



**PREVENTION with POSITIVES (PwP)  
for  
CDC PS 12-1201  
PREVENTION GRANT**

# WELCOME

- ❖ Presentation w/participants on mute (\*6)
  - Questions may be submitted via chat throughout webinar and will be answered after the presentation
- ❖ Discussion & Q/A
  - We will read questions submitted via chat
  - You may unmute your phone to ask questions after the presentation
- ❖ Recorded Webinar will be posted on OA's website
  - Questions will be added to FAQ
- ❖ If you encounter any technical difficulties, please contact:  
**Fidel Encarnacion (916) 893-9933 or**  
**email [Fidel.Encarnacion@cdph.ca.gov](mailto:Fidel.Encarnacion@cdph.ca.gov)**

# TIER 1 ACTIVITIES

## LHJ Activities

- ❖ Testing
- ❖ Linkage to care
- ❖ Partner Services
- ❖ Assessment & linkage to behavioral interventions and services for HIV+ people
- ❖ HIV treatment adherence
- ❖ Syringe services programs

## OA-Led Activities

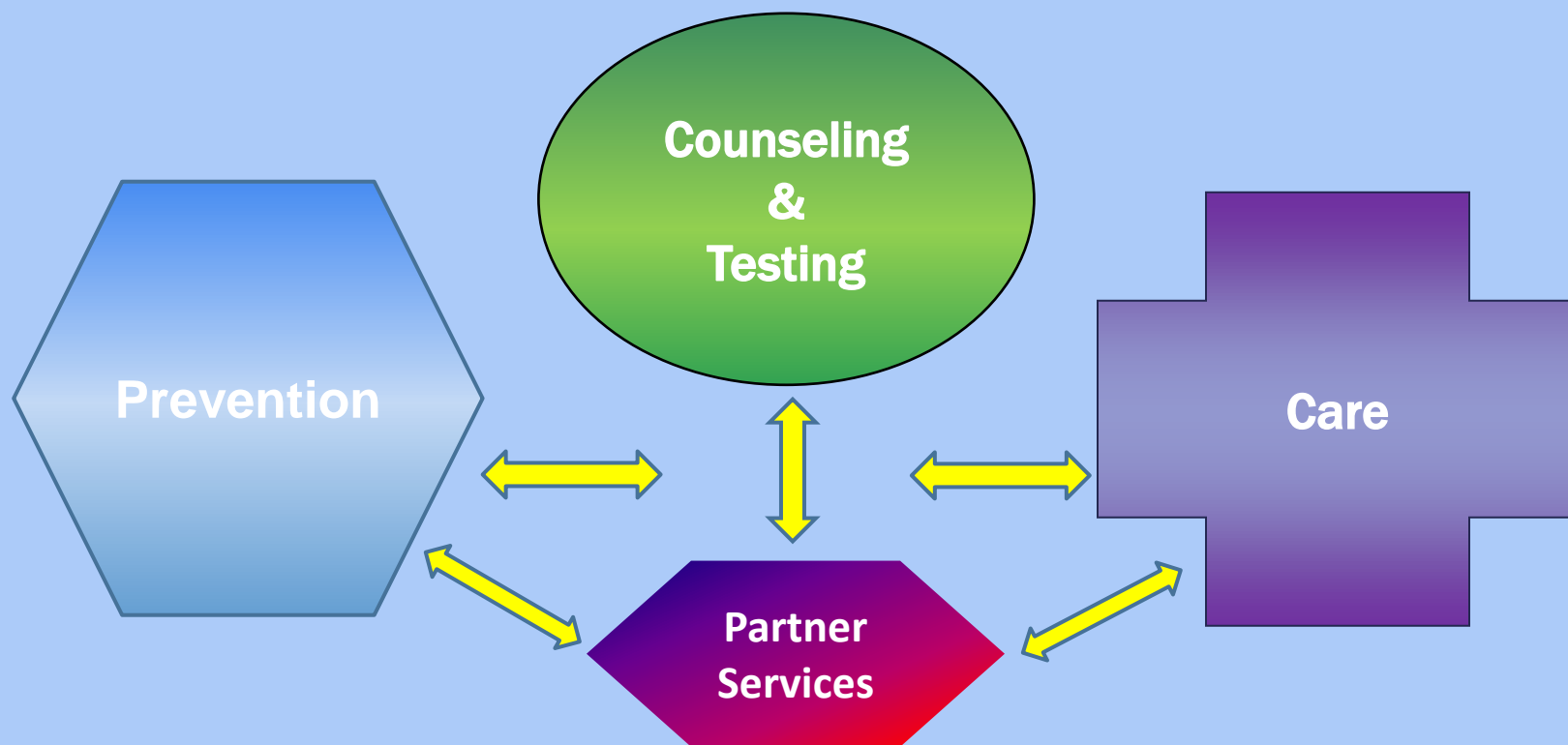
- ❖ Policy Initiatives
  - Surveillance data use
  - Leveraging SAMHSA HIV set-aside funds
  - Healthcare reform planning
- ❖ Condom distribution & syringe supply bank
- ❖ State community planning

# GOALS OF PwP WEBINAR

- ❖ Clarify OA's approach to PwP activities for CDC 12-1201
- ❖ Highlight care programs that can be active collaborators in these activities
- ❖ Identify topics for which TA will be provided
- ❖ Begin to assess local care-prevention networks

# PREVENTION & CARE INTEGRATION

- ❖ Greater linkage between prevention and care.
- ❖ More emphasis on people living with HIV.
- ❖ Further development of integrated activities.



# COMPREHENSIVE PREVENTION with POSITIVES

- ❖ Linkage to and retention/engagement in care
- ❖ Assessment of prevention needs for HIV+ persons in care and non-care settings
- ❖ Linkage to other medical and social services
- ❖ Behavioral interventions in medical settings (especially treatment adherence)
- ❖ Behavioral interventions in non-medical settings (especially treatment adherence)
- ❖ Partner Services in multiple settings

# PREVENTION-CARE INTEGRATION: OPPORTUNITY AND CHALLENGE

- ❖ Delivery of prevention interventions in, or linked to, clinical care settings, is complicated by organizational and systems-level challenges such as differing funding streams, contracting, protocols, and intervention strategies
- ❖ It can be challenging to develop effective community based prevention-care networks
- ❖ Both prevention and care providers can benefit from guidance and technical assistance for integration

# COMPREHENSIVE PREVENTION with POSITIVES: LINKAGE, RETENTION, AND RE-ENGAGEMENT IN CARE

**Requires active coordination and collaboration with care programs and initiatives such as:**

- ❖ Ryan White Part C (Early Intervention) programs
- ❖ Antiretroviral Treatment Access Study (ARTAS)
- ❖ Minority AIDS Initiative (MAI)
- ❖ Bridge Project
- ❖ Early Identification of Individuals with HIV/AIDS (EIIHA)



# PROGRAM GOALS AND OBJECTIVES FOR PwP

## Goal:

- ❖ Increase the percentage of newly-diagnosed HIV+ clients that are linked to and retained in HIV primary care

## Objective:

- ❖ Increase by 10% the number of persons who attend an initial medical evaluation within 90 days of diagnosis among those who receive their confirmed HIV+ test results at OA-funded sites

## COMPREHENSIVE PREVENTION with POSITIVES: ASSESSMENT OF PREVENTION NEEDS FOR HIV+ PERSONS IN CARE AND NON-CARE SETTINGS

- ❖ Prevention providers have strong expertise, but programmatic changes and training may be needed in order to work effectively with HIV+ persons
- ❖ TA needs identified so far:
  - Practical and validated assessment tools
  - Guidance on identifying high versus moderate versus low risk
  - Assistance in recognizing factors that contribute to risk of loss to care and/or increased HIV transmission risk

# COMPREHENSIVE PREVENTION with POSITIVES: LINKAGE TO OTHER MEDICAL AND SOCIAL SERVICES

- ❖ The shift to working with HIV+ persons may require expanded referral networks
- ❖ Prevention staff may need training about legal, ethical, and other areas specific to working with HIV+ clients
- ❖ Some prevention providers have indicated that their greatest challenge is finding HIV+ persons in the first place – collaboration is essential!

# PROGRAM GOALS AND OBJECTIVES FOR PwP

## Goal:

Improve linkage to and engagement with other medical and social services for HIV+ persons

## Objective:

OA will provide training and TA to at least ten funded LHJs to assist them in identifying HIV+ clients at risk for substance abuse, mental health problems, or other factors that compromise their capacity to engage and remain in HIV care

# COMPREHENSIVE PREVENTION with POSITIVES: BEHAVIORAL INTERVENTIONS

## In Healthcare Settings

- ❖ Do you have trained staff to implement behavioral interventions?
- ❖ Can outside staff come in and provide the service in your setting?
- ❖ Do you have appropriate facilities such as a group room or private counseling space?
- ❖ Can you provide the intervention at times convenient to participants?

## In Non-Healthcare Settings

- ❖ Do you have trained staff to implement behavioral interventions?
- ❖ Do you have a rapport with HIV+ individuals or service providers working with HIV+ individuals?
- ❖ Can you provide the intervention at times convenient to participants?

# COMPREHENSIVE PREVENTION with POSITIVES: BEHAVIORAL INTERVENTIONS

- ❖ Strong emphasis on HIV treatment education and adherence interventions
- ❖ Evidence-based adherence interventions are available, but will need to be adapted
- ❖ Need to inventory local adherence interventions
- ❖ This is an area of developing expertise for providers and for OA - but some training and TA is currently available

# COMPREHENSIVE PREVENTION with POSITIVES PARTNER SERVICES

- ❖ OA will continue collaboration with STD Control Branch
- ❖ STD Control Branch will provide assistance based on LHJ capacity and need
- ❖ STD and OA will work individually with each LHJ to develop a Partner Service plan
- ❖ Best Practices Webinars

# COMPREHENSIVE PREVENTION with POSITIVES PARTNER SERVICES

- ❖ Emphasis on ongoing Partner Services
- ❖ Thus a variety of venues will be used -  
C&T, HE/RR activities and Care Sites
- ❖ Inclusion of other venues such as private  
medical care providers will be explored



# PROGRAM GOALS AND OBJECTIVES FOR PwP

## **Goal:**

Increase the number of HIV+ persons who receive Partner Services (PS)

## **Objective:**

OA will increase the number of newly identified HIV+ persons, individuals in HIV care settings and Syphilis/HIV co-infected persons offered PS by 10% each compared to 2011 referral numbers

# NEXT PLANNING STEPS

- ❖ Using local Epi data and HIV Community Plans, prioritize Tier I activities in your new prevention program
- ❖ Assess current Tier I activities that can continue and contribute to your prevention program
- ❖ Identify gaps in activities or target populations that will need additional resources or new activities developed
- ❖ Identify TA and training needs

# OA'S TRAINING PARTNERS

- ❖ California STD/HIV Prevention Training Center
  - Interventions and Program Support
- ❖ CDC Capacity Building Assistance (CBA)
  - Contact OA Operations Advisors
- ❖ Pacific AIDS Education and Training Center (PAETC)
  - Clinical Education and Capacity Building
- ❖ California Statewide Training & Education Program (CSTEP)
  - HIV Treatment Education
  - HIV Benefits Counseling

# REMINDER: UPCOMING WEBINARS

The following webinars will be held from  
3-4 pm on the dates listed below – register early!

- ❖ November 3 – Policy Initiatives
- ❖ November 10 – Syringe Service Programs &  
California AIDS Clearinghouse
- ❖ November 17 – Tier II Activities  
(Social Marketing, HE/RR for High Risk Negatives, Hepatitis C Testing, PrEP)
- ❖ December 8 – Putting it all Together

# FEEDBACK

If you have any questions or  
feedback at any time  
before or after the Webinars,  
please send your comments to:

[OAFedback@cdph.ca.gov](mailto:OAFedback@cdph.ca.gov)