



**Wisconsin  
HIV Comprehensive Plan**

**June 2011**

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of the Wisconsin HIV Community Planning Network at  
<http://www.wihiv.wisc.edu/communityplanning/libraryDownload.asp?docid=490>.

#### **Disclaimer**

The brief case histories and personal stories highlighted in this document contain names and identifying information that have been changed to maintain the confidentiality and anonymity of actual persons.

## **Introduction from Statewide Action Planning Group Co-Chairs Wisconsin Community Planning Network**

On behalf of the Wisconsin Statewide Action Planning Group (SAPG), we are pleased to present the Wisconsin Comprehensive HIV Plan, a living document which addresses the dynamic and ever changing nature of HIV-related services and activities. The purpose of the Plan is to identify priority needs for HIV-related prevention and care services in Wisconsin. Based on these needs, the Plan identifies priority services and interventions that guide the allocation of resources. The ultimate goal in developing this Plan is 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 very broad range of organizations and individuals in Wisconsin, this Plan addresses only those services and activities that are overseen by the Wisconsin AIDS/HIV Program in the Division of Public Health, Wisconsin Department of Health Services. The Plan 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 Funding Opportunity Announcement CDC- PS10-1001: HIV Prevention Projects for Health Departments).

The Plan is organized based on a conceptual framework which captures the four key and interrelated concepts of *Prevent-Test-Link-Treat*. These concepts represent the critical activities, functional areas, and integrated nature of HIV-related public health services in Wisconsin.

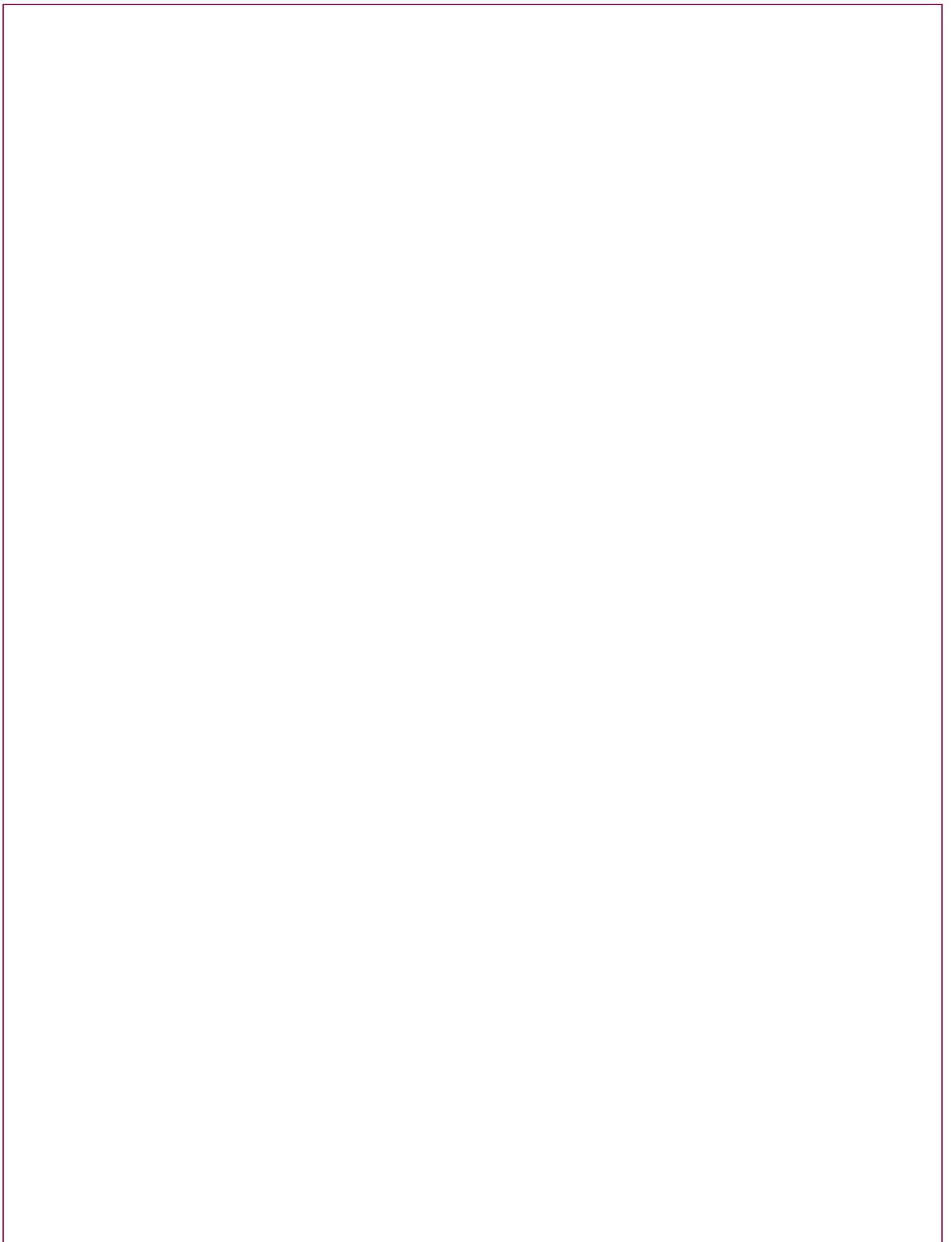
The SAPG acknowledges the importance of the National HIV/AIDS Strategy (NAS) in fostering a coordinated approach to the HIV epidemic at national and local levels. The NAS and the companion Federal Implementation Plan were released in July 2010. Since then, the federal agencies and community partners have collaborated in defining ways to promote the NAS at state and local levels. The Wisconsin Comprehensive HIV Plan, which is directed at integrating and coordinating HIV-related services, shares the major goals of the NAS. The SAPG looks forward to further deliberations regarding coordination of statewide HIV planning and implementation of the NAS.

The SAPG thanks the many individuals and organizations that contributed to the development of this plan through their dialogue and participation with the SAPG. Thank you also to the providers of Ryan White Parts B, C, D, and F for their expertise and insight. The SAPG sincerely thanks the many individuals -- consumers, providers, and other affiliates and advocates -- who, on a daily basis, are actively engaged in and committed to quality HIV prevention and care services in Wisconsin.

James M Vergeront, MD  
Health Department Co-Chair

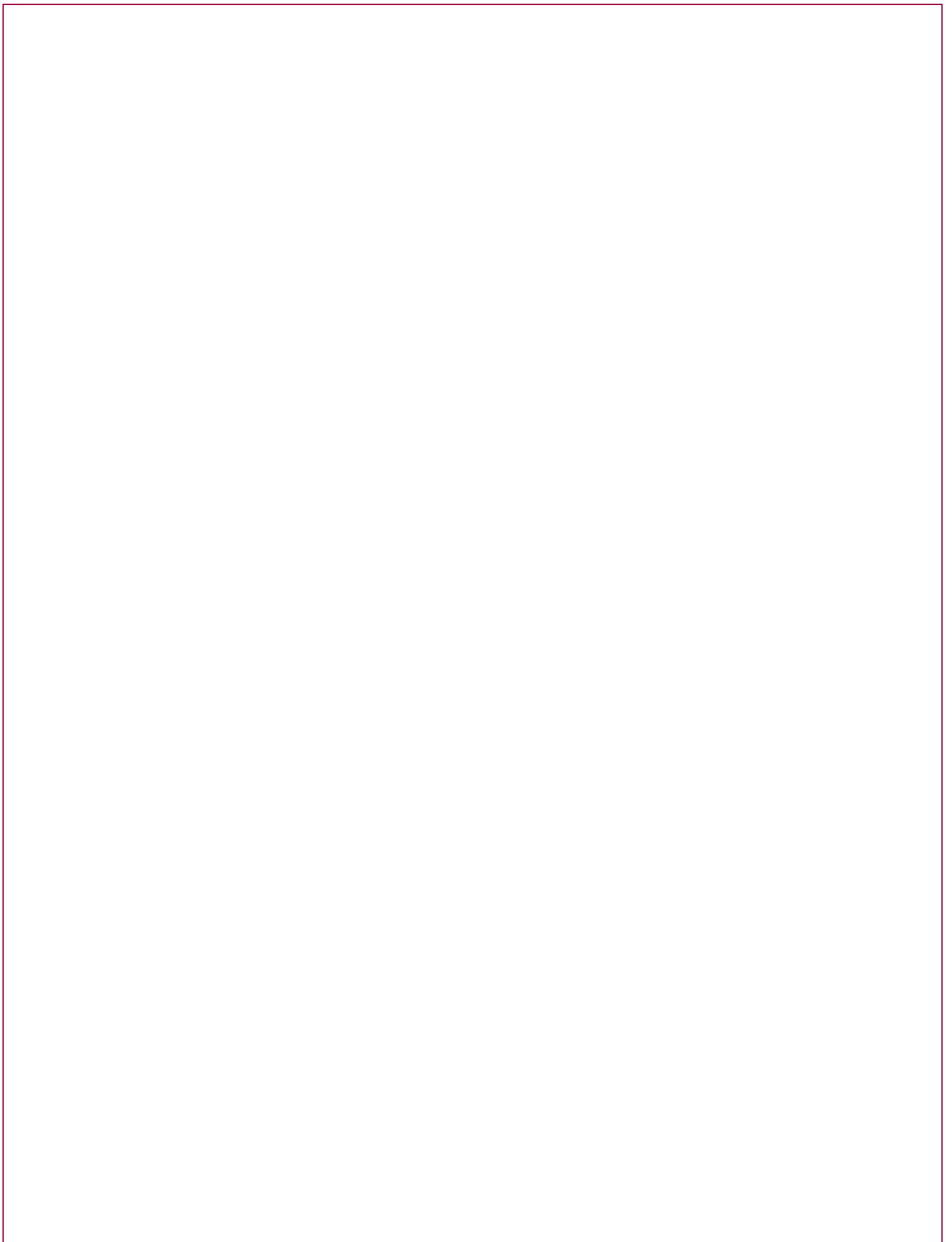
Johnny King  
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## Wisconsin Comprehensive Plan Executive Summary

Statewide Action Planning Group (SAPG) of the Wisconsin HIV Community Planning Network assumes community planning activities conducted previously by the Wisconsin Ryan White Consortium and the Wisconsin HIV Prevention Community Planning Council. Members of the SAPG are representative of diverse populations most at risk for, infected with, and affected by HIV as well as individuals with a wide variety of HIV-related experience and expertise across Wisconsin. The Community Planning Network assists the community and the Wisconsin Division of Public Health (DPH) in the development, implementation and prioritization of HIV prevention and care services in Wisconsin.

The Wisconsin HIV Comprehensive Plan addresses services and activities overseen by the Wisconsin AIDS/HIV Program and is a condition of funding with 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 Funding Opportunity Announcement CDC-PS10-1001: HIV Prevention Projects for Health Departments). The Plan was developed through collaborative efforts among SAPG members, consumers, broader networks of AIDS/HIV service providers, and other individuals committed to HIV prevention and care services.

The Plan is organized based on a conceptual framework encompassing the four key and interrelated concepts of *Prevent-Test-Link-Treat*, concepts representing critical activities, functional areas, and the integrated nature of HIV-related public health services in Wisconsin. The Plan identifies priority needs for HIV-related prevention and care services statewide and, based on these needs, identifies priority services and interventions that guide the allocation of resources coordinated by the Wisconsin AIDS/HIV Program and that ultimately expand the capacity of Wisconsin's HIV care and prevention services.

The following table identifies the core focus areas and related HIV prevention and care services that comprise Wisconsin's *Prevent-Test-Link-Treat* framework.

**Wisconsin's Prevent-Test-Link-Treat Framework**

<b>PREVENT</b>								
Individual Level Interventions		Group Level Interventions		Community Level Interventions			Structural Level Interventions	
<b>TEST</b>								
Routine Testing			Targeted Testing			Partner Services		
<b>LINK</b>								
Outreach		Partner Services		Non-medical Case Management		Other Support Services		Testing
<b>TREAT</b>								
Primary Medical Care	Medical Case Management	Early Intervention Services	Medical Nutrition	Meds	Oral Health	Mental Health	Substance Abuse	Health Insurance Premium & Cost Sharing Assistance

**Wisconsin HIV Service Directions**

The central part of the Comprehensive Plan is the identification of Wisconsin HIV Service directions and overarching goals which guide the course of HIV-related services coordinated by the Wisconsin AIDS/HIV Program in the immediate future. The Plan's overarching goals, which are focused at individuals and communities at highest risk and those disproportionately affected by HIV infection, include the following:

- Promoting and expanding the capacity of Wisconsin's HIV care and prevention service systems to implement effective, scientifically sound, and culturally competent services.
- Promoting and expanding the capacity of Wisconsin's system of HIV care by increasing and ensuring equal access to quality services that focus on early detection, medical intervention, and support services; and ongoing adherence to or re-entry into care.
- Promoting and expanding the integration of prevention and care services across service providers and programs at state and local levels, including programs associated with

hepatitis, tuberculosis (TB), sexually transmitted disease (STD), and alcohol and other drug abuse (AODA) services.

The following content from the Comprehensive Plan identifies the priority strategies and focus areas that guide efforts in addressing the overarching goals and implementation of the *Prevent-Test-Link-Treat* framework for service delivery.

## A. PREVENT

### ***Focus: Expanding service delivery/capacity***

- Developing and implementing updated health outreach via Internet and other new technology social networks targeting Wisconsin gay and bisexual men who have sex with men (MSM), consistent with recommendations from the SAPG.
- Promoting and expanding implementation of needle exchange programs supported with state funds to include outreach, harm reduction education, referral for HIV testing, and safe needle disposal.
- Investigating, developing and implementing modes of Comprehensive Referral and Counseling Services (CRCS) that are culturally appropriate for and attractive to HIV-positive young MSM of color.
- Expanding implementation of community-level HIV prevention interventions for out-of-treatment active injection and non-injection drug users.
- Expanding development and implementation of statewide information and referral services through the Wisconsin HIV/STD/Hepatitis C Information and Referral Center.
- Collaborating with care providers to develop improved partnerships with prevention services.

### ***Focus: Assessment, planning & evaluation***

- Reviewing current MSM outreach efforts with the goal of developing and implementing behaviorally-evaluated community-level HIV prevention interventions targeting MSM.
- Identifying special populations which are disproportionately infected with HIV in Wisconsin.

### ***Focus: Increasing cultural competence***

- Supporting providers in developing and implementing Effective Behavioral Interventions (EBIs) that are culturally appropriate for at-risk members of targeted populations, including adapting CDC EBIs for Latino MSM, HIV positive persons, MSM youth, and other women and men at higher risk.

## B. TEST

### ***Focus: Expanding service delivery/capacity***

- Piloting a multi-strategy testing approach in the highest HIV prevalence neighborhoods in Milwaukee through geo-mapping, public awareness campaigns, social networks testing, and promotion of annual testing for MSM.

- Expanding social networks-based testing, particularly with very high-risk populations that have been traditionally difficult to reach such as MSM in communities of color.
- Promoting annual HIV testing among MSM statewide through health education/public information and targeted outreach to MSM community members and select service providers.
- Implementing PCR DNA testing to identify acute HIV infection in persons with recent high risk exposure to someone known to have HIV disease.
- Increasing the number and diversity of sites that can provide rapid HIV testing to targeted populations, by increasing the availability of consultation, training, and technical assistance.
- Collaborating with professional organizations and other groups (e.g. MATEC) regarding capacity building efforts for routine HIV testing.
- Promoting routine testing in AODA programs and other venues serving persons with substance abuse issues through collaborative efforts with state level substance abuse services staff and consultation and training of local AODA treatment service providers.
- Promoting routine HIV screening by providers serving high prevalence populations.

***Focus: Assessment, planning & evaluation***

- Identifying cost-effective options for acquiring rapid test kits and evaluating the optimal use of new rapid test technologies based on CTR site type and testing setting.
- Assessing the implementation of routine HIV screening in perinatal settings through quality assurance and monitoring of HIV screening as documented by maternal and child health medical providers in the *PeriData.Net* system.
- Exploring the expanded use of fee-for-service HIV testing, and fee-exempt HIV test kits and lab services.
- Reviewing and analyzing Wisconsin HIV statutes to identify potential barriers to implementing opt-out screening in routine health care and to draft proposed statutory and administrative code changes which support routine testing.
- Researching additional ways to implement routine screening, such as pooled RNA HIV testing to identify acute HIV infection in clinical HIV testing sites.

**C. Link**

***Focus: Expanding service delivery/capacity***

- Expanding the multi-jurisdictional Partner Services delivery model which allows for larger, more experienced health departments to take a leadership role in providing quality services for clients living in low HIV prevalence areas.
- Improving access to care through the development and implementation of an intensive medical case management and referral follow-up model.

***Focus: Ensuring quality services***

- Updating and revising state Partner Services policies and procedures to ensure consistency with the revised Partner Services guidelines by the CDC.
- Developing and implementing guidelines for effective utilization of Internet technologies to ensure the timely notification of partners with limited contact information (e.g. email address).
- Providing a forum for persons living with HIV to link with care and support services at regional conferences for persons living with HIV.
- Improving the ability of non-medical case managers to effectively link clients to needed medical and support services through the development and implementation of a case management certification program and an enhanced training system.

***Focus: Enhancing access to services***

- Funding linkage to care coordinators to contact individuals who know their status but who are lost to care and to re-engage them in care and support services.
- Funding local public health departments in high incidence areas to locate HIV infected persons who know their status but are not in care and refer them to core medical and support services.
- Developing targeted outreach strategies to identify people living with HIV who are not in care and to refer them to core medical and support services.

***Focus: Assessment, planning & evaluation***

- Assessing the training and capacity building needs of Partner Services (PS) providers to improve client linkage, referral and follow-up.
- Exploring the feasibility of implementing a PS electronic record system.

## **D. TREAT**

***Focus: Expanding service delivery/capacity***

- Funding a Minority Community Based Outreach Specialist position to build the capacity of community based minority organizations to address health disparities in underserved populations.
- Developing strategies to reduce health disparities by improving access to care for underserved populations.
- Expanding treatment adherence resources for clients by funding community based organizations to provide adherence counseling.
- Ongoing implementation of a Laboratory Reimbursement Program to assist with the cost of certain laboratory tests used to monitor the effectiveness of HIV treatment.

- Encouraging improved substance abuse screening and treatment through monitoring of current screening rates as reported with the new Client Level Data requirements, developing case management training, and encouraging agency subcontracts with external AODA treatment centers.
- Ensuring the viability of the ADAP program and client access to antiretrovirals through a budget request for additional state revenue.

***Focus: Assessment, planning & evaluation***

- Identifying barriers to existing services through state sponsored needs assessment surveys.
- Ongoing development of the HIV Community Planning Network, Wisconsin's first joint prevention and care planning body.
- Ongoing development of Wisconsin's first joint prevention and care comprehensive plan.
- Improving data that directs planning and evaluation through improved agency reporting of semi-annual utilization data and performance data (e.g. developing electronic reporting systems).

***Focus: Increasing cultural competence***

- Developing and implementing agency cultural competence indicators and performance measures to ensure and improve provider cultural competence.
- Collaborating with providers, educational institutions, MATEC, and other key stakeholders in improving the diversity of the health and social service workforce.

***Focus: Enhancing access to services***

- Continuing funding of activities that engage minority individuals in care, such as Minority AIDS Initiative Funding.
- Utilizing Emerging Communities and Minority AIDS Initiative funding to increase access to care for minority populations in the Milwaukee Eligible Metropolitan Area.
- Assisting uninsured individuals with access to comprehensive health services through the HIRSP/ADAP Program (the former HIRSP Pilot Program).
- Improving dental access by working with agencies to develop external dental partnerships and developing an improved reimbursement strategy.

***Focus: Ensuring quality services***

- Developing uniform performance measures for core medical services to ensure access to quality Ryan White services.
- Collaborating with the Wisconsin HIV Community Planning Network and providers to ensure that people living with HIV are aware of available services and know how to access those services (e.g. regional conferences for persons living with HIV and AIDS).
- Using data (semi-annual utilization, performance measures and client level data) to assist agencies in improving the quality of services.

- Ensuring high quality non-medical case management services through enhanced coordination with the University of Wisconsin HIV/AIDS Training System and the ongoing implementation of a case management certification program.
- Funding clinical treatment adherence programs to improve the health outcomes of persons living with HIV.

### **Accessing the Wisconsin HIV Comprehensive Plan**

The Wisconsin HIV Comprehensive Plan is a living document which will evolve based on the ever-changing nature of the HIV epidemic and the HIV-related prevention and care needs of Wisconsin residents. Because it is a living document, it has been created as an electronic publication embedded with hyperlinks to related information resources accessed through the Internet. Individuals can view and download the Comprehensive Plan in the web-based library of the Wisconsin HIV/AIDS Community Planning Network website at:

<http://www.wihiv.wisc.edu/communityplanning/libraryDownload.asp?docid=490>.

For further information regarding the Wisconsin HIV Comprehensive Plan and the Wisconsin HIV Community Planning Network or the Statewide Action Planning Group, contact Lynn Tarnoff, Wisconsin HIV Community Planning Network Coordinator, at 608-890-1424 or [tarnoff@wisc.edu](mailto:tarnoff@wisc.edu).



## Wisconsin HIV Comprehensive Plan

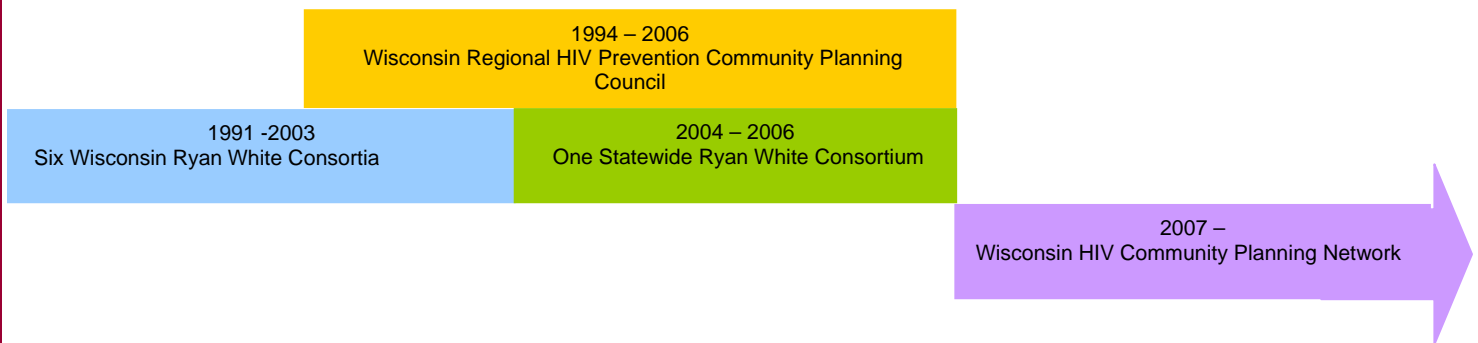
### I. Introduction and Background

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. This Plan is the most recent document in a series of long range plans for Wisconsin's HIV prevention and care planning initiatives.

In 2009, Wisconsin developed its first combined plan for HIV prevention and care services.

HIV community planning reflects an open and participatory 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.

### The Evolution of Community Planning in Wisconsin



Prior to 2007, planning activities for HIV prevention and care services were undertaken by two separate bodies. This document, the Wisconsin HIV Comprehensive Plan, is the combined plan for HIV prevention and care services in Wisconsin. It represents the work of the Wisconsin HIV Community Planning Network and its advisory body, the Statewide Action Planning Group (SAPG), which were established in 2007. As required by the Health Resources and Services Administration (HRSA), it also represents the efforts of the Wisconsin AIDS/HIV provider community.

As a consolidated document, this Plan replaces the two previous statewide planning documents – the Wisconsin Comprehensive HIV Prevention Plan and the Wisconsin Comprehensive Plan for Ryan White HIV Services. In keeping with guidance from federal funding sources, this Plan includes:

- an overview of the HIV epidemic in Wisconsin;
- information on populations at increased risk of infection;

- recommended strategies to prevent further spread of HIV;
- an assessment of needs, barriers, and gaps in services that provide health care, medications and support to enhance access to care to people living with HIV in Wisconsin;
- a description of program monitoring and quality management activities; and
- guidance for the AIDS/HIV Program in the use of
  - HIV prevention funds from the federal Centers for Disease Control and Prevention (CDC),
  - State general purpose revenue (GPR) HIV funds,
  - HIV Ryan White funds from the federal Health Resources and Services Administration (HRSA),
  - State GPR HIV care funds through the Mike Johnson Life Care and Early Intervention Services Grant, and
  - guidance in planning other private and publically funded programs.

This Comprehensive Plan also includes community planning for Ryan White HIV Services and the Statewide Coordinated Statement of Need, both required for funding under the federal Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. The Plan represents the work of Ryan White Parts B, C, D, F, and Life Care Services grantees and the providers who are dedicated to providing quality care to those individuals impacted by HIV.

The Plan is a product of dedicated Wisconsin residents who gave their time and input to ensure that it represents the views and perspectives of:

- persons living with HIV infection,
- persons and groups at risk for HIV infection, and
- consumers, providers, and others affiliated with HIV prevention and care services.

The Plan is also consistent with the priorities of the State health plan *Healthiest Wisconsin 2010* and is aligned closely with the following State health plan priorities:

- access to primary and preventive health services,
- existing, emerging, and re-emerging communicable diseases,
- high risk sexual behavior, and
- social and economic factors that influence health.

The HIV Comprehensive Plan also serves as a reference document in guiding development of related content in the forthcoming State health plan *Healthiest Wisconsin 2020*.

## **HIV/AIDS Data Trends**

The Wisconsin AIDS/HIV Program collects, analyzes, and disseminates surveillance data on HIV infection and AIDS; these data contribute to the nation's primary source of information on the HIV epidemic and are used by local public health partners, health departments, nonprofit organizations, academic institutions, and the general public to help focus prevention efforts, plan services, allocate resources, develop policy, and monitor the HIV epidemic in Wisconsin.

### ***Incidence***

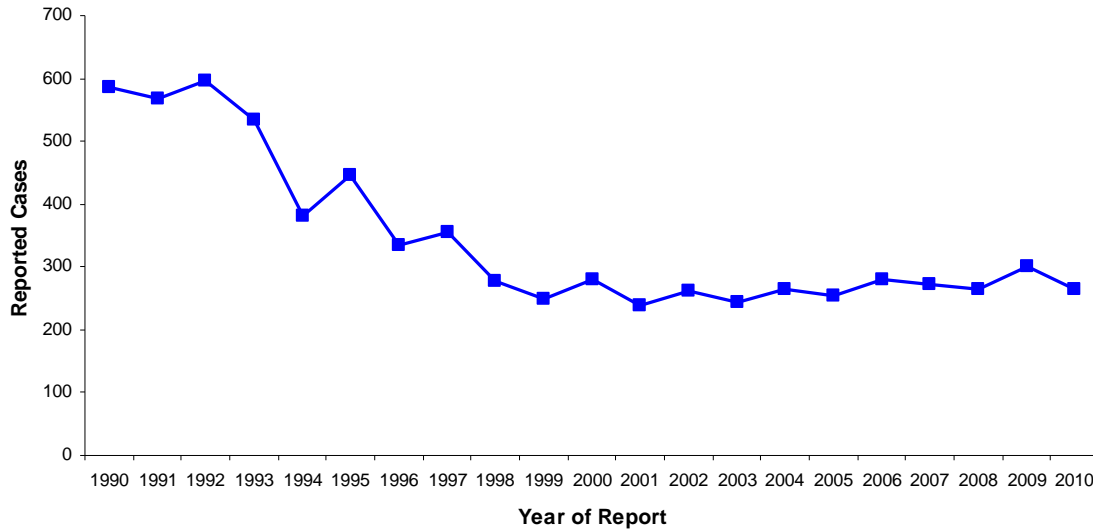
Incident cases refer to the number of new cases of human immunodeficiency virus (HIV) infection<sup>1</sup> diagnosed in Wisconsin during the year, which is the best gauge of HIV transmission occurring in the state. During 2010, 265 persons were newly diagnosed with HIV infection in Wisconsin. An additional 111 persons moved into Wisconsin during 2010 and were therefore reported to the AIDS/HIV Program, however these do not represent new cases of HIV infection and are therefore only included in the prevalence section below.

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<sup>1</sup> In this analysis, "HIV infection" refers to all persons with laboratory confirmed HIV infection, including both AIDS and non-AIDS cases. Case numbers in this section are provisional as of December 31, 2010.

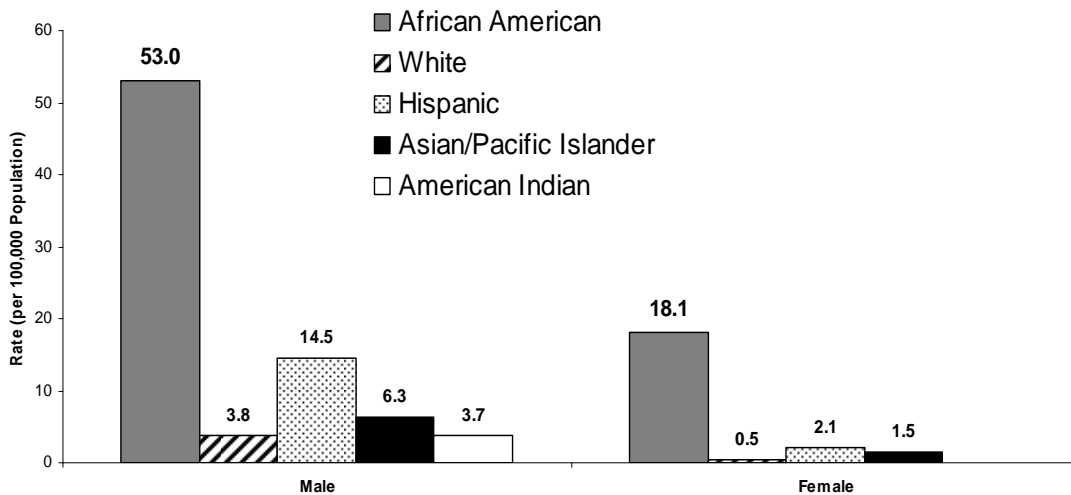
The annual number of reported cases of HIV infection reached a peak in 1992 (n=596) and then declined to a low of 238 reported cases in 2001 (Figure 1). The number of newly reported infections increased an estimated 1.5% each year between 2001 and 2010.

**Figure 1. Reported cases of HIV infection by year of report, Wisconsin, 1990-2010**



Throughout the epidemic, HIV infection has had a disproportionately high impact on minority populations in Wisconsin (Figure 2). Racial/ethnic minorities comprise 15% of the Wisconsin population but accounted for 62% of all new HIV cases reported in 2010. The reported HIV infection rate in 2010 was 17-fold greater for African Americans and four-fold greater for Hispanics compared to the rate for Whites.

**Figure 2. Reported rates of HIV infection per 100,000 population by sex and race/ethnicity, Wisconsin, 2010**



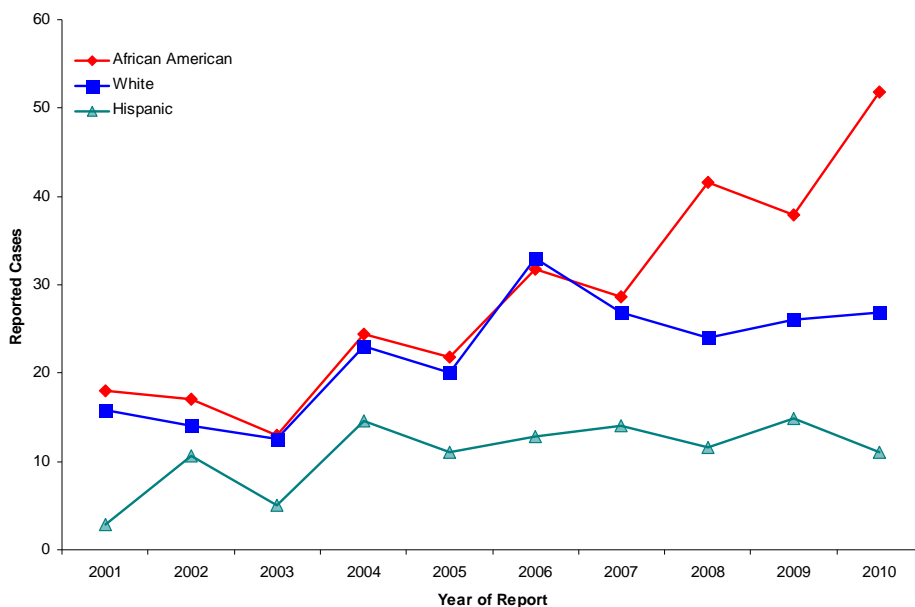
While the racial/ethnic disparity in reported HIV infection rates affects both males and females, the magnitude is greater among females. In 2010, racial/ethnic minorities represented 57% of males and 77% of females newly reported with HIV infection. The reported HIV infection rate in

2010 among males was 14-fold greater for African Americans and four-fold greater for Hispanics compared to the rate for White males. Among females, the reported HIV infection rate in 2010 was 36-fold greater for African Americans and four-fold greater for Hispanics compared to the rate for White females

Historically, the population most affected by HIV infection in Wisconsin has been men who have sex with men (MSM). In 2010, 73% of HIV cases were MSM, including 70% without a history of injection drug use and 3% who also reported injection drug use (MSM&IDU).

- Over the past decade (2001-2010), the number of MSM reported with HIV infection increased during the first part of the decade and stabilized in recent years. However, trends vary by racial/ethnic group. For White MSM, the number of reported HIV infections increased during the first part of the decade but has been decreasing since 2007. For African American MSM, the number of reported infections was stable during the first part of the decade but has been increasing since 2006. The number of reported HIV infections that are Hispanic MSM has been stable throughout the decade.
- The trend in HIV infected MSM has also varied by age. The number of MSM reported with HIV infection that are young (ages 13-29) has been increasing since 2004 and the number that are age 30 and older has fluctuated throughout the decade but appears to have decreased in recent years. Among MSM reported with HIV infection in 2010, 48% were young MSM (YMSM) and 52% were ages 30 or older.
- During the early part of the past decade, the number of YMSM reported with HIV infection increased in all three major racial/ethnic groups (Figure 3). However, the number of reported cases has stabilized for both young White and Hispanic MSM but has continued to increase for young African American MSM. In 2010, 56% of YMSM reported with HIV infection were African American, 29% were White, and 12% were Hispanic.

**Figure 3. Reported cases of HIV infection, MSM 13-29 years by race/ethnicity and year of report, Wisconsin, 2001-2010<sup>1</sup>**



<sup>1</sup> Data have been adjusted statistically to account for unknown risk.

- In 2010, nearly two-thirds (64%) of YMSM reported with HIV infection were within the Milwaukee Metropolitan Statistical Area (MSA). Throughout the last decade, the number of young MSM reported with HIV infection has increased significantly in the Milwaukee MSA, and increased slightly in the Madison MSA and in other metropolitan counties. In 2010, 80% of YMSM cases in Milwaukee were African American, 12% were White, and 5% were Hispanic.

Over the past decade the number of reported cases of HIV infection attributed to injection drug use (IDU) has been stable and the number of cases attributed to high risk heterosexual contact has fluctuated.

### **Prevalence**

Prevalent cases refer to the number of HIV infected persons presumed to be alive and living in Wisconsin at the end of the year. As of December 31, 2010, 6,295 individuals are presumed to be alive and living in Wisconsin, including 3,282 who meet the CDC criteria for AIDS and 3,013 who do not meet the AIDS case definition. This number does not include those who do not know they are infected with HIV. The CDC estimates that 21% of all persons living with HIV do not know they are infected, meaning an additional 1,670 people are estimated to be living with HIV in Wisconsin and are unaware of their status. Among prevalent cases of HIV infection in Wisconsin:

- 48% are White, 38% are African American, 11% are Hispanic, 1% are American Indian, and 1% are Asian/Pacific Islanders.
- The median age is 46 years. Among those newly diagnosed with HIV infection, more than half (52%) are less than 35 years of age. By contrast, only 17% of prevalent cases are less than 35 years of age.
- An estimated 300 out of 1,000 African American MSM are HIV positive, compared to 105 Hispanic MSM and 45 White MSM.
- 61% of prevalent cases live in the southeast region of Wisconsin, 18% live in the southern region, 10% live in the northeast region, 6% live in the western region and 3% live in the northern region. The remaining 2% of cases are currently in the Wisconsin Correctional System. One-half of all prevalent cases live in Milwaukee County, followed by Dane County with 12% of prevalent cases. All other counties have 3% or less of the prevalent cases.

Deaths among persons with HIV infection in Wisconsin have continued to decline. Seventy-six deaths among persons reported with HIV infection in Wisconsin are known to have occurred in 2009. The overall median age at death is 40 years, which was similar across racial/ethnic groups.

Additional statistical reports can be found on the Wisconsin AIDS/HIV Program website at <http://dhs.wisconsin.gov/aids-hiv/Stats/index.htm>, including:

- quarterly surveillance summaries
- a comprehensive report of cumulative surveillance data since the beginning of the HIV epidemic in Wisconsin
- downloadable slides (in PowerPoint and PDF) highlighting key statistical trends
- an interactive map highlighting Wisconsin county-specific HIV surveillance data

## Overview of HIV Services Coordinated by the Wisconsin AIDS/HIV Program

The Wisconsin AIDS/HIV Program has been the lead agency in Wisconsin government responsible for coordinating the state's public health response to the AIDS/HIV epidemic since the mid-1980's. The AIDS/HIV Program is located within the Wisconsin Department of Health Services, Division of Public Health, Bureau of Communicable Diseases. The AIDS/HIV Program is funded with a mix of state general purpose revenue (GPR) and federal funds from the Centers for Disease Control and Prevention and the Health Resources and Services Administration. The four major focus and functional areas of the AIDS/HIV Program include surveillance and epidemiologic investigation, prevention, care, and community planning.

### Surveillance and Epidemiologic Investigation

staff monitor reported cases of HIV infection and AIDS. Activities include compiling epidemiologic information and actively soliciting case reports through contacts with laboratories, clinicians, and health care facilities.

**Prevention** activities include HIV counseling, testing, and referral; HIV partner services; and prevention education and risk reduction.

- The [HIV Counseling and Testing Program](#) is a statewide network of publicly funded HIV counseling, testing, and referral services staffed by trained counselors in local agencies. Clients at high risk for HIV infection receive risk assessment, personalized risk reduction education, free or low-cost testing, and referral for medical and support services.
- [HIV Partner Services](#) (PS), previously known as Partner Counseling and Referral Services or PCRS, offers persons reported with AIDS and HIV infection assistance in notifying sexual and needle-sharing partners that they may be at risk for HIV infection. PS are provided by specially trained local health department staff who notify partners of possible risk exposures and offer HIV testing while not disclosing the identity of the infected partner. PS provide education and counseling to clients as well as referral for medical and support services.
- [Prevention Education and Risk Reduction](#) activities are supported by state awarded grants to community-based organizations. Prevention services are targeted to individuals and communities at high risk for acquiring or transmitting HIV, including men who have sex with men, communities of color, injection and other drug users, HIV positive persons, and incarcerated individuals. Prevention education assists persons in maintaining and sustaining positive health and HIV-related risk reduction behaviors.

### *HIV is about people like "Jake"...*

When AIDS was first identified in 1981, the Wisconsin Division of Public Health (then the Division of Health) notified physicians of a newly identified disease that would soon be associated with an emerging public health crisis. Notification of physicians and the beginning of a surveillance system were the first activities of what was soon to become the Wisconsin AIDS/HIV Program. In 1982, the Division of Health received its first reported case of HIV infection. Jake, a 45-year-old man was admitted to a hospital with multiple medical complications. He had been working in a developing country before returning home to Florida. In the summer, Jake visited family in rural Wisconsin and was hospitalized because of shortness of breath. Jake was diagnosed with *Pneumocystis carinii* pneumonia, several other infections, and reduced immunity. Three weeks later Jake died. His death certificate listed AIDS to be the underlying cause of death. Since Jake's case was reported in 1983, more than 11,000 other individuals have been reported with HIV/AIDS in Wisconsin. HIV is not just about numbers – it is about people like Jake.

The AIDS/HIV Program closely collaborates with the [Wisconsin Department of Public Instruction](#) (DPI) in the design and analysis of sexual health related questions included with the statewide

*Youth Risk Behavior Survey (YRBS)*. The AIDS/HIV Program also works with DPI in consultation and planning of their school-based HIV prevention and related services targeting youth, through periodic participation in activities such as the *Comprehensive School Health Project* and the *DHFS/DPI Abstinence Committee*.

**Care** services include a broad range of health and support services directed to persons living with HIV, including federally-funded Ryan White CARE Act services, state-funded life care and early intervention services, as well as services supported through the Wisconsin AIDS/HIV Drug Assistance Program (ADAP) and the Wisconsin AIDS/HIV Health Insurance Premium Subsidy Program.

- [Part B of the Ryan White CARE Act](#) supports core medical services and support services directed to persons living with HIV. The majority of Part B funds in Wisconsin are awarded to community-based and academic-based service providers through grants and contracts.
- [Life Care and Early Intervention Services](#) are provided through a network of AIDS service and community-based organizations. Life Care services are directed at coordinating case management for persons with HIV infection while Early Intervention services provide persons recently diagnosed with HIV infection prompt and early access to needed medical care and related services.
- The [Wisconsin AIDS/HIV Drug Assistance Program](#) subsidizes the cost of expensive, HIV-related and other medications for HIV-infected persons with limited financial resources.
- The [Wisconsin AIDS/HIV Health Insurance Premium Subsidy Program](#) subsidizes the cost of continuing group or individual health insurance for qualified persons who are unable to continue working on a temporary or permanent basis because of an AIDS/HIV related condition.

**Community Planning**, which is detailed in [Addendum II](#) of this document, is a statewide activity coordinated through the [Wisconsin HIV Community Planning Network and the Statewide Action Planning Group](#). Community planning activities assist communities and the Wisconsin Division of Public Health in developing, implementing and prioritizing HIV prevention and care services in Wisconsin.

***HIV is about people like “Maria”...***

Maria, an Hispanic woman in her mid-twenties, tested positive for HIV during a routine medical exam. Maria reported a long-standing relationship with one male sexual partner. Her partner reported that he had recently been diagnosed with HIV infection and AIDS. Maria had no health insurance and her income was below the federal poverty level. She received case management through a community-based organization and enrolled in the AIDS/HIV Drug Assistance Program (ADAP). Through mid-2008, Maria had over 100 prescriptions paid by ADAP for a total cost of over \$52,000. HIV is about women like Maria who have a history of heterosexual contact, the most common risk exposure reported by HIV infected women in Wisconsin.

***HIV is about people like “Michael”...***

Michael, a gay white man in his mid-thirties, tested positive for HIV infection in 2006. A Partner Services staff member worked with Michael in contacting two of his sexual partners. One partner tested negative and the other had a previous positive HIV test. Michael was referred to a local AIDS service organization where, because Michael was unemployed and had no health insurance, a case manager successfully assisted him in accessing the Wisconsin AIDS/HIV Drug Assistance Program (ADAP). HIV is about people like Michael who are living and thriving today because of advances in drug therapy and ADAP.

The AIDS/HIV Program has developed strong working relationships with community partners (academic, governmental, and private nonprofit organizations) through ongoing collaborations, consultation, training, and financial support through competitive grant processes and contractual agreements. Wisconsin's network of AIDS service organizations (ASOs), which is currently comprised of [AIDS Network](#) and the [AIDS Resource Center of Wisconsin](#), is unique and has been critical to successful HIV prevention and care services in the state. The statewide delivery of services through ASOs is coordinated through ASO field offices in each of the five Department of Health Services regions. The AIDS/HIV Program has been successful in building the capacity of ethnic minority-based and lesbian/gay/bisexual/transgender (LGBT) agencies and community-based organizations (CBOs) to respond to the HIV epidemic in their communities. Coordination of HIV-related governmental public health services and functions occurs through ongoing collaborations with [local health departments](#) and the [Wisconsin State Laboratory of Hygiene](#).

**Wisconsin HIV-Related Legislation**

Wisconsin is recognized nationally for having enacted progressive HIV-related legislation that balances the rights of individuals with protections for society. Over time, new legislation has been introduced and existing legislation has been modified in light of current knowledge, issues, needs and trends of the HIV/AIDS epidemic. While HIV-related legislation is interspersed in various chapters of Wisconsin Statutes, the majority of HIV legislation is located in [Chapter 252 Communicable Diseases](#), s. 252.12 through s. 252.17.

## II. 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 that are addressed through statewide community planning by focusing on the integration of effective and efficient HIV-related services. It is important to note that in planning HIV services an array of factors 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 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. Social, political, economic, behavioral and biologic factors contribute to the health and wellbeing of individuals and communities. These factors can also contribute to the development of health disparities.

### Wisconsin’s 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>Partner Services</u>		
<u>LINK</u>								
<u>Outreach</u>		<u>Partner Services</u>		<u>Non-medical Case Management</u>		<u>Other Support Services</u>		<u>Testing</u>
<u>TREAT</u>								
<u>Primary Medical Care</u>	<u>Medical Case Management</u>	<u>Early Intervention Services</u>	<u>Medical Nutrition</u>	<u>Meds</u>	<u>Oral Health</u>	<u>Mental Health</u>	<u>Substance Abuse</u>	<u>Health Insurance Premium &amp; Cost Sharing Assistance</u>

## A. PREVENT

Prevention is a key 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. In ILI, a specially trained service provider

exchanges information with a member of the target population regarding the individual's risk and skills in reducing risks. ILI often support individuals in making self appraisals of their behavior. ILI's frequently assist individuals in accessing other needed services.

*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. GLI can have a variety of formats, ranging from closed groups with a fixed number of sessions to open and ongoing groups. GLI often focus on development of skills through demonstrations, role plays, and practice. This intervention may rely on support of group members and the influence of peers to foster changes in attitudes, knowledge, and behaviors.

### ***Men who have sex with men face success and continuing challenges in HIV prevention...***

The population most affected by HIV infection in the United States and in Wisconsin has been gay, bisexual and other men who have sex with men (MSM). In 2010, 73% of HIV cases in Wisconsin were among MSM. Reducing HIV infection among MSM is the key to controlling the HIV epidemic.

There is a resurgence of HIV infection among gay, bisexual and other MSM in Wisconsin and this follows a troubling national trend. An analysis by the CDC indicates that in the United States, MSM-associated HIV incidence has increased by more than 50% since the early 1990's.

In Wisconsin, the number of new cases of HIV infection among MSM has increased mostly in MSM less than 30 years old (YMSM). New HIV cases among YMSM more than doubled between 2001 and 2010, while the number of new cases among MSM older than 30 years was stable over the same time period. While the number of new cases of HIV infection among young White and Hispanic MSM has stabilized in the past five years, the number of new cases among young African American MSM has continued to increase; African American YMSM made up 20% of all incident cases reported in the state during 2010.

Turning around the resurgence of HIV among young MSM is the one of the greatest challenges facing HIV prevention.

<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.

*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. CLI focus on changing attitudes, norms, values, and the context of risk behaviors within a defined community. Examples of CLI include diffusion of change through popular opinion leaders and multifaceted interventions such as outreach and small group discussion joined with targeted media campaigns promoting awareness of the intervention. CLI tend to be more complex and resource intensive than ILI and GLI because they rely on social marketing and a variety of approaches that are custom tailored to effectively reach a larger target population.

*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. Examples of SI include:

- Wisconsin HIV legislation that requires HIV/AIDS case reporting; protects confidentiality of HIV information and protects individuals with HIV infection from discrimination;
- Proposed legislation that removes written consent for testing, lessening the administrative barriers for conducting HIV testing as a routine part of medical care;
- Local school district mandates which result in school-based comprehensive sex education, including HIV education.

SI may also address social issues and social contexts (e.g., poverty, discrimination, stigma, limited access to health care) that predispose some individuals and groups to increased risk for HIV infection.

## 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.

In Wisconsin, approximately 80% of the tests offered at publicly funded HIV testing sites in 2010 were rapid tests.

The focus of publicly funded counseling, testing, and referral (CTR) 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

### **Evidence-based prevention interventions**

HIV prevention service providers are committed to developing and implementing interventions that are effective in reducing sex and drug related risk behaviors and improving health. To support these efforts, the CDC has compiled a [Compendium of HIV Prevention Interventions with Evidence of Effectiveness](#). This collection highlights behavioral and social interventions that have been conducted in the U.S. and that have been rigorously evaluated and determined to be effective. Wisconsin HIV prevention service providers are implementing several of these evidence-based behavioral interventions. In 2010, the Wisconsin Department of Health Services funded local agencies to implement two individual level HIV prevention interventions and nine group level interventions, reaching a total of over 500 individuals.

individual in making a decision regarding HIV testing. HIV-infected persons are referred for medical follow-up, case management, and partner services (PS).

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 recommends 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.

#### *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;
- 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**

Wisconsin was one of the early adopters of testing specifically within social networks of persons infected with or at high risk for HIV. Among Wisconsin publicly funded sites implementing social networks testing in 2010, 85% of clients tested have been at high risk for HIV infection compared to 41% of clients receiving traditional HIV testing outside of the social networks approach. The percent of newly identified HIV infection among clients of social networks testing was 2.3%, compared to 0.7% among clients of traditional testing.

Additional information regarding publicly funded HIV testing services in Wisconsin is located on the website of the Wisconsin AIDS/HIV Program at <http://dhs.wisconsin.gov/aids-hiv/resources/Overviews/COUNSEL.htm>.

#### *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 18% of persons testing

positive for HIV infection. Further information on HIV Partner Services in Wisconsin is located on the website of the Wisconsin AIDS/HIV Program at [http://dhs.wisconsin.gov/aids-hiv/Resources/Overviews/AIDS\\_HIV\\_Partner\\_couns.htm](http://dhs.wisconsin.gov/aids-hiv/Resources/Overviews/AIDS_HIV_Partner_couns.htm).

### C. LINK

Linkage services assist persons at high risk for or diagnosed with HIV infection in gaining access to needed services. For HIV positive persons, linkage services focus on ensuring access and adherence to comprehensive medical services, HIV medications, and other critical health and social services. Persons who are uninfected but at high risk for HIV transmission may need assistance in linking to and accessing health and social 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).

#### ***HIV is about “Anthony”...***

Anthony, a white gay man in his late forties, saw his doctor about significant weight loss. Anthony was diagnosed with wasting syndrome and he tested positive for HIV. Because he had a high viral load and low CD4 count, Anthony met the criteria for an AIDS diagnosis. He quit work due to illness and had no income. A case manager promptly assisted him with enrollment in the Wisconsin AIDS/HIV Drug Assistance Program. Anthony died from an AIDS-related brain infection one month after testing positive for HIV. Persons like Anthony who are diagnosed late in the course of HIV infection are far too common. Among persons diagnosed with HIV infection in Wisconsin between 2005 and 2009, 32% of persons either had AIDS when they first tested positive or developed AIDS within one year. Late testing can have devastating consequences, both for the person testing late and their sexual and needle-sharing partners who may not realize they are at high risk. Early diagnosis of HIV infection is critical to take advantage of the major medical advances in managing HIV disease.

#### *Outreach*

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 which is seen in 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 also funds outreach services that are focused on bringing HIV positive individuals not currently in care into care and treatment services. Not only is important for the individual's health, but also impacts the health of the individual's family and community. This is especially true for pregnant women to prevent transmission to the unborn child.

#### *Testing*

Persons testing positive are referred to medical care, case management, and other support services. Persons testing negative who are found to be at high risk for HIV infection are referred to community resources for prevention counseling and other behavioral support and assistance. Additional information regarding publicly funded HIV testing services in Wisconsin is located on

the website of the Wisconsin AIDS/HIV Program at <http://dhs.wisconsin.gov/aids-hiv/resources/Overviews/COUNSEL.htm>.

#### *Partner Services*

Partner services (PS), previously referred to as Partner Counseling and Referral Services (PCRS), 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. In Wisconsin, HIV PS is coordinated by the Wisconsin AIDS/HIV Program and provided to clients by staff in select local health departments. 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. Additional information on HIV Partner Services in Wisconsin is located on the website of the Wisconsin AIDS/HIV Program at [http://dhs.wisconsin.gov/aids-hiv/Resouces/Overviews/AIDS\\_HIV\\_Partner\\_couns.htm](http://dhs.wisconsin.gov/aids-hiv/Resouces/Overviews/AIDS_HIV_Partner_couns.htm).

#### ***HIV is about people like “Ted”...***

Ted, a white man in his early sixties living in northwest Wisconsin, tested positive for HIV infection in 2006 shortly after his wife died of AIDS. While he had originally denied sexual contact with other men, Ted later disclosed he had a male sex partner. Because he had no health insurance, Ted was quickly approved for the Wisconsin AIDS/HIV Drug Assistance Program (ADAP). After two years on ADAP, he obtained Medicaid coverage. As people with HIV are living longer, the number of HIV-infected older men who have sex with men (MSM) like Ted are increasing. MSM age 50 and older comprise 34% of MSM presumed to be alive and living with HIV in Wisconsin.

#### ***Multi-jurisdictional HIV Partner Services***

In 2008, the Wisconsin AIDS/HIV Program began implementing multi-jurisdiction PS. Under this structure, local health departments elect to provide HIV PS in neighboring county jurisdictions where newly identified HIV cases occur less frequently. Multi-jurisdiction PS supports staff skills and proficiencies in providing PS that would otherwise be difficult to maintain in areas with a lower incidence of HIV infection. As of May 2011, 15 health departments assume lead responsibility for multi-jurisdiction HIV PS, providing coverage for 60 of 72 Wisconsin counties. The remaining twelve counties receive PS from their respective local health departments.

#### *Non-medical Case Management*

Case management is an approach to service delivery 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. Further information on case management services is located on the website of the AIDS/HIV Program at [http://dhs.wisconsin.gov/aids-hiv/Resouces/Overviews/AIDS\\_life\\_care.htm](http://dhs.wisconsin.gov/aids-hiv/Resouces/Overviews/AIDS_life_care.htm).

In 2009, the Wisconsin Department of Health Services funded 10 agencies to provide case management services to persons living with HIV. These services are coordinated by 39 non-medical case managers and 15 medical case managers.

*Other Support Services*

Additional support services subsidized with federal Ryan White and state Life Care Services funds include:

- emergency financial assistance - provision of short-term financial assistance for emergency expenses related to essential utilities, housing, food and medication when other resources are not available or have already been expended;
- 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;
- medical transportation - direct provision of transportation or a voucher for transportation to a client specifically to access health care services;
- non-medical support services - provision of support and counseling activities and HIV support groups; and
- community-based adherence counseling - provision of counseling or special programs to ensure readiness for, and adherence to, HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.

**Ryan White Part B: Grants to States and Territories**

Part B of the Ryan White HIV/AIDS Treatment Extension Act provides grants to all 50 States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and 5 U.S. Pacific Territories or Associated Jurisdictions. Part B grants include a base grant, the AIDS Drug Assistance Program (ADAP) award, ADAP supplemental grants and grants to states for emerging communities - those reporting between 500 and 999 cumulative reported AIDS cases over the most recent 5 years. Wisconsin receives Part B funding directly from the federal government and subcontracted Part B funding to the following agencies for all or part of 2010: [AIDS Network](#); [AIDS Resource Center of Wisconsin](#); [Black Health Coalition of Wisconsin, Inc](#); [Health Care for the Homeless](#); [Legal AID Society of Milwaukee](#); [Medical College of Wisconsin – Infectious Disease Clinic](#); [Medical College of Wisconsin – Department of Pediatrics](#); [Milwaukee Health Services](#); [New Concept Self Development Center](#); [Sixteenth Street Community Health Center](#); [United Migrant Opportunity Services](#); and [University of Wisconsin Hospital and Clinics](#).

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.

During 2010, agencies supported with federal Ryan White and state Life Care Services funds provided assistance with HIV-related legal matters to 859 clients in Wisconsin.

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

In 2010, the Wisconsin Department of Health Services funded the Wisconsin HIV, STD, Hepatitis C Information and Referral Center which responded to over 6,000 hotline calls; distributed over 15,000 information brochures on HIV, STDs, and hepatitis C; and received over 32,700 hits to its website.

## D. TREAT

Treatment services promote the health of HIV positive persons through 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.

### *HIV is about people like “Yvonne”...*

Yvonne, an African American woman in her mid-forties, tested positive in 2005 at a sexually transmitted disease clinic. She denied injection drug use, contact with any high-risk sexual partners, and declined to name any sexual partners. Yvonne received health care through an AIDS service organization and was initially enrolled in the AIDS/HIV Drug Assistance Program (ADAP) but failed to renew enrollment in ADAP when her coverage expired. Between 2001 and 2010, one-third of African Americans reported with HIV infection in Wisconsin were women. Situations like Yvonne’s, where persons who are HIV positive and do not report a specific risk exposure, are relatively common. Among cases reported between 2001 and 2010, one in four (26%) had an unspecified exposure. This may be due to reluctance to discuss risk or not knowing that a sex partner has a history of high risk behaviors.

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

### *Primary Medical Care*

Primary Medical Care is 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 and medication management, education and counseling on health issues, continuing care and management of chronic conditions, 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 on the provision of treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS treatment. These services are necessary to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care.

In 2010, Ryan White funding provided reimbursement for nearly 2,800 laboratory tests for 565 persons at a cost of just over \$280,000.

#### *Early Intervention Services*

These 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.

#### *Medical Nutrition Therapy*

This service includes nutritional counseling provided by a licensed dietician.

#### *Medications*

Current medications in managing HIV disease include antiretroviral drugs and other medications which prevent or treat health conditions associated with HIV infection. There are five classes of HIV medications used in varying combinations in highly active antiretroviral therapy (HAART): protease inhibitors, nucleoside analogue reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, cell membrane fusion inhibitors, and integrase inhibitors. 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. Further information regarding the Wisconsin ADAP is located on the Internet at [http://dhs.wisconsin.gov/aids-hiv/Resources/Overviews/AIDS\\_HIV\\_drug\\_reim.htm](http://dhs.wisconsin.gov/aids-hiv/Resources/Overviews/AIDS_HIV_drug_reim.htm).

In 2010, the AIDS/HIV Drug Assistance Program served nearly 1,600 individuals living with HIV and reimbursed over 27,000 prescriptions at a cost of over \$11.5 million.

#### *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 that affect them 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 medical care providers who are skilled in screening for mental health issues and mental health professionals competent in providing culturally sensitive mental health services.

### ***Injection drug users face success and continuing challenges...***

Historically, injection drug equipment shared by drug users has been a significant mode of HIV transmission. A recent analysis by CDC indicates that injection drug use (IDU) was the most common mode of HIV transmission in the United States for a period in the 1980's.

The response to the IDU HIV epidemic has been a major public health success. Since the 1980's, the incidence of HIV infection attributed to IDU has decreased by approximately 80% in the United States. Similarly, since peaking in 1993, newly reported IDU-associated cases in Wisconsin have decreased by 82%.

Much of this successful decline is attributed to syringe exchange programs which have resulted in reduced use of shared injection equipment. An increase in needle sharing could reignite the IDU epidemic at any time.

In 2010, State GPR funds supported HIV prevention activities resulting in over 850,000 needle exchanges.

### *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 and b.) health professionals competent in providing culturally sensitive substance abuse services.

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

These services consist of the provision of financial assistance for eligible individuals living with HIV to maintain continuity of health insurance or to receive medical benefits under a health insurance program. The [Wisconsin Health Insurance Premium Subsidy Program](#) (Insurance Program) purchases group health continuation coverage (COBRA), Medicare supplement policies, and individual health insurance policies for persons living with HIV and AIDS. For eligible individuals who are uninsured, the Insurance Program purchases coverage from the [Health Insurance Risk Sharing Plan](#) (HIRSP), Wisconsin's high-risk insurance pool. The AIDS/HIV Program has also initiated a three-year pilot program to enroll a minimum of 100 high-cost, uninsured ADAP users who otherwise would not be eligible for the Insurance Program. The pilot program purchases HIRSP policies with prescription drug coverage for pilot participants. The pilot expands access to care for participants and is expected to save ADAP funds. This is because the cost to pay for HIRSP premiums and pharmaceutical deductibles, and co-insurance is less than the full cost of ADAP covered medications for these individuals. A provision of the 2009-11 biennial budget made the pilot a permanent program.

In 2010, the AIDS/HIV Health Insurance Premium Subsidy Program served nearly 700 persons and purchased over 8,100 months of insurance coverage at a cost of over \$3.5 million.

### III. Wisconsin HIV Service Directions

The following section provides an overview of the major goals and initiatives which will guide the course of HIV-related services coordinated by the Wisconsin AIDS/HIV Program in the immediate future. Priority strategies and focus areas are aligned within the Prevent-Test-Link-Treat framework presented earlier in this document.

#### Overarching Goals for Wisconsin AIDS/HIV Program

The overarching goals for HIV prevention and care services are comprehensive and broadly focused at reaching individuals and communities at highest risk and those disproportionately affected by HIV infection, especially racial and ethnic minorities and men who have sex with men. The goals are:

- Promoting and expanding the capacity of Wisconsin's HIV care and prevention service systems to implement effective, scientifically sound, and culturally competent services.
- Promoting and expanding the capacity of Wisconsin's system of HIV care by increasing and ensuring equal access to quality services that focus on early detection, medical intervention, and support services; and ongoing adherence to or re-entry into care.
- Promoting and expanding the integration of prevention and care services across service providers and programs at state and local levels, including programs associated with viral hepatitis, tuberculosis (TB), sexually transmitted disease (STD), and alcohol and other drug abuse (AODA) services.

## B. PREVENT

Priority strategies for Prevent focus on:

- Expanding service delivery/capacity
- Assessment, planning and evaluation
- Increasing cultural competence

#### ***Focus: Expanding service delivery/capacity***

- Developing and implementing updated health outreach via Internet and other new technology social networks targeting Wisconsin gay and bisexual men, consistent with recommendations from the Statewide Action Planning Group.
- Promoting and expanding implementation of needle exchange programs supported with state funds to include outreach, harm reduction education, referral for HIV and viral hepatitis testing, and safe needle disposal.
- Investigating, developing and implementing modes of Comprehensive Referral and Counseling Services (CRCS) that are culturally appropriate for and attractive to HIV-positive young MSM of color.

In 2010, the Wisconsin Department of Health Services supported prevention interventions provided by a variety of grantee agencies. About 330 individuals receiving these services completed an initial risk assessment and over 70% completed a follow-up survey. On average, HIV-related risk behaviors declined markedly between initial and follow-up assessments.

- Expanding implementation of community-level HIV prevention interventions for out-of-treatment active injection and non-injection drug users.
- Expanding development and implementation of statewide information and referral services through the Wisconsin HIV/STD/Hepatitis C Information and Referral Center.
- Collaborating with care providers to develop improved partnerships with prevention services.

***Focus: Assessment, planning & evaluation***

- Reviewing current MSM outreach efforts with the goal of developing and implementing behaviorally-evaluated community-level HIV prevention interventions targeting MSM.
- Identifying special populations which are disproportionately infected with HIV in Wisconsin.

***Focus: Increasing cultural competence***

- Supporting providers in developing and implementing Effective Behavioral Interventions (EBIs) that are culturally appropriate for at-risk members of targeted populations, including adapting CDC EBIs for Latino MSM, HIV positive persons, MSM youth, and other women and men at higher risk.

## **B. TEST**

Priority strategies for Test focus on:

- Expanding service delivery/capacity
- Assessment, planning and evaluation

***Focus: Expanding service delivery/capacity***

- Piloting a multi-strategy testing approach in the highest HIV prevalence neighborhoods in Milwaukee through geo-mapping, public awareness campaigns, social networks testing, and promotion of annual testing for MSM.
- Expanding social networks-based testing, particularly with very high-risk populations that have been traditionally difficult to reach such as MSM in communities of color.
- Promoting annual HIV testing among MSM statewide through health education/public information and targeted outreach to MSM community members and select service providers.
- Implementing PCR DNA testing to identify acute HIV infection in persons with recent high risk exposure to someone known to have HIV disease.
- Increasing the number and diversity of sites that can provide rapid HIV testing to targeted populations, by increasing the availability of consultation, training, and technical assistance.
- Collaborating with professional organizations and other groups (e.g. MATEC) regarding capacity building efforts for routine HIV testing.

- Promoting routine testing in AODA programs and other venues serving persons with substance abuse issues through collaborative efforts with state level substance abuse services staff and consultation and training of local AODA treatment service providers.
- Promoting routine HIV screening by providers serving high prevalence populations.

**Focus: Assessment, planning & evaluation**

- Identifying cost-effective options for acquiring rapid test kits and evaluating the optimal use of new rapid test technologies based on CTR site type and testing setting.
- Assessing the implementation of routine HIV screening in perinatal settings through quality assurance and monitoring of HIV screening as documented by maternal and child health medical providers in the *PeriData.Net* system.
- Exploring the expanded use of fee-for-service HIV testing, and fee-exempt HIV test kits and lab services.
- Reviewing and analyzing Wisconsin HIV statutes to identify potential barriers to implementing opt-out screening in routine health care and to draft proposed statutory and administrative code changes which support routine testing.
- Researching additional ways to implement routine screening, such as pooled RNA HIV testing to identify acute HIV infection in clinical HIV testing sites.

**C. Link**

Priority strategies for Link focus on:

- Expanding service delivery/capacity
- Ensuring quality services
- Enhancing access to services
- Assessment, planning and evaluation

**Focus: Expanding service delivery/capacity**

- Expanding the multi-jurisdictional Partner Services delivery model which allows for larger, more experienced health departments to take a leadership role in providing quality services for clients living in low HIV prevalence areas.
- Improving access to care through the development and implementation of an intensive medical case management and referral follow-up model.

**Ryan White Part C: Early Intervention Services**  
The Part C Early Intervention Services (EIS) Program of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program) funds comprehensive primary health care in an outpatient setting for people living with HIV disease. Services include HIV testing, case management, and risk reduction counseling. Wisconsin grantees receiving Ryan White Part C funding include the [AIDS Resource Center of Wisconsin](#), [Sixteenth Street Community Health Center](#), [Milwaukee Health Services](#), and the [University of Wisconsin Hospital and Clinics](#).

**Focus: Ensuring quality services**

- Updating and revising state Partner Services policies and procedures to ensure consistency with the revised Partner Services guidelines by the CDC.
- Developing and implementing guidelines for effective utilization of Internet technologies to ensure the timely notification of partners with limited contact information (e.g. email address).
- Providing a forum for persons living with HIV to link with care and support services at regional conferences for persons living with HIV.
- Improving the ability of non-medical case managers to effectively link clients to needed medical and support services through the development and implementation of a case management certification program and an enhanced training system.

**Ryan White Part D: Services for Women, Infants, Children, Youth and Families**  
Part D of Ryan White supports family-centered care involving outpatient or ambulatory care (directly or through contracts) for women, infants, children, and youth with HIV/AIDS. Grantees provide primary medical care, treatment, and support services to improve access to health care. The [Department of Pediatrics at the Medical College of Wisconsin](#) receives Part D funding supporting the Wisconsin HIV Primary Care Support Network.

**Focus: Enhancing access to services**

- Funding linkage to care coordinators to contact individuals who know their status but who are lost to care and to re-engage them in care and support services.
- Funding local public health departments in high incidence areas to locate HIV infected persons who know their status but are not in care and refer them to core medical and support services.
- Developing targeted outreach strategies to identify people living with HIV who are not in care and to refer them to core medical and support services.

***HIV is about people like “Theresa”...***

Theresa, a white woman in her mid-twenties from rural southwest Wisconsin discovered she had HIV infection in 2007. Theresa had a history of injection drug use and had no income or health insurance. Theresa enrolled in the AIDS Drug Assistance Program, however, she never used or renewed her ADAP enrollment when her coverage expired. When initially diagnosed, Theresa’s viral load was 3,500 and her CD4 count was 500. One year after testing positive, Theresa’s viral load climbed to 66,000. Women represent an important segment of the HIV population. Between 2000 and 2009, 22% of all HIV cases have been among women, including women like Theresa who have a history of injection drug use – the second most common risk exposure for women in Wisconsin.

**Focus: Assessment, planning & evaluation**

- Assessing the training and capacity building needs of Partner Services providers to improve client linkage, referral and follow-up.
- Exploring the feasibility of implementing a PS electronic record system.

**D. TREAT**

Priority strategies for Treat focus on:

- Expanding service delivery/capacity
- Assessment, planning and evaluation
- Increasing cultural competence
- Enhancing access to services
- Ensuring quality

**Focus: Expanding service delivery/capacity**

- Funding a Minority Community Based Outreach Specialist position to build the capacity of community based minority organizations to address health disparities in underserved populations.
- Developing strategies to reduce health disparities by improving access to care for underserved populations.
- Expanding treatment adherence resources for clients by funding community based organizations to provide adherence counseling.
- Ongoing implementation of a Laboratory Reimbursement Program to assist with the cost of certain laboratory tests used to monitor the effectiveness of HIV treatment.
- Encouraging improved substance abuse screening and treatment through monitoring of current screening rates as reported with the new Client Level Data requirements, developing case management training, and encouraging agency subcontracts with external AODA treatment centers.
- Ensuring the viability of the ADAP program and client access to antiretrovirals through a budget request for additional state revenue.

**Focus: Assessment, planning & evaluation**

- Identifying barriers to existing services through state sponsored needs assessment surveys.
- Ongoing development of the HIV Community Planning Network, Wisconsin's first joint prevention and care planning

Through the web-based reporting system *EvaluationWeb*, HIV prevention grantees funded by the Wisconsin Department of Health Services are able to track progress in meeting objectives and reaching target audiences. Grantees can generate reports on the demographic profile and number of clients receiving services as well as those receiving multiple sessions of prevention interventions.

body.

- Ongoing development of Wisconsin's first joint prevention and care comprehensive plan.
- Improving data that directs planning and evaluation through improved agency reporting of semi-annual utilization data and performance data (e.g. developing electronic reporting systems).

***Focus: Increasing cultural competence***

- Developing and implementing agency cultural competence indicators and performance measures to ensure and improve provider cultural competence.
- Collaborating with providers, educational institutions, MATEC, and other key stakeholders in improving the diversity of the health and social service workforce.

***Focus: Enhancing access to services***

- Continuing funding of activities that engage minority individuals in care, such as Minority AIDS Initiative Funding.
- Utilizing Emerging Communities and Minority AIDS Initiative funding to increase access to care for minority populations in the Milwaukee Eligible Metropolitan Area.
- Assisting uninsured individuals with access to comprehensive health services through the HIRSP/ADAP Program (the former HIRSP Pilot Program).
- Improving dental access by working with agencies to develop external dental partnerships and developing an improved reimbursement strategy.

***Focus: Ensuring quality services***

- Developing uniform performance measures for core medical services to ensure access to quality Ryan White services.
- Collaborating with the Wisconsin HIV Community Planning Network and providers to ensure that people living with HIV are aware of available services and know how to access those services (e.g. regional conferences for persons living with HIV and AIDS).
- Using data (semi-annual utilization, performance measures and client level data) to assist agencies in improving the quality of services.
- Ensuring high quality non-medical case management services through enhanced coordination with the University of Wisconsin HIV/AIDS Training System and ongoing implementation of a case management certification program.
- Funding clinical treatment adherence programs to improve the health outcomes of persons living with HIV.

## **IV. Program Management and Financing**

### **A. Program Management and Development**

Program management consists of core activities and focus areas that support the effective and efficient operation of HIV-related services. These are key areas that are essential in supporting the delivery of quality public health services and include:

- research
- planning
- contracting
- training
- data collection and reporting
- Ryan White required needs assessment and coordinated planning
- evaluation
- capacity building
- integration and collaboration

#### **Research**

HIV-related research builds knowledge and expands the understanding of HIV disease. It guides the development of best practices in preventing HIV infection and in the clinical management of HIV disease. The Wisconsin AIDS/HIV Program and its partners utilize research findings in developing and implementing quality HIV-related public health services. The Wisconsin AIDS/HIV Program also collaborates with external partners locally, statewide, and nationally to support research and academic inquiry. Academic partnerships in higher education and with a focus on research and public health evaluation have been established with the [Medical College of Wisconsin \(MCW\)](#), including the [Center for AIDS Intervention Research](#) at MCW, and the [University of Wisconsin School of Medicine and Public Health](#). These partnerships 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.

#### **Planning**

Program planning assesses critical needs in order to effectively and efficiently target resources to individuals and communities at highest risk for HIV transmission and acquisition. Planning also involves the identification of best practices that should be followed and directed to individuals in need of services. In Wisconsin, program planning occurs within individual state and local agencies, community coalitions, and other groups. Statewide HIV community planning efforts are conducted by and coordinated through the [Statewide Action Planning Group of the Wisconsin HIV Community Planning Network](#) or are conducted via meetings and communication among funded agencies, the AIDS/HIV Program, and service consumers. Collaboration takes place with other statewide planning groups and activities, including review of the current state public health plan [Healthiest Wisconsin 2010](#) and development of [Healthiest Wisconsin 2020](#).

#### **Contracting**

All prevention and care services supported by the Wisconsin Department of Health Services (DHS) are funded through contractual procedures established by the DHS and Wisconsin Department of Administration. Executed contracts define the legal responsibilities of the contracting parties and terms of commitment. Under contracts initiated by the DHS, AIDS/HIV Program staff are designated as contract administrators and are responsible for conducting contract-related consultation, technical assistance and ongoing monitoring.

## Training

HIV-related training focuses on information dissemination, knowledge acquisition, and skill development for purposes of implementing best practices and ensuring quality services. Training is closely related to capacity building since staff development and training expands an agency's ability and capacity to provide quality services. In Wisconsin, HIV-related training sponsored by the Wisconsin AIDS/HIV Program is coordinated by the [Wisconsin HIV/AIDS Training System](#) in the Department of Program Development and Applied Studies at the University of Wisconsin – Madison. The website of the Wisconsin HIV/AIDS Training System is located on the Internet at <http://www.wihiv.wisc.edu/trainingsystem>. AIDS/HIV Program surveillance, prevention, and care staff conduct numerous training activities on an ongoing basis. The AIDS/HIV Program offers webcast trainings on specific topics such as benefit program applications, re-certifications, and is piloting quarterly case manager video conferences. Training of AIDS/HIV Program staff occurs through attendance at national and local conferences, participation in DHS sponsored training, and enrollment in formal academic programs. The Wisconsin AIDS/HIV Program is committed to promoting public health workforce development through partnerships with academia that provide limited term employment, practicums, and field experiences for a variety of students in higher and post-graduate education programs, including undergraduates, medical students, Masters in Public Health (MPH) students, and fellows.

In 2010, 579 individuals attended HIV related courses supported by the Wisconsin HIV/AIDS Training System.

## Data Collection and Reporting

Data collection and reporting are used to measure and document program performance, service outcomes, service gaps, and client need. The Wisconsin AIDS/HIV Program fully integrates data collection and reporting activities across all programs, including surveillance, prevention, and care and treatment.

### *Surveillance*

HIV and AIDS cases are reportable communicable diseases under Wisconsin statutes ([Chapter 252](#)) and Wisconsin Administrative Code ([Chapter HFS 145](#)). The [Surveillance Unit](#) in the Wisconsin AIDS/HIV Program conducts case surveillance and the epidemiologic responsibilities of the Program. Surveillance staff produce a variety of data products (including surveillance summaries and epidemiologic profiles), conduct presentations, provide consultation, and respond to numerous data requests (surveillance inquiries from public health agencies, community based organizations, educators, media, and individuals).

### **Ryan White Part F: AIDS Education and Training Centers Program**

The AIDS Education and Training Centers (AETC) Program of the Ryan White HIV/AIDS Program supports a network of 11 regional centers (and more than 130 local associated sites) that conduct targeted, multidisciplinary education and training programs for health care providers treating people living with HIV/AIDS. The AETCs serve all 50 States, the District of Columbia, the Virgin Islands, Puerto Rico, and the 6 U.S. Pacific Jurisdictions. Wisconsin is part of the regional [Midwest AIDS Training and Education Center \(MATEC\)](#) based at the University of Illinois at Chicago. The site of [MATEC – Wisconsin](#) is located at the University of Wisconsin – Madison.

### *Prevention*

The Wisconsin AIDS/HIV Program utilizes the web-based electronic reporting system [EvaluationWeb](#) developed by Luther Consulting, LLC in the management of secondary prevention grants funded with CDC HIV prevention and state GPR funds. Grantees submit data to the AIDS/HIV Program via [EvaluationWeb](#) which provides grantees and contract monitors baseline data to gauge progress on service outcomes and objectives. Partner Services providers submit paper-based reports which are entered into a secure statewide database which is analyzed by the PS Coordinator quarterly, semiannually, and yearly.

### *Care and Treatment*

The Wisconsin AIDS/HIV Program collects both service utilization and performance data from all Ryan White and Life Care Services funded care agencies to ensure that core services adhere to existing guidelines and user expectations, that support services are focused on increased access and adherence to care, and that service use matches the local epidemiology of the disease. Service performance is primarily assessed through bi-annual reporting of pre-established performance measures. In 2008, uniform performance measures were developed with input from funded agencies and service consumers, and implemented for all funded providers of medical care/medical case management, and non-medical case management services. The AIDS/HIV Program works with funded providers of other core and support services to develop performance-based quality indicators. Other federal [Health Resources and Services Administration](#) (HRSA) sponsored performance measures will be incorporated into the care quality management program as they are released. In addition to progress against performance measures, the quality of non-medical case management services is further assessed through random case management chart audits which ensure that the services adhere to established practice standards. A full description of fiscal, programmatic, and quality monitoring activities can be found in [Addendum VII](#) (Care Quality Management Plan), Tables 1 and 2.

#### **Care and treatment quality management plan**

The AIDS/HIV Program's first quality management plan for AIDS/HIV care and treatment services in Wisconsin was developed in November 2008 by the Wisconsin AIDS/HIV Program and the SAPG Quality Management Committee to describe the quality management infrastructure and quality assurance roles and responsibilities of key stakeholders involved in the delivery and receipt of care and treatment services in Wisconsin. The plan covers those services funded by the Ryan White Part B and Life Care Services grants.

### **Ryan White Required Needs Assessment and Coordinated Planning**

The following content on Needs Assessment and Coordinated Planning addresses specific requirements required by HRSA for recipients of Ryan White Part B funding.

#### **Needs Assessment**

Information about client need, barriers to care and service gaps have been obtained through review of existing data and through direct input by stakeholders and the community, including persons living with HIV. A formal state-sponsored needs assessment survey is planned for 2010 which will assess care patterns, payer sources, and barriers to care for persons living with HIV.

Using data to assess client and service needs includes careful review of HIV surveillance data, Ryan White/Life Care Services utilization data and agency progress against performance

indicators. A more complete description of the use of data to assess care services can be found in [Section IV](#) (Program Management and Financing) and [Addendum VII](#) (Quality Management Plan for Ryan White Part B and Life Care Services Funded Programs).

The primary mechanism for gathering input from stakeholders, the community, and PLWH/A is through the Wisconsin HIV Community Planning Network. Five times a year, the Network meets for formal discussions, education, and information sharing. Throughout the year members of the Network attend different meetings and community forums to provide a voice for PLWH/A and to gain information that can be shared at the Network meetings.

- During FY 2007 the AIDS/HIV Program implemented the Wisconsin HIV Community Planning Network, an integrated prevention and care community input model. The Network assumed the community planning activities previously conducted by the Wisconsin HIV Prevention Planning Council and the Wisconsin Ryan White Consortium. The Network provides multiple opportunities for individuals to receive information about HIV services and community planning in Wisconsin and to provide input on those services. The Network's Statewide Action Planning Group (SAPG), the advisory body to the AIDS/HIV Program, contributed to the development of the Wisconsin HIV Comprehensive Plan during its regularly scheduled regional meetings. Additionally, two half-day SAPG ad hoc committee meetings in October provided feedback on preliminary drafts for the Plan. A more detailed description of the Network can be found in [Addendum II](#).
- The AIDS/HIV Program also receives direct input from the provider community. Annual site visits are conducted at all funded agencies. The site visits allow providers to share details about offered services, success in treating HIV positive individuals, and challenges that need to be addressed.
- Additionally, in November 2008, the AIDS/HIV Program hosted an All Grantee meeting for all agencies that receive Ryan White funding. The meeting provided a forum for providers to directly comment and contribute to the development of this document. The next all grantee meeting will be September 2010.
- Several Wisconsin counties and community groups have convened local AIDS task forces composed of private citizens and local public health representatives. Their general goals are to increase awareness of local HIV epidemics, address gaps in local HIV services, and advocate on behalf of specific populations. Some task forces become active in fundraising and grant writing for local ASOs and community-based organizations. Collaboration between the Wisconsin HIV Community Planning Network and local AIDS task forces is usually in the form of joint membership. One group in particular, the Milwaukee African American Task Force, has been active in AIDS/HIV Program input processes. AIDS/HIV Program staff participate actively with the Milwaukee African American Task Force and provide technical assistance when appropriate.
- Occasionally, AIDS/HIV Program staff conduct focus groups to gather qualitative data on consumer needs in various venues. Previously, staff obtained qualitative data about client needs via focus groups at the Caring for Ourselves Conference, a conference planned for and by people living with HIV. Additionally, the Wisconsin HIV Community Planning Network has provided opportunities for key informants (expert providers and people living with HIV) at each of its five annual meetings to present their perspectives on service needs, barriers, and other topics.

- Finally, agencies assess needs, barriers and service gaps through formal and informal feedback from clients. Most agencies conduct annual client satisfaction surveys which often contain some open-ended questions about additional needs and services. Some agencies also conduct formal needs assessment surveys. Results from these formal surveys, as well as informal feedback received from clients, are conveyed to the state during annual site visits and through annual report narratives and direct communication.

### ***Needs, Gaps and Barriers of Core Services***

The following key issues for core medical services were obtained through assessment methods addressed above:

- *Medications:* There are limited fiscal resources to support access to antiretrovirals, co-morbidity medications, and laboratory testing for uninsured or underinsured individuals.
- *Medical Care:* Medical care is complicated by a lack of health insurance, a lack of coverage for lab tests related to co-morbidities, a lack of nursing staff, geographic barriers including lack of providers and lack of transportation in rural areas, and a lack of awareness of available services.
- *Oral Health:* There is a lack of access caused by low Medicaid (MA) reimbursement rates resulting in providers no longer accepting MA patients, a lack of oral surgeons, a lack of culturally competent providers, geographic barriers, and a need for all medical providers to screen for oral health.
- *Mental Health:* There is a need for culturally competent providers, a need for all non-mental health providers (e.g. physicians and case managers) to screen for mental health services and provide necessary referrals to treatment, and a need for more treatment services.
- *Substance Abuse:* There is a need for culturally competent providers, a need for all non-substance abuse providers to screen for substance use and provide necessary referrals to treatment, a need for more treatment services and user support groups.
- *Medical Case Management/Adherence:* There is a need for better coordination of care and follow up across services and a need for additional counseling related to adherence to care and adherence to medication.
- *Early Intervention Services:* There is a need for better linkage of known positives to care and prevention activities, and a need for intensive follow-up for those lost to care,
- *Housing:* A lack of stable and affordable housing often prevents patients from obtaining medical care and adhering to treatment.
- *System Communication:* There is a need for a communication system or database for sharing patient treatment and medication information and a need for a tool that calculates patient coverage options and out-of-pocket expenses.

### ***Persons with known HIV status and out of care***

The federal Health Resources and Services Administration (HRSA), as part of its requirements for the Statewide Coordinated Statement of Need and development of a comprehensive plan, requires that Part B grantees address the issue of persons with HIV who are not currently

receiving care. HRSA adopts a definition of individuals being in need of or out of care<sup>1</sup> when there is no evidence that the individual received any of the following HIV primary medical care services during a 12-month time frame:

1. viral load testing,
2. CD4 count, or
3. antiretroviral therapy.

Among individuals reported with HIV infection in 2007, over 55% of African Americans did not receive at least one primary medical care service during the following year,<sup>2</sup> compared to 49% in both the Hispanic and White communities. Given the disproportionate impact of HIV on racial and ethnic minorities, a large number of minorities who know their status are not in care or are lost to care. Given the geographic concentration of HIV in Wisconsin, a large number of these individuals also live in the Milwaukee metropolitan area (54% with unmet need). In response to the apparently large number of individuals who know their status but who are not in care, the Wisconsin AIDS/HIV program has funded several AIDS service organizations and community based organization in the Milwaukee area to provide outreach and linkage to care services. In addition, local health departments are working with the Partner Services program to identify and refer individuals to care services.

Successful strategies that are currently being used include:

- Clinic staff are notified by prevention and outreach staff of pregnant women with HIV and link the women to care to prevent transmission to the unborn child. Likewise the clinic staff are notified of children and youth who may also be at risk or HIV positive to link them with care.
- Coordinating efforts of prevention and outreach staff with social workers and nurse case managers to actively seek out HIV positive individuals not currently in care.
- Utilizing directly observed therapy to assist patients who are having the most difficulty adhering to antiretroviral therapy.
- Utilizing peer mentors to keep patients engaged in the care system, and training patients to continue support and management of care even after leaving official case management services.

## **Coordinated Planning**

### **Statewide Action Planning Group**

A description and overview of the Statewide Action Planning Group is located in [Addendum II](#) – Community Planning in Wisconsin.

### **Wisconsin Ryan White All Grantee Meeting**

A requirement in developing the Statewide Coordinated Statement of Need is to have input and approval from all programs that receive Ryan White funding under any Part of the Care Act. In Wisconsin all providers who receive funding under a Part other than Part B, also receive Part B funding. In addition to the regular communication between these agencies and the AIDS/HIV Program, a Ryan White All Grantee Meeting was held on November 13, 2008 (a full list of attendees is in [Addendum III](#)). The meeting brought together all Ryan White funded agencies for a day to:

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<sup>1</sup> Available from <http://hab.hrsa.gov/tools/unmetneed/i.htm>

<sup>2</sup> As defined by reported CD4 count/viral load, antiviral prescription claim submitted to the Wisconsin AIDS Drug Assistance Program, or laboratory claim submitted to the Wisconsin Laboratory Reimbursement Program.

- review current Wisconsin and CDC epidemiology data;
- review, provide feedback, and approve the Comprehensive Plan document;
- learn about Wisconsin Medicaid expansion efforts and resulting partnership opportunities for meeting the health needs of persons living with HIV;
- discuss how to expand dental access and address the identified need for more oral health care for persons living with HIV;
- discuss how to engage consumers in care services, with a focus on how to identify those who know their HIV status but are not currently in care;
- discuss how to better target medical and non-medical case management to ensure consumers remain engaged in care, receive quality and culturally sensitive care, and address unmet needs.

Feedback from the discussions was integrated into the Wisconsin HIV Comprehensive Plan and will be used to assist the AIDS/HIV Program in targeting program funding and resources. To that end, the AIDS/HIV Program plans to hold regular Ryan White All Grantee meetings to encourage collaboration among all Wisconsin Ryan White funded programs and the State. An All Grantee meeting is planned for September 2010.

### **Evaluation**

Program evaluation measures health status and service delivery outcomes. Evaluation activities in the Wisconsin AIDS/HIV Program occur at several levels. The annual contracting process includes staff review, negotiation, and approval of intervention plans, work plans, and budgets. Site visits, conducted at a minimum annually by Program staff, evaluate grantee performance and give feedback, including recommendations and/or required changes. Program staff regularly monitor and provide feedback on data submitted by grantees and contractors. Grantees and contractors are required to address evaluation as part of their intervention plans and work plans, including assessment of client need for services and client satisfaction with services. Full-time staff positions in the Prevention Unit and Care Unit in the AIDS/HIV Program are dedicated to evaluation and quality management.

### **Capacity Building**

Capacity building promotes an organization's development and expansion of HIV-related prevention and/or care services. The Wisconsin AIDS/HIV Program supports capacity building efforts through ongoing consultation and technical assistance provided by Program staff and through contracts with agencies and individuals with expertise in program development. The Wisconsin HIV/AIDS Training System is a vital partner contributing to capacity building among HIV prevention and care service providers. A staff position located in the Office of Minority Health in the Division of Public Health is dedicated to capacity building efforts with minority community-based organizations with an emphasis on HIV-related capacity building. The AIDS/HIV Program also contracts directly with agencies with specialized expertise to provide capacity-building services to local agencies. [Addendum IV](#) contains fiscal tables that summarize contracted services provided by local agencies, including those involving capacity-building.

### **Integration and Collaboration**

Integration brings together service and/or organizational elements and activities to achieve outcomes that are more efficient and effective when conducted jointly than separately (e.g., the provision of HIV testing concurrently with prenatal care). Collaboration involves formal and informal partnerships between individuals and agencies that are directed at achieving common goals or purposes (e.g., case managers and counseling, testing, and referral staff promoting and facilitating access to HIV partner services through expedited referrals via direct contact with local PS providers). Within the [Bureau of Communicable Diseases](#), where the Wisconsin

AIDS/HIV Program is located in the [Wisconsin Division of Public Health](#), ongoing and close collaboration occurs between AIDS/HIV Program and with the [Wisconsin Sexually Transmitted Diseases Program](#), the [Wisconsin Tuberculosis Program](#), and the [Wisconsin Adult Viral Hepatitis Program](#) to ensure the integrity of communicable disease surveillance and service coordination for co-infected persons. The Wisconsin AIDS/HIV Program is committed to promoting integration and collaboration by maintaining active partnerships with numerous national, state, and local agencies and organizations.

## **B. Program Finance**

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 funding**

#### ***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).

#### **First federal support for HIV counseling and testing**

The Wisconsin HIV Counseling and Testing Site Program was established in 1985 with funds from the US Public Health Service. At that time, there were 30 "alternate" testing sites across Wisconsin. The testing sites were originally established to divert persons from seeking testing at blood collection agencies such as the Red Cross.

#### ***Health Resources and Services Administration***

The federal [Health Resources and Services Administration](#) (HRSA) is the major source of federal funding, other than Medicaid, 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.

**First Ryan White CARE Act funding**

States were awarded Title II (now Part B) funding under the Ryan White CARE Act beginning April 1, 1991. Wisconsin's initial award of Ryan White funding was \$319,141.

**First federal dollars for AIDS/HIV drug reimbursement**

In 1987, the federal government established emergency funding to assist persons who qualified for treatment with AZT under the Food and Drug Administration investigational new drug program. Wisconsin's initial share of funding was \$91,235.

**Federal 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 award approximately \$75,000 to local agencies for the provision of 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 funding**

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 Identification Services, the Wisconsin AIDS/HIV Drug Assistance Program, and the Wisconsin HIV Health Insurance Premium Subsidy Program. GPR funding is awarded to local agencies on the State's fiscal year, July through June.

**Initial state dollars dedicated to AIDS/HIV**

The first state dollars supporting AIDS/HIV activities were allocated in 1986 in the amount of \$195,000. The following year, on March 18, 1987, Governor Thompson identified AIDS as the top public health priority of his administration and announced funding in the amount of \$495,300 to combat AIDS through an array of comprehensive prevention activities.

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

## **ADDENDUM I – Wisconsin Epidemiologic Profile**

[Wisconsin AIDS/HIV Surveillance Annual Report Cases Reported through December 31, 2010](#)

## **ADDENDUM II – Community Planning in Wisconsin**

### **The Wisconsin Community Planning Model**

January 2011 began the fifth year of Wisconsin's combined planning group for HIV prevention and care services. The Wisconsin HIV Community Planning Network, including the Statewide Action Planning Group (SAPG) an appointed advisory group to the Wisconsin Division of Public Health (DPH) AIDS/HIV Program assists in the development, implementation and prioritization of HIV prevention and care services in Wisconsin.

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. This Network assists your community and the Wisconsin Division of Public Health (DPH) in the development, implementation and prioritization of HIV prevention and care services in Wisconsin.

Within the network, there are multiple opportunities for individuals and groups to participate.

#### **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. Click on **Get Involved** to add your name to the Individual Information Exchange.

#### **Community Perspectives**

In addition to sharing local information about HIV on an on-going basis, individuals and groups are invited to participate in surveys and informational meetings held throughout the state. Click on **Get Involved** to express your interest.

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

Twenty-five to thirty ambassadors facilitate communication in all five regions of the state, participate in developing a joint HIV prevention and care services plan and advise the WI 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. Members for the Statewide Action Planning Group are chosen through a competitive application and selection process. The next recruitment period is November 1 - December 15, 2010.

#### **Statewide Action Planning Group**

#### **Wisconsin HIV Community Planning Network Coordinator**

Lynn Tarnoff, 608-890-1424 or [tarnoff@wisc.edu](mailto:tarnoff@wisc.edu)

**Health Department Co-Chair**

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

**Community Co-Chair 2011**

Johnny King, Milwaukee

**Community Co-Chair Elect 2011**

Jose Salazar, 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

**Regional Ambassadors**

**2011 Members**

Chris Allen, Milwaukee  
Gina Allende, Milwaukee  
Jean Berkhahn, Wausau  
Earl Blair, Milwaukee  
Anne Brosowsky-Roth, Milwaukee  
Michael Bullock, Madison  
Daryl Lee Carter, Kenosha  
Cindy Draws, Winnebago  
Kate Gaines, Madison  
Maurice Gattis, Madison  
Roma Hanson, Milwaukee  
Anthony Harris, Milwaukee  
Karen Hegrans, Antigo  
Ann Hoepfner, Eau Claire  
Johnny King, Milwaukee  
Sara Mader, Madison  
Alison Meier, Madison  
Gregg Mulry, Alma Center  
Mark Nowacki, Madison  
Jill Owczarzak, Milwaukee  
Jose Salazar, Milwaukee  
Kimberly Sherard, Milwaukee  
Jeff Smith, Milwaukee  
Marge A. Sutinen, Madison  
Mary C. Vasquez, Madison  
James Vergeront, Madison  
Bri Vonnahme, Madison  
Tracey Whitmore, Milwaukee

**Former Members**

Marrel Cain, Milwaukee  
Abraham Calleros, Milwaukee  
Clarence Charles, Milwaukee  
Azure'De Crymes-Williams, Milwaukee  
Lisa Danelski, Green Bay  
Thomas Eades, Cudahy  
Linda Ebbert, Lac du Flambeau  
Troy Eggen, La Crosse  
Christina Garcia, Milwaukee  
Melissa Haithcox, Franklin  
Mark Hooker, Milwaukee  
Jeffrey Huff, Milwaukee  
Veronica Kinsel, Webster  
Timothy Lapp, Madison  
John McCarthy, Madison  
Greg Milward, Madison  
Christopher Okunseri, Milwaukee  
Wilbert Frank Pride, Milwaukee  
Jeffrey Roman, Milwaukee  
Sandra Schmidt, Danbury  
Sarah Sloan, Lake Tomahawk  
George Stamm, Chippewa Falls  
Scott Stokes, Green Bay  
Natasha Travis, Milwaukee  
Barbara E. White, Milwaukee  
Virginia Zerpa-Uriona, Milwaukee

**A. Wisconsin AIDS/HIV Program**

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

James Vergeront  
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Program Director, Wisconsin AIDS/HIV Program

Ryan Anderson  
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Program support for hepatitis C surveillance and data entry.

Leslie Anderson  
[leslie.anderson@wisconsin.gov](mailto:leslie.anderson@wisconsin.gov)  
Coordination of Life Care Services and Early Intervention; referral resources for persons living with HIV.

Chris Bering  
[christopher.bering@wisconsin.gov](mailto:christopher.bering@wisconsin.gov)  
Coordination of HIV routine testing.

Wisconsin HIV Comprehensive Plan

Rosa Carollo-French  
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Administrative support for care programs.

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

Mari Gasiorowicz  
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Coordination of HIV prevention evaluation.

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

Molly Herrmann  
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Coordination of education and prevention initiatives for individuals and communities at high risk, especially at-risk GLBT 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.

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.

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

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Supervisor, HIV Care and Surveillance Unit.

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Supervisor, HIV Prevention Unit.

Bill Reiser  
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Coordination of consumer and professional information.

## Wisconsin HIV Comprehensive Plan

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Coordination of the Wisconsin AIDS/HIV Drug Assistance Program.

Kris Rohde

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

Mari Ruetten

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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

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

Dhana Malla Shrestha

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Coordination of the Wisconsin HIV Partner Services.

Marisa Stanley

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University of Wisconsin Population Health Fellow

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.

Vacant

Eligibility determination for the Wisconsin AIDS/HIV Drug Assistance and Health Insurance Premium Subsidy Programs.

### **C. University of Wisconsin – Madison Staff**

Narra Smith Cox

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HIV/AIDS Project Director

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Coordination of the Wisconsin HIV/AIDS Training System.

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Coordination of the Wisconsin HIV/AIDS Community Planning Network

## **B. Wisconsin HIV Community Planning Meetings**

To ensure that all interested parties beyond the community planning membership are encouraged to participate, the SAPG Ambassadors routinely and informally share and collect information from the constituencies that they represent including participating at selected events to hear community perspectives. SAPG meetings are publicized via the [Community Planning Network](#) website postings and electronic listserv announcements.

### **Meeting Calendar 2011**

SAPG New Member Orientation, Madison	February 16
SAPG Meeting, Madison	February 17
SAPG Meeting, Waukesha	April 21
SAPG Meeting, Wisconsin Rapids	June 23
SAPG, Waukesha	September 15
SAPG, Elkhart Lake	November 17

## **C. Enhancing the process**

### **Purposeful Recruitment**

The Statewide Action Planning Group (SAPG) serves as the 25 - 30 member 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 posted 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. Planned, proactive recruitment of new members assures 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, representatives of populations at greatest risk for HIV infection and persons living with HIV infection, as well as 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 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

As part of new member orientation and ongoing internal assessment of the SAPG membership, SAPG 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. Similarly, activities are used to help members understand gaps in representation, an awareness that is used to establish and prioritize criteria for the subsequent round of recruitment and new member selection.

### **Education for SAPG members**

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

- The purpose and authority for HIV community planning
- The history of the 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 regional 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.

### **Concurrence Process**

Specifically to meet the requirements of the CDC, the community planning group is charged with the responsibility of developing a prevention plan and for assuring that intention to grant funds within Wisconsin are aligned with that plan. Beginning in January 2009, the Wisconsin HIV Comprehensive Plan included planning directions for both prevention and care services. The SAPG reviews the annual health department application to CDC for prevention funds to determine whether the application does or does not, and to what degree, agree with the priorities set forth in the plan. A "Letter of Concurrence/Concurrence with Reservations/Non-concurrence" is then sent to CDC describing the findings of the SAPG. Specific findings are included each year in the September Meeting Notes as posted on the Wisconsin HIV Community Planning Network website: <http://www.wihiv.wisc.edu/communityplanning/>.

### **The work of the SAPG**

Through recommended pre-meeting readings, staff and guest presentations, panel and round table discussions and committee work, the SAPG explores HIV topics in funding, prevention, case identification, case management, quality management, financial assistance, integration and cultural awareness. The group has studied various topics and contributed to the development of recommendations and products together with the Wisconsin AIDS/HIV Program:

- [\*HIV and Hepatitis C Services in the Wisconsin Department of Corrections\*](#), a public health perspective in a focus paper reviewing the health services for Wisconsin Department of Corrections prison inmates who are infected with or at risk for HIV and HCV infection.
- [\*Grievance Standards\*](#): practice standards for grievance issues in programs providing HIV prevention and care services in Wisconsin.
- [\*HIV Infection and Mental Health\*](#), an analysis of the relationship between mental health and HIV infection, including highlights of Wisconsin needs assessments regarding HIV infection and mental health as well as recommendations for program development.
- [\*MSM Navigating the Web: Emerging Issues and Innovations in HIV Prevention\*](#), a critical review and analysis of Internet issues and men who have sex with men (MSM) including recommendations made by the Statewide Action Planning Group of the Wisconsin HIV Community Planning Network.
- [\*Quality Management Plan\*](#), standards for quality management for HIV care.

### **Directions in Planning**

The SAPG will continue to explore HIV topics and issues using the Prevent-Test-Link-Treat Framework. Products developed by the group and the Wisconsin AIDS/HIV Program in the future will be influenced by federal funding requirements, the overarching goals of the Wisconsin AIDS/HIV Program and the purview of this planning body. The SAPG will continue to include input from providers, consumers, informed experts and the community-at-large in its deliberations and recommendations.

**ADDENDUM III – Wisconsin Ryan White All Grantee Meeting**

**Wisconsin All Grantee Meeting Attendees  
September 14, 2010**

**AIDS Network**

Ryan White Parts: B  
Attending: Beth Clemitus, Kari Dixon, and Daniel Guinn

**AIDS Resource Center of Wisconsin**

Ryan White Parts: B, C, and F  
Attending: Megan Corey, Mike Gifford, Roma Hanson, and Cheryl Thiede

**Black Health Coalition of Wisconsin**

Ryan White Parts: B  
Attending: Jim Addison and Shana Brown

**Health Care for the Homeless**

Ryan White Parts: B including Emerging Communities and MAI  
Attending: Rachel Coles, Elizabeth Collier, and Karen St. George

**MATEC – Wisconsin**

Ryan White Parts: B and F  
Attending: Mandy Kastner and Marge Sutinen

**Medical College of Wisconsin – Infectious Disease Clinic**

Ryan White Parts: B  
Attending: Ann Daniels, Kelly Grady-Tomlinson, and Iram Nadeem

**Medical College of Wisconsin – Department of Pediatrics**

Ryan White Parts: B and D  
Attending: Barbara Cuene and Kathleen Marquardt

**Milwaukee Health Services**

Ryan White Parts: B including Emerging Communities and C  
Attending: Donald Weatherall

**New Concept Self Development Center**

Ryan White Parts: B including Emerging Communities  
Attending: Joyce Durr

**Sixteenth Street Community Health Center**

Ryan White Parts: B including Emerging Communities and MAI and C  
Attending: Lisbeth Alverio, Elizabeth Crespo, Kathy Donovan, and Jose Salazar

**United Migrant Opportunity Service**

Ryan White Parts: B including Emerging Communities  
Attending: Gina Allende and Leonor Rosas

**University of Wisconsin Hospital and Clinics**

Ryan White Parts: B and C  
Attending: Heidi Nass and Alison Meier

**ADDENDUM IV - Fiscal Tables**

<b>Wisconsin HIV Care Funding 2011</b>	
<b>EXPENDITURES</b>	
<i>State Operations</i>	
Salary/fringe	\$540,051
RW Travel/supplies/other	\$183,424
RW Indirect	\$23,819
<b>Operations Total</b>	<b>\$747,294</b>
<b>ADAP/Insurance</b>	<b>\$16,789,822</b>
<b>Lab Reimbursement</b>	<b>\$294,878</b>
<b>Local Assistance</b>	<b>\$6,016,694</b>
<b>Total Expenditures</b>	<b>\$23,848,688</b>
<b>REVENUE</b>	
State GPR	\$5,727,820
Federal Ryan White	\$9,326,562
Rebates/Other	\$8,357,022
<b>Total Revenue</b>	<b>\$23,411,404</b>

The State fiscal year (July 1 – June 30) is used for GPR funds and the Ryan White fiscal year (April 1 to March 31) is used for federal funds.

Wisconsin HIV Comprehensive Plan

<b>Wisconsin HIV Prevention Funding CY 2011</b>	
<b>EXPENDITURES</b>	
<b>STATE OPERATIONS</b>	
Salary/fringe	\$675,070
Travel/supplies/other	\$159,429
Indirect	\$23,044
<i>TOTAL</i>	\$857,543
<b>LOCAL ASSISTANCE</b>	
<i>TOTAL</i>	\$2,988,698
<b>TOTAL EXPENDITURES</b>	\$3,846,241
<b>REVENUE</b>	
State GPR	\$1,021,948
Federal CDC HIV Prevention	\$2,749,293
Federal AODA	\$75,000
<b>TOTAL REVENUE</b>	\$3,846,241

Some HIV prevention contracts are partially supported with federal Ryan White grant funds. While not specified in the table above, this is reflected in the tables designating Ryan White funds.

<b>Wisconsin HIV Surveillance Funding 2011</b>	
<b>EXPENDITURES</b>	
<b>STATE OPERATIONS</b>	
Salary/fringe	\$327,738
Travel/supplies/other	\$61,642
Indirect	\$11,237
<b>TOTAL EXPENDITURES</b>	<b>\$400,617</b>
<b>REVENUE</b>	
Federal CDC	\$400,617
<b>TOTAL REVENUE</b>	<b>\$400,617</b>

## 2011 HIV Prevention and Care Contracted Agencies and Services (January 1, 2011)

Note: The following table identifies HIV prevention and care services and the respective agencies funded by the Wisconsin Department of Health Services (DHS), Division of Public Health. 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. Funding was awarded from several funding sources and on a variety of 12-month cycles and reflects funding committed as of January 1, 2011. Funds included on this table are derived from the following funding sources:

Prevention (GPR) 7/1/2010 – 6/30/2011	Care (GPR) 7/1/2010 – 6/30/2011
Prevention (CDC) 1/1/2011 – 12/31/2011	Care (RW base) 4/1/2010 – 3/31/2011
Prevention (CDC suppl) 10/1/2010 – 6/30/2011	Care (RW suppl) 9/30/2010 – 9/29/2011
Prevention (AODA) 7/1/2010 – 6/30/2011	

Agency	Funding	Funding Level	Service Description
<b>AIDS Network</b>			
	Prevention	\$160,000	<ul style="list-style-type: none"> <li>Targeted HIV CTR (Counseling, Testing and Referral) with high risk populations (MSM, IDU, sex partners at risk)</li> <li>HIV prevention education outreach to MSM venues</li> <li>IDU harm reduction outreach</li> <li>GLI (Group Level Intervention) for younger HIV-positive MSM</li> <li>Outreach supporting prevention group for African American MSM</li> <li>Capacity building with MSM, focusing on MSM in minority communities</li> </ul>
	Care	\$915,305	<ul style="list-style-type: none"> <li>Medical nutrition therapy</li> <li>Oral health services</li> <li>Mental health services</li> <li>Non-medical case management (bilingual services)</li> <li>Legal services</li> <li>Treatment adherence counseling</li> <li>Medical transportation</li> <li>Food bank/home delivered meals</li> <li>Early intervention services</li> <li>Emergency financial assistance</li> </ul>
<b>ARCW (AIDS Resource Center of Wisconsin) – Information and Referral Center</b>			
	Prevention	\$165,000	<ul style="list-style-type: none"> <li>Statewide information and referral for HIV, STD, and hepatitis C care, testing and prevention services via 24 hour toll-free hotline and website</li> </ul>

<b>ARCW- Statewide</b>			
	Prevention	\$50,000	<ul style="list-style-type: none"> <li>• Capacity building for statewide interventions targeting MSM</li> </ul>
<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)</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</li> </ul>
	Care	\$2,970,083 (includes \$19,276 directed to southern region and \$23,518 statewide legal services)	<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>• Medical transportation</li> <li>• Emergency financial assistance</li> <li>• Legal services</li> <li>• Foodbank/home-delivered meals</li> </ul>
<b>ARCW – Northeast</b>			
	Prevention	\$120,000 \$27,651	<ul style="list-style-type: none"> <li>• Targeted HIV CTR with high risk populations (MSM, IDU, sex partners)</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> <li>• Social marketing of anti-stigma messages with MSM and community</li> </ul>
	Care	\$496,186	<ul style="list-style-type: none"> <li>• Outpatient/ambulatory medical care</li> <li>• Mental health services</li> <li>• Non-medical case management (bilingual services)</li> <li>• Emergency financial assistance</li> <li>• Legal services</li> <li>• Medical transportation</li> <li>• Foodbank/home-delivered meals</li> </ul>

<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)</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	\$139,706	<ul style="list-style-type: none"> <li>Oral health services</li> <li>Mental health services</li> <li>Non-medical case management (bilingual services)</li> <li>Emergency financial assistance</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)</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	\$272,471	<ul style="list-style-type: none"> <li>Oral health services</li> <li>Mental health services</li> <li>Non-medical case management (bilingual services)</li> <li>Emergency financial assistance</li> <li>Medical transportation</li> <li>Foodbank/home-delivered meals</li> </ul>
<b>Beloit Area Community Health Center</b>			
	Prevention	\$20,000	<ul style="list-style-type: none"> <li>Social networks HIV CTR in rural HIV medical clinic</li> <li>Clinic-based HIV prevention interventions for HIV-positive persons</li> </ul>
<b>BESTD Clinic (aka Brady Street Clinic)</b>			
	Prevention	\$35,000	<ul style="list-style-type: none"> <li>Targeted HIV CTR with high risk populations (MSM)</li> </ul>

<b>Black Health Coalition</b>			
	Prevention	\$145,000	<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>
	Care	\$25,000	<ul style="list-style-type: none"> <li>Substance abuse services</li> <li>Emergency financial services</li> <li>Health education and risk reduction</li> </ul>
<b>Brown 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>Diverse and Resilient</b>			
	Prevention	\$152,500 \$80,000	<ul style="list-style-type: none"> <li>Leadership capacity building among adult African American MSM</li> <li>Overseeing <i>MPowerment</i> (EBI—Effective Behavioral Intervention) intervention through various LGBT youth groups across the state</li> <li>Ongoing group for transgender African Americans <i>SHEBA</i></li> <li>Training providers working with transgender people</li> <li>Social marketing anti-stigma outreach to Afr Am MSM and community</li> </ul>
<b>Eau Claire City/ County HD</b>			
	Care	\$7,000	<ul style="list-style-type: none"> <li>HIV Partner Services / Linkage to Care (<i>coordinated by Prevention Unit</i>)</li> </ul>
<b>Health Care for the Homeless</b>			
	Care	\$105,591	<ul style="list-style-type: none"> <li>Mental health services</li> <li>Substance abuse services</li> <li>Non-medical case management (bilingual services)</li> <li>Outreach</li> </ul>
<b>Kenosha 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>La Crosse County Health Dept</b>			
	Prevention	\$13,000	<ul style="list-style-type: none"> <li>Targeted HIV CTR with IDU and sexual partners at risk</li> <li>CLI with regional MSM re condom use for disease prevention</li> </ul>
	Care	\$11,000	<ul style="list-style-type: none"> <li>HIV Partner Services / Linkage to Care (<i>coordinated by Prevention Unit</i>)</li> </ul>

<b>Legal Aid Society of Milwaukee</b>			
	Care	\$30,100	• Legal services
<b>Local Health Departments and Community Based Organizations (multiple agencies)</b>			
	Prevention	\$96,000	• Fee-for services HIV testing • Fee-for-service HIV partner services (LHD only)
<b>Luther Consulting, Inc.</b>			
	Prevention	\$65,184	• Coordination of web-based data reporting consistent with requirements of CDC's Prevention Evaluation Monitoring System (PEMS)
	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>coordinated by Prevention Unit</i> )
<b>Marathon County HD</b>			
	Care	\$8,000	• HIV Partner Services / Linkage to Care ( <i>coordinated by Prevention Unit</i> )
<b>Midwest AIDS Training and Education Center (MATEC)</b>			
	Care	\$19,668	• Support for statewide HIV Treaters' Meeting
<b>Medical College of Wisconsin – Infectious Disease Clinic</b>			
	Care	\$167,350	• Medical case management • Non-medical case management
<b>Medical College of Wisconsin – Pediatrics Department</b>			
	Care	\$210,600	• Medical case management (statewide for HIV + pregnant women, their newborns, and family members)
<b>Milwaukee City Health Department</b>			
	Prevention	\$114,000	• HIV partner services in southeast Wisconsin • STD clinic HIV testing for high risk persons
	Care	\$80,000	• Partner services/linkage-to-care ( <i>coordinated by Prevention Unit</i> )
<b>Milwaukee Health Services</b>			
	Care	\$143,850	• Outpatient/ambulatory medical care

			<ul style="list-style-type: none"> <li>• Mental health services</li> <li>• Substance abuse services</li> </ul>
<b>Milwaukee LGBT Center</b>			
	Prevention	\$80,000	<ul style="list-style-type: none"> <li>• <i>Healthy Relationships</i> (EBI)- based HIV prevention group for HIV+ African American MSM</li> <li>• <i>Many Men, Many Voices</i> (EBI) HIV prevention group for Afr American MSM</li> <li>• HIV CTR social networks strategy</li> <li>• HIV prevention group support with young MSM &amp; other LGBT youth</li> </ul>
<b>New Concepts</b>			
	Care	\$76,000	<ul style="list-style-type: none"> <li>• Mental health services</li> <li>• Non-medical case management</li> </ul>
<b>OutReach, Inc</b>			
	Prevention	\$15,000	<ul style="list-style-type: none"> <li>• Internet-based outreach for transgender populations</li> <li>• HIV modules for transgender groups</li> </ul>
<b>Pathfinders, Inc.</b>			
	Prevention	\$30,000	<ul style="list-style-type: none"> <li>• <i>StreetSmart</i> EBI group intervention for homeless/ runaway youth</li> <li>• <i>SISTA</i> EBI group intervention for high risk African American women</li> </ul>
<b>Project Respect, Inc. (aka ARC Community Services)</b>			
	Prevention	\$27,500	<ul style="list-style-type: none"> <li>• HIV testing "Social Networks" with male &amp; female sex workers</li> </ul>
<b>Racine City 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>Rock 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>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>Sixteenth Street Community Health Center</b>			
	Prevention	\$115,000	<ul style="list-style-type: none"> <li>• Targeted HIV CTR with Latino/a high risk populations (MSM, IDU, sex partners at risk)</li> <li>• Social networks HIV CTR with Latino high risk populations (MSM, IDU, sex partners at risk: special emphasis on transgender persons)</li> <li>• <i>Many Men, Many Voices</i> (EBI) HIV prevention group targeting Latino MSM</li> <li>• Multi-session HIV prevention groups for high-risk Latino/a clients</li> </ul>
	Care	\$267,690	<ul style="list-style-type: none"> <li>• Medical case management</li> <li>• Mental health services</li> <li>• Substance abuse services</li> <li>• Non-medical case management (bilingual services)</li> <li>• Early intervention services</li> <li>• Oral health services</li> <li>• Outpatient/ambulatory medical care</li> <li>• Non-medical case management</li> </ul>
<b>Tribal Health Clinics</b>			
	Prevention	\$85,800	<ul style="list-style-type: none"> <li>• HIV grants of \$7,800 each for 11 Tribal nations to support HIV social networks testing, high risk testing strategies and culturally-specific prevention education: <ul style="list-style-type: none"> <li>- Bad River - Ho Chunk - Lac Courte Oreilles</li> <li>- Menominee - Oneida - Lac du Flambeau</li> <li>- Potawatomi - Red Cliff - Sokaogon</li> <li>- St. Croix - Stockbridge-Munsee</li> </ul> </li> </ul>
<b>UMOS</b>			
	Prevention	\$100,000	<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>• Social networks HIV CTR with high risk Latino/a populations (MSM, IDU, sex partners at risk)</li> <li>• <i>Safety Counts</i> (EBI) HIV prevention group for IDUs and partners</li> <li>• <i>Voices/Voces</i> (EBI) group intervention for high-risk African American and Latino/a heterosexuals</li> <li>• Community participatory planning</li> </ul>
	Care	\$164,600	<ul style="list-style-type: none"> <li>• Residential substance abuse services</li> <li>• Non-medical case management (bilingual services)</li> <li>• Psychosocial support services</li> <li>• Medical transportation</li> <li>• Community participatory planning</li> </ul>

<b>UW Hospital &amp; Clinics</b>			
	Care	\$171,000	<ul style="list-style-type: none"> <li>• Medication adherence &amp; counseling</li> <li>• Non-medical case management (inmate release &amp; discharge planning)</li> </ul>
<b>UW Professional Development &amp; Applied Studies</b>			
	Prevention	\$120,000	<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 \$103,948	<ul style="list-style-type: none"> <li>• HIV testing services and staffing support for a statewide HIV CTR Program</li> <li>• HIV rapid tests (DPH direct purchase or via SLH purchase agreement)</li> </ul>
<b>Waukesha County HD</b>			
	Care	\$11,000	<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	\$9,000	<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>• Outreach to homeless LGBT youth</li> <li>• <i>Briarpatch</i> LGBT youth group</li> </ul>

## ADDENDUM V – Wisconsin’s HRSA-Required Ryan White Part B Timeline

<b>Wisconsin’s HRSA-Required Ryan White Part B Timeline</b>		
<b>Goal I: Eliminate health disparities so that all people living with HIV in Wisconsin receive needed HIV medical care, treatment, and social support services</b>		
<b>Objective/Strategy</b>	<b>Action</b>	<b>Timeframe</b>
Identifying special populations which are disproportionately infected with HIV in Wisconsin.	Ongoing analysis of semi-annual surveillance summaries and utilization reports.	Ongoing
Identifying barriers to existing services for underserved communities.	Statewide Action Planning Group meetings, annual site visits, and review of agency conducted needs assessments.	Ongoing
Improving agencies’ abilities to provide culturally competent services to minority and underserved populations.	Implementing translation service for the ADAP and insurance program.	April 2012
	Developing and implementing agency cultural competence indicators and performance measures to ensure and improve provider cultural competence.	April 2012
	Collaborating with providers, educational institutions, MATEC, and other key stakeholders in improving the diversity of the health and social service workforce.	Ongoing
	Continuing funding of activities that engage minority individuals in care, such as Minority AIDS Initiative funding.	Ongoing
<b>Goal II: Improve access to quality medical care and needed social support services</b>		
<b>Objective/Strategy</b>	<b>Action</b>	<b>Timeframe</b>
Ensure that Ryan White funding is used to provide the highest quality care and support services.	Implementing HRSA recommended performance measures.	Oral Health standards in June 2011 and other standards ongoing
	Improving the ability of non-medical case managers to effectively link clients to needed medical and support services through enhanced coordination with the UW training system. Requiring non-medical case managers to complete a certification program.	Ongoing Non-Medical case manager certification implemented in June 2008
Improve access to care services necessary to improve long-term health outcomes.	Statewide Action Planning Group meetings, annual site visits, and review of agency conducted needs assessments.	Ongoing
	Utilizing a Laboratory Reimbursement Program to assist with the cost of certain laboratory tests used to monitor the effectiveness of HIV treatment.	Ongoing

	Assisting uninsured individuals with access to comprehensive health services through the HIRSP/ADAP Program.	Ongoing
	Funding agencies and providing resources to address medication adherence as a barrier to care.	Ongoing
	Developing alternative care coordination models including medical case management and an HIV medical home.	Ongoing
Improve the linkage of clients who know their HIV status to care services.	Implementation of a non-medical case management certification program.	Implemented June 2008
	Implementation of a medical case management certification program with an emphasis on linkage, retention, and adherence to care.	Implemented February 2011
	Collaborating with the Statewide Action Planning Group and providers to ensure individuals are aware of services.	Ongoing
	Developing a linkage to care model to encompass testing, linkage, retention, and adherence to care.	Ongoing
Improve access to dental care.	Working with agencies to develop external dental partnerships.	Ongoing
	Developed an improved dental reimbursement strategy.	Implemented January 2009
	Supporting efforts to establish new dental clinics to treat HIV positive clients.	Ongoing
	Developing alternative care coordination models including medical case management and an HIV medical home that focuses on coordination of core medical services.	Ongoing
Improve access to mental health care.	Working with agencies to develop external mental health partnerships.	Ongoing
	Supporting expansion of mental health programs within Ryan White funded providers.	Ongoing
	Supporting and conducting provider trainings related to mental health.	Ongoing
	Developed formal mental health assessment tool.	Implemented July 2010
	Developing alternative care coordination models including medical case management and an HIV medical home that focuses on coordination of core medical services.	Ongoing
Improve access to AODA care.	Working with agencies to develop external AODA partnerships.	Ongoing
	Developed formal AODA screening tool.	Implemented July 2010
	Monitoring current screening rates as reported with the Client Level Data requirements.	Ongoing

	Developed appropriate case management training related to substance abuse screening.	Implemented January 2011 with ongoing trainings.
	Developing alternative care coordination models including medical case management and an HIV medical home that focuses on coordination of core medical services.	Ongoing
Ensure the viability of the ADAP program and client access to antiretrovirals.	Monitoring program expenditures and when appropriate enrolling clients into health insurance with prescription coverage.	Ongoing
	Implementing and evaluating program efficiencies.	Ongoing
<b>Goal III: 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</b>		
<b>Objective/Strategy</b>	<b>Action</b>	<b>Timeframe</b>
Identify special populations which are disproportionately infected with HIV in Wisconsin	Review of quarterly surveillance summaries and utilization reports.	Ongoing
Develop targeted outreach strategies for people living with HIV who are not in care	Developing a linkage to care model to encompass testing, linkage, retention, and adherence to care.	Ongoing
	Funding local public health departments in high incidence areas to locate HIV infected persons who know their status but are not in care and refer them to core medical and support services.	Ongoing
Identify barriers to care services	Statewide Action Planning Group meetings, annual site visits, and review of agency conducted needs assessments, and utilization of Minority AIDS Initiative funding.	Ongoing
<b>Goal IV: Strengthen the continuum of care between HIV prevention and care services</b>		
<b>Objective/Strategy</b>	<b>Action</b>	<b>Timeframe</b>
Strengthen partnership with prevention and care providers	Continuing development of the Statewide Action Planning Group as a joint prevention and care planning body.	Ongoing
	Continuing development of Wisconsin's first joint prevention and care comprehensive plan.	Ongoing
	Developing a linkage to care model to encompass testing, linkage, retention, and adherence to care.	Ongoing
	Working with care providers to develop improved partnerships with prevention services.	Ongoing
	Developing cross-training curricula to ensure integration of prevention, care and public health workers.	Implemented June 2009 with ongoing trainings

**ADDENDUM VI - Quality Assurance Plan**

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

**ADDENDUM VII – AIDS/HIV Program Focus Papers**

*MSM Navigating the Web: Emerging Issues and Innovations in HIV Prevention*

*HIV and Hepatitis C Services in the Wisconsin Department of Corrections*

*HIV Infection and Mental Health*

## ADDENDUM VIII – Acronyms

ADAP	AIDS/HIV Drug Assistance Program
AHP	Advancing HIV Prevention OR also used as abbreviation for AIDS/HIV Program
AHPI	Advancing HIV Prevention Initiative
AIDS	Acquired Immune Deficiency Syndrome
AN	AIDS Network
AODA	Alcohol and Other Drug Abuse
ARCW	AIDS Resource Center of Wisconsin
ARV	Antiretroviral
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
CAS	Client Assessment Sheet
CBA	Capacity Building Assistance
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention
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	Consolidate Omnibus Reconciliation Act
CPG	Community Planning Group
CQI	Continuous Quality Improvement
CTR	Counseling, Testing, and Referral
D&HH	Deaf and Hard of Hearing
DD	Developmental Disabilities
DEBIs	Diffusion of Effective Behavioral Interventions
DHS	Department of Health Services (Wisconsin)
DNA	Deoxyribonucleic acid
DOC	Department of Corrections
DPH	Division of Public Health
DPI	Department of Public Instruction
DWD	Department of Workforce Development
EBIs	Effective Behavioral Interventions
EC	Emerging Communities
EFA	Emergency Financial Assistance
EIS	Early Intervention Services
EMA	Eligible Metropolitan Area
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
GLBT	Gay, Lesbian, Bisexual, Transgender
GLBTQ	Gay, Lesbian, Bisexual, Transgender, Questioning
GLI	Group Level Intervention
GPR	General Purpose Revenue
HAART	Highly Active Antiretroviral Therapy
HAB	HIV/AIDS Bureau (Office within the federal Health Resources and Services Administration)
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
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	Life Care Services (state funded case management services)
LGBT	Lesbian, Gay, Bisexual, Transgender
LHD	Local Health Department
LLEGO	National Latina/o Lesbian, Gay, Bisexual & Transgender Organization
MA	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
NGLTF	National Gay and Lesbian Task Force
NGO	Non-Governmental Organizations
NNRTI	Non-Nucleoside Reverse Transcriptase Inhibitor – “Non-Nukes”
NRTI	Nucleoside Analog Reverse Transcriptase Inhibitor – “Nukes”
OMB	Office of Management and Budget (Federal)
OSHA	Occupational Safety and Health Administration
PCM	Prevention Case Management
PCR	Polymerase Chain Reaction (test or assay)
PCRS	Partner Counseling & Referral Services now known as Partner Services or PS
PEMS	Prevention Evaluation Monitoring System

PHIP	Prevention for HIV Infected Persons
PHS	Public Health Service (Federal)
PI	Protease Inhibitor
PIR	Parity, Inclusion, & Representation (Older CDC prevention language)
PLWA	Person Living with AIDS
PLWH	People Living with HIV
POL	Popular Opinion Leader
PTLT	Prevent, Test, Link, and Treat
PS	Partner Services, formerly Partner Counseling & Referral Services or PCRS
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
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
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)