Ryan White funded case managers and other front-line staff to ensure quality professional development opportunities and to raise the quality of social and clinical service delivery in Wisconsin.
- Ryan White funded case managers are required to attend 32 hours of initial training and successfully pass a basic HIV knowledge assessment. Following certification by the AIDS/HIV Program, case managers are required to document 32 hours of on-going training per calendar year.
- A statewide HIV case manager meeting is held each January to provide programmatic updates and share best practices with all Ryan White funded case managers.

## ADDENDUM VII

### STAFF RESOURCES SUPPORTING THE WISCONSIN HIV/AIDS STRATEGY

#### Wisconsin AIDS/HIV Program Staff

Website: <http://dhs.wisconsin.gov/aids-hiv/index.htm>

James Vergeront  
[james.vergeront@wisconsin.gov](mailto:james.vergeront@wisconsin.gov)  
Program Director, Wisconsin AIDS/HIV Program

Lisa Fix  
[lisa.fix@wisconsin.gov](mailto:lisa.fix@wisconsin.gov)  
Data collection and reporting of HIV infection; medical records review; assessment of HIV case reports.

Mari Gasiorowicz  
[mari.gasiorowicz@wisconsin.gov](mailto:mari.gasiorowicz@wisconsin.gov)  
Coordination of HIV prevention evaluation.

Shayna Gobel  
[shayna.gobel@wisconsin.gov](mailto:shayna.gobel@wisconsin.gov)  
Coordination of Wisconsin AIDS/HIV Drug Assistance Program and Wisconsin AIDS/HIV Health Insurance Premium Subsidy Program.

Sheila Guilfoyle  
[sheila.guilfoyle@wisconsin.gov](mailto:sheila.guilfoyle@wisconsin.gov)  
Coordination of Wisconsin Adult Hepatitis Program.

Christina Hanna  
[christina.hanna@wisconsin.gov](mailto:christina.hanna@wisconsin.gov)  
University of Wisconsin Population Health Fellow

Molly Herrmann  
[molly.herrmann@wisconsin.gov](mailto:molly.herrmann@wisconsin.gov)  
Coordination of education and prevention initiatives for individuals and communities at high risk, especially at-risk LGBT community members and injection drug users.

Duane Herron  
[duane.herron@wisconsin.gov](mailto:duane.herron@wisconsin.gov)  
Coordination of linkage to care initiatives and services.

LaSherri Hunt  
[lasherri.hunt@wisconsin.gov](mailto:lasherri.hunt@wisconsin.gov)  
HIV Client Eligibility Specialist

Karen Johnson  
[karen.johnson@wisconsin.gov](mailto:karen.johnson@wisconsin.gov)  
Coordination of education and prevention initiatives for racial/ethnic minorities and adolescents.

Kathleen Krchnavek

[kathleen.krchnavek@wisconsin.gov](mailto:kathleen.krchnavek@wisconsin.gov)

Technical assistance and consultation regarding rapid HIV testing and quality assurance of HIV counseling and testing services.

Jerry Livings

[gerald.livings@wisconsin.gov](mailto:gerald.livings@wisconsin.gov)

AIDS Drug Assistance Program Claims Specialist

Terrie McCarthy

[terrie.mccarthy@wisconsin.gov](mailto:terrie.mccarthy@wisconsin.gov)

Program support for the Wisconsin AIDS/HIV Program and the Wisconsin Adult Viral Hepatitis Program.

Michael McFadden

[michael.mcfadden@wisconsin.gov](mailto:michael.mcfadden@wisconsin.gov)

Supervisor, HIV Care and Surveillance Unit.

Anneke Mohr

[anneke.mohr@wisconsin.gov](mailto:anneke.mohr@wisconsin.gov)

University of Wisconsin Population Health Fellow

Tim Pilcher

[timothy.pilcher@wisconsin.gov](mailto:timothy.pilcher@wisconsin.gov)

Supervisor, HIV Prevention Unit.

Bill Reiser

[william.reiser@wisconsin.gov](mailto:william.reiser@wisconsin.gov)

Coordination of consumer and professional information.

Kris Rohde

[kristine.rohde@wisconsin.gov](mailto:kristine.rohde@wisconsin.gov)

Fiscal and administrative program support for the Wisconsin AIDS/HIV Program.

Mari Ruetten

[mari.ruetten@wisconsin.gov](mailto:mari.ruetten@wisconsin.gov)

Coordination of Ryan White CARE Act grant.

Wendy Schell

[wendy.schell@wisconsin.gov](mailto:wendy.schell@wisconsin.gov)

Coordination of surveillance; liaison with sentinel physicians, other health care professionals, and laboratories performing HIV antibody testing.

Casey Schumann

[casey.schumann@wisconsin.gov](mailto:casey.schumann@wisconsin.gov)

Coordination of quality assurance/quality improvement activities for HIV care programs.

Dhana Malla Shrestha

[dhana.shrestha@wisconsin.gov](mailto:dhana.shrestha@wisconsin.gov)

Coordination of Wisconsin HIV Partner Services.

Marisa Stanley

[marisa.stanley@wisconsin.gov](mailto:marisa.stanley@wisconsin.gov)

Epidemiology, coordination and analysis of HIV prevention and hepatitis C data.

Jim Stodola

[james.stodola@wisconsin.gov](mailto:james.stodola@wisconsin.gov)

Coordination of HIV counseling and testing services.

Linda Ziegler

[linda.ziegler@wisconsin.gov](mailto:linda.ziegler@wisconsin.gov)

Data collection and reporting of HIV infection; medical records review; assessment of HIV case reports.

Student Interns

Andrea Benoit

Theresa Majeski

**University of Wisconsin – Madison Staff  
Division of Continuing Studies**

**Wisconsin HIV Community Planning Network**

<http://wihiv.wisc.edu/communityplanning/>

**Wisconsin AIDS/HIV Training System**

<http://wihiv.wisc.edu/trainingsystem/>

Narra Smith Cox

[ncox@dcs.wisc.edu](mailto:ncox@dcs.wisc.edu)

HIV/AIDS Project Director

Judy Brickbauer

[jbrickbauer@dcs.wisc.edu](mailto:jbrickbauer@dcs.wisc.edu)

Administrative support for HIV/AIDS Project.

Barbara Nehls-Lowe

[bnehlslowe@dcs.wisc.edu](mailto:bnehlslowe@dcs.wisc.edu)

Coordination of the Wisconsin HIV/AIDS Community Planning Network.

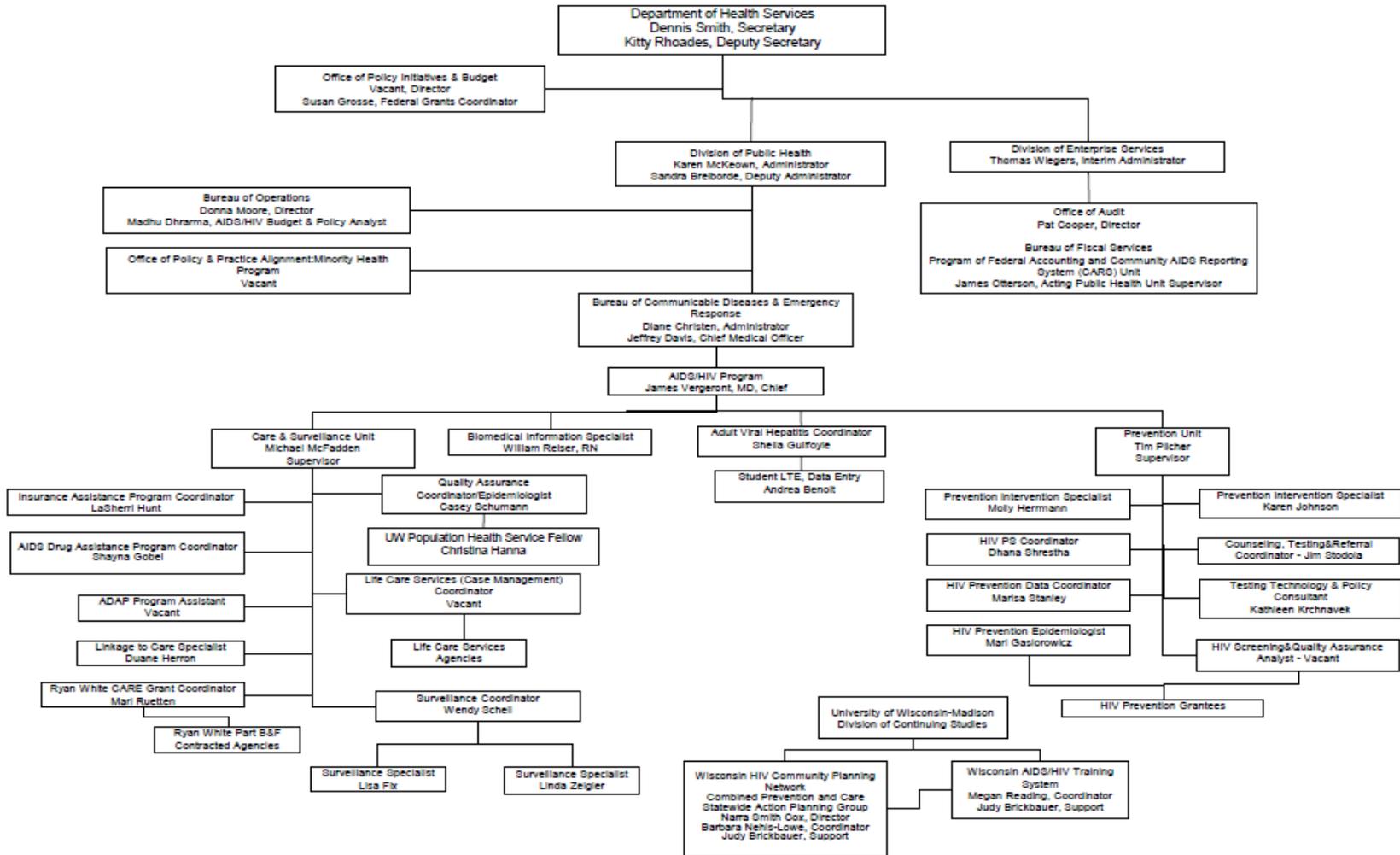
Megan Reading

[mreading@dcs.wisc.edu](mailto:mreading@dcs.wisc.edu)

Coordination of the Wisconsin HIV/AIDS Training System.

ADDENDUM VIII

DHS/WISCONSIN AIDS/HIV PROGRAM ORGANIZATIONAL CHART



HIV Housing and HOPWA are located in the Department of Administration.  
 HIV Education for public schools is located in the Department of Public Instruction.

## ADDENDUM IX

### STATEWIDE ACTION PLANNING GROUP CONCURRENCE LETTER

Wisconsin HIV Community Planning Network  
Statewide Action Planning Group  
Letter of Concurrence

As Co-Chairs of the Wisconsin Statewide Action Planning Group (SAPG), we are pleased to summarize the work that led the SAPG to concur without reservation:

- that the *Wisconsin HIV/AIDS Strategy 2012 -2015* describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas that bear the greatest burden of HIV disease.

Community planning for HIV prevention in Wisconsin has been a multi-year process, which for fourteen years had been conducted by the Wisconsin HIV Prevention Planning Council. Beginning in 2007, the Wisconsin HIV Community Planning Network assumed the community planning activities formerly conducted by both the Wisconsin Ryan White Consortium (Consortium) and the Wisconsin HIV Prevention Community Planning Council (Council). This Network consists of the Statewide Action Planning Group (SAPG), local community dialogues, and a broader communication network of interested community members, stakeholders, consumers, providers, advocates and policy makers. The Prevent, Test, Link and Treat model, developed by the Council and AIDS/HIV Program in 2004 continues to be the basis for the Wisconsin AIDS/HIV Strategy.

With the support from the AIDS/HIV Program and University of Wisconsin – Madison staff, the SAPG dedicates most of its time to understanding the community planning process and best practices in HIV prevention and care. In 2012, through formal presentations, statewide meetings, small workgroup discussions, local community perspectives meetings, and committee work, the Statewide Action Planning Group reviewed prevention and care topics including:

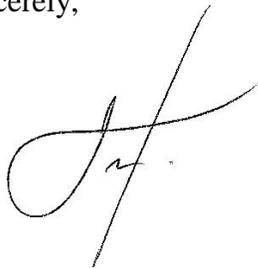
- Epidemiology of HIV in Wisconsin
- Federal funding sources
- Community planning process
- Care and Surveillance
- Adult hepatitis
- Counseling, Testing and Referral Program
- Behavioral Interventions
- Condom Distribution
- Prevention for Positives

- Partner Services
- Linkage to Care
- ADAP and Insurance
- Capacity Building
- HIV Case Management
- LGBT Health
- OraQuick In-Home Test
- Pre-Exposure Prophylaxis
- Native Americans and HIV in WI
- Epidemiology, Prevention and Care Activities within MSM Communities in WI

SAGP members reviewed and commented on twelve focus papers that became the body of the objectives and activities outlined in the Wisconsin Strategy. Therefore, SAPG provided direct input into the development of the Wisconsin Strategy. The opportunity to review this document was open to all SAPG membership through a members-only website. A volunteer Review Committee gathered and discussed the document prior to providing concurrence on August 23, 2012. Expanded community engagement is embedded throughout the Wisconsin Strategy and will be implemented by the SAPG throughout the year to ensure that other stakeholders have the opportunity to engage in implementing and further developing the Wisconsin Strategy.

Therefore, it is with great pleasure that the Statewide Action Planning Group representing the Wisconsin HIV Community Planning Network concurs with the 2012-2015 Wisconsin HIV/AIDS Strategy. We look forward to continuing this important work into a future where reduced HIV incidence, increased access to care and optimal health outcomes and reduced HIV-related health disparities becomes the reality.

Sincerely,



Jose Salazar  
Community Co-Chair



James Vergeront, MD  
Health Department Co-Chair

Signed on September 20, 2012

## ADDENDUM X

### ACRONYMS

ADAP	AIDS Drug Assistance Program
ADR	ADAP Data Report (client level data report beginning in 2013)
AIDS	Acquired Immune Deficiency Syndrome
AN	AIDS Network
AODA	Alcohol and Other Drug Abuse
ARCW	AIDS Resource Center of Wisconsin
ARRA	American Recovery and Reinvestment Act of 2009
ARV	Antiretroviral medications
ASL	American Sign Language
ASO	AIDS Service Organization
ATEC	AIDS Training and Education Center – See MATEC
AZT	Azidothymidine (chemical name for zidovudine, brand name is Retrovir)
BHC	Black Health Coalition
BRFSS	Behavioral Risk Factor Surveillance Survey
CADR	CARE Act Data Report renamed in 2007 – see RDR
CAIR	Center for AIDS Intervention Research
CAPS	Center for AIDS Prevention Studies (University of California, San Francisco)
CARE Act	Ryan White Comprehensive AIDS Resources Emergency Act, now known as the Ryan White HIV/AIDS Treatment Extension Act of 2009
CB	Capacity Building
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention (Federal)
CDCLI	Condom Distribution as a Community Level Intervention
CEO	Chief Executive Officer
CHC	Community Health Centers
CLD	Client Level Data
CLI	Community Level Intervention
CMS	Centers for Medicare and Medicaid Services (Federal)
COBRA	Consolidated Omnibus Budget Reconciliation Act of 1986
CPG	Community Planning Group
CQI	Continuous Quality Improvement
CTR	Counseling, Testing, and Referral
D&HH	Deaf and Hard of Hearing
DD	Developmental Disabilities
DHS	Department of Health Services (Wisconsin)
DNA	Deoxyribonucleic acid
DOC	Department of Corrections
DPH	Division of Public Health
DPI	Department of Public Instruction
DVH	Division of Viral Hepatitis
DWD	Department of Workforce Development
EBIs	Effective Behavioral Interventions
EC	Emerging Communities
EFA	Emergency Financial Assistance
EIIHA	Early Identification of Individuals with HIV/AIDS
EIS	Early Intervention Services
EMA	Eligible Metropolitan Area

*Wisconsin HIV/AIDS Strategy*

EPSC	Evaluation and Program Support Center
FDA	Food and Drug Administration
FOA	Funding Opportunity Announcement
FTE	Full Time Equivalent
FTM	Female to Male (Transgender)
GAMP	General Assistance Medical Program (Replaced in January 2009 by BadgerCare Plus Core Plan for Childless Adults)
GLBT	Gay, Lesbian, Bisexual, Transgender
GLBTQ	Gay, Lesbian, Bisexual, Transgender, Questioning
GLI	Group Level Intervention
GPR	General Purpose Revenue (State funds)
HAART	Highly Active Antiretroviral Therapy
HAB	HIV/AIDS Bureau (Office within the federal Health Resources and Services Administration)
NAHS	National AIDS/HIV Strategy
HAV	Hepatitis A Virus
HBV	Hepatitis B Virus
HC/PI	Health Communication / Public Information
HCV	Hepatitis C Virus
HIRSP	Health Insurance Risk Sharing Plan
HIV	Human Immunodeficiency Virus
HIV-positive	HIV-infected, person has tested positive on standard HIV-antibody test
HOH	Hard of Hearing
HOPWA	Housing Opportunities for People With AIDS
HRH	High Risk Heterosexual
HRSA	Health Resources and Services Administration (Federal)
HUD	Housing and Urban Development (Federal)
IDU	Injection Drug Use/Injection Drug User
ILI	Individual Level Intervention
IQ	Intelligence Quotient
IRC	(Wisconsin HIV/STD/HCV) Information Referral Center
LCS/EI	Mike Johnson Life Care and Early Intervention Services Grants (state-funded case management, core medical and support services)
LGBT	Lesbian, Gay, Bisexual, Transgender
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Questioning
LHD	Local Health Department
LLEGO	National Latina/o Lesbian, Gay, Bisexual & Transgender Organization
LTC	Long Term Care
MA	Medical Assistance, also called Medicaid
MAI	Minority AIDS Initiative
MATEC	Midwest AIDS Training and Education Center
MCSM	Men of Color who have Sex with Men
MMWR	Morbidity and Mortality Weekly Report
MSA	Metropolitan Statistical Area
MSM	Men who have Sex with Men
MSM/IDU	Men who have Sex with Men and are also Injection Drug Users
MTF	Male to Female (Transgender)
NAHOF	National Association on HIV Over Fifty
NASTAD	National Alliance of State and Territorial AIDS Directors
NCHSTP	National Center for HIV, STD, and TB Prevention
NEP	Needle Exchange Programs

*Wisconsin HIV/AIDS Strategy*

NGLTF	National Gay and Lesbian Task Force
NGO	Non-Governmental Organizations
NHAS	National HIV/AIDS Strategy
NNRTI	Non-Nucleoside Reverse Transcriptase Inhibitor – “Non-Nukes”
nPEP	Use of post-exposure prophylaxis in persons with non-occupational HIV exposure
NRTI	Nucleoside Analog Reverse Transcriptase Inhibitor – “Nukes”
OMB	Office of Management and Budget (Federal)
OSHA	Occupational Safety and Health Administration
PCR	Polymerase Chain Reaction (test or assay)
PCSI	Program Coordination and Service Integration
PEMS	Prevention Evaluation Monitoring System
PEP	Post-exposure Prophylaxis - use of PIs in persons who have had an occupational, drug use or sexual exposure to HIV in order to reduce the risk of infection.
PHIP	Prevention for HIV Infected Persons
PHS	Public Health Service (Federal)
PI	Protease Inhibitor
PIR	Parity, Inclusion, and Representation (Older language within CDC for prevention)
PLWA	Person Living with AIDS
PLWH	People Living with HIV
POL	Popular Opinion Leader
PrEP	Pre-exposure Prophylaxis - use of PI's in persons at risk for HIV to reduce the risk of infection if they are exposed
PRTL	Prevent, Test, Link, and Treat
PSE	Public Sex Environment
QA	Quality Assurance
QI	Quality Improvement
QM	Quality Management
RDR	Ryan White Program Data Report (Replaces the CADR in 2007)
RFP	Request For Proposals
RNA	Ribonucleic Acid
RSR	Ryan White Services Report (client-level data report beginning in 2009)
SAMHSA	Substance Abuse and Mental Health Services Administration (Federal)
SAPG	Statewide Action Planning Group
SCSN	Statewide Coordinated Statement of Needs
SEP	Syringe Exchange Programs
SI	Structural Interventions
SIECUS	Sexuality Information and Education Council of the United States
SPNS	Special Projects of National Significance
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TA	Technical Assistance
TB	Tuberculosis
TGA	Transitional Grant Area
TTY	Text Telephone
UMOS	United Migrant Opportunities Services
WAPC	Wisconsin Association for Prenatal Care
WHAS	Wisconsin HIV/AIDS Strategy
WSLH	Wisconsin State Laboratory of Hygiene (also referred to as SLH)

*Wisconsin HIV/AIDS Strategy*

WSW	Women who have Sex with Women
YAC	Youth Advisory Council
YMSM	Young Men who have Sex with Men
YRBS	Youth Risk Behavior Survey
ZDV	Zidovudine (generic name for Azidothymidine, brand name is Retrovir)