CONTRA COSTA COUNTY AIDS PROGRAM
CONTRA COSTA COUNTY HIV PREVENTION PLAN UPDATE
2012 - 2015

I. Introduction to the Prevention Plan Update

Overview of the 2008 - 2013 HIV Prevention Plan

In September 2008, the Contra Costa County AIDS Office produced its 2008 - 2013 Comprehensive HIV Prevention Plan. The Plan was designed to serve as a blueprint to guide the region's prevention response to the ongoing crisis of HIV/AIDS for the period July 1, 2008 through June 30, 2013. The planning process was conducted by the Contra Costa HIV/AIDS Consortium, a community body made up of HIV service providers, planners, consumers, and community members that has responsibility for assessing needs, prioritizing interventions, and evaluating HIV prevention and care outcomes. The planning process as a whole was coordinated by the Contra Costa County AIDS/STD Program, a program within the Public Health Division of Contra Costa Health Services.

The 2008- 2013 Prevention Plan included a comprehensive overview of the HIV/AIDS epidemic and HIV risk factors and transmission factors in Contra Costa County. Based on this information, the HIV/AIDS Consortium prioritized **six priority populations** on which to focus the majority of local HIV prevention efforts. The first **three** of these populations are deemed the highest priority groups on which the majority of County HIV prevention resources will be spent and are as follows:

- **Priority Population # 1: African Americans**
- **Priority Population # 2: Men Who Have Sex with Men (MSM)**
- **Priority Population # 3: Injection Drug Users and Persons Who Share Needles**

The Plan also prioritized **three additional priority populations** that face special risks and for which new prevention responses would be considered:

- **Persons Living with HIV Infection, including Persons 50 Years of Age and Older**
- **Recently Incarcerated Individuals**
- **Transgender Persons**

The 2008 - 2013 Prevention Plan also included **three primary goals** around which the County's HIV prevention efforts would be focused over the projected Plan term. The goals were accompanied by **key activities** that the County would engage in to implement these goals. The three primary goals were as follows:

- **Primary Goal # 1:** To decrease new HIV infections among persons at risk for acquiring or transmitting HIV by delivering targeted, sustained, and evidence-based HIV prevention interventions which work toward the CDC's goal of reducing the number of new HIV infections in the US by **5%** each year.

- **Primary Goal # 2:** To increase knowledge of HIV serostatus, expand access to HIV care, and reduce the incidence of late HIV testers by providing counseling, testing, and service linkage programs for persons at risk for acquiring or transmitting HIV.

- **Primary Goal # 3:** To continually improve the quality of HIV prevention efforts by monitoring and evaluating the effectiveness of HIV prevention programs on an ongoing basis, and by utilizing collaborative relationships and approaches to increase the value and impact of HIV prevention efforts.

The Plan also included three goals specifically for **African American populations**, in response to the State of California's increasing emphasis on this disproportionately impacted population. These were as follows:

- **African American Populations Goal # 1:** To increase HIV and Hepatitis C Virus (HCV) testing for high-risk African American men, particularly those who identify as gay and bisexual or who have sex with other men.

- **African American Populations Goal # 2:** To provide effective HIV prevention services for African American men, particularly those who identify as gay and bisexual or who have sex with other men.

- **African American Populations Goal # 3:** To increase the capacity of Contra Costa Alcohol and Other Drug Services Division providers to serve African American men (including those who do and do not identify as having sex with another man) who may be at risk for or already living with HIV/AIDS.

Responding to Change: Contra Costa HIV Prevention Services 2008 - 2012

The large-scale changes that have transformed the HIV prevention landscape began almost immediately following publication of the 2008 Comprehensive Prevention Plan, when the effects of the California economic crisis led to the elimination of funding for many basic prevention services and programs in the County. Many of these programs and activities had specifically been highlighted in the Plan. To cope with these changes, the Contra Costa County AIDS Program worked in concert with the Contra Costa HIV/AIDS Consortium and the County health system to prioritize prevention interventions based on targeted populations and prioritized services, with an emphasis on programs that built upon existing resources and initiatives. The focus was on maintaining access to rapid HIV testing for prioritized populations while maintaining at least some targeted HIV prevention activities for MSM.

Later, beginning in 2011, Contra Costa County merged its STD and AIDS program to allow for sharing of best practices and coordination of care for dually infected individuals. Contra Costa County further responded to the HIV paradigm shifts at the State level (see section below) by focusing its increasingly limited prevention resources on specific Tier I programs that had become the emphasis of the State's proposed plan to the CDC. The County expanded its prioritization of routine opt-out rapid HIV testing in a wide range of public and private settings, developing new partnerships to expand testing programs. The County also expanded its Partner Services program, utilizing existing County staff to aggressively contact persons living with HIV in Contra Costa County to encourage and support them in referring their sexual and drug-using partners for HIV and STD testing. The County also enhanced efforts to track its success in viral load suppression among its countywide managed care HIV population, utilizing panel management approaches to expand the completeness of data reported and maintained through the ARIES database.

In April 2012, Contra Costa County also completed a comprehensive Program Activity Workbook report to the California Office of AIDS which detailed the County's response to **all** Tier I mandated prevention activities as well as selected Tier II activities with which the region was involved. The Workbook described aggressive Tier I programs of HIV testing in healthcare and non-healthcare settings; linkage to HIV care; partner services; care retention and re-engagement; HIV prevention for positive persons; treatment adherence; integrated testing for HIV-positive persons; healthcare reform planning; condom distribution; and general hepatitis C testing. The Workbook also described smaller amounts of Tier II funding for behavioral interventions for high-risk HIV-negative persons. In March 2012, the County also released a new Request for

Proposals (RPF) for HIV prevention services which prioritized services based on the State's new two-tiered framework. The RFP included standards consistent with the State's new prevention emphasis, including the use of Effective Behavioral Interventions to reach priority populations and to obtain objectives highlighted in the 2008 - 2013 Prevention Plan.

The 2012 - 2015 Contra Costa County HIV Prevention Plan Update serves as an extension and modification of the County's existing 2008 - 2013 Comprehensive HIV Prevention Plan. The Update is designed to carry the County and its prevention activities well into the second decade of the 21st century while ensuring that that HIV prevention activities and priorities are congruent to new prevention priorities established by the California Office of AIDS. The Update also responds to ongoing shifts in the HIV epidemiological profile of Contra Costa County.

HIV Epidemiology Update

The HIV epidemic in Contra Costa County continues to constitute a serious health threat to our region. In the four short years between December 31, 2007 and December 31, 2011, the number of persons living with HIV/AIDS (PLWHA) in Contra Costa County increased by **6%**, from **1,797** to **1,907** (see Figure 1 below). This means that roughly **1 in every 559** Contra Costa residents is already infected with HIV, or a rate of **187.0** per 100,000 population, a significant increase from the **175.4** per 100,000 at the time of the last Plan.

Despite a steadily increasing caseload, Contra Costa County has continued to have significant success in its efforts to reduce the rate of HIV infection among injection drug users (IDUs). While persons infected solely through injection drug use made up **16.2%** of all persons living with HIV/AIDS as December 31, 2007, they made up only **12.2%** of PLWHA as of the end of 2011, a **24.7%** reduction. Even more dramatic is the fact that among all new HIV cases diagnosed in Contra Costa County between January 1, 2010 and December 31, 2011, only **3.9%** of cases occurred among injection drug users - a rate **75.9%** lower than the percentage of IDU PLWHA at the end of 2007. The continuing reductions speak to both the effectiveness of our county's aggressive support for needle exchange and pharmacy syringe purchase programs, as well as our success in increasing HIV transmission and risk awareness among persons who inject drugs.

Yet while new cases of HIV/AIDS among injection drug users have decreased since the last Plan, rates of HIV infection among men who have sex with men (MSM) have continued to increase. Whereas in the previous Plan MSM made up **60.9%** of all

PLWHA in Contra Costa County - including MSM who inject drugs - they make up **65.3%** of PLWHA as of the end of 2011. More alarming is the fact that in 2010 and 2011, combined MSM populations made up **74.8%** of all newly diagnosed HIV cases - a **22.8%** increase over 2007 levels. These increases are being fueled in part by unprecedented increases in new HIV infection among **young people between the ages of 12 and 29**, the vast majority of whom are men who have sex with men and who represent the second generation of the HIV epidemic. As of December 31, 2007, young people ages 13 to 29 made up only **7.1%** of all persons living with HIV/AIDS in our region - a percentage that had risen to **9.3%** by the end of 2011. **Yet among all persons newly diagnosed with HIV in 2010 and 2011, young people ages 13-29 years made up a stunning 41.7% of new HIV infections, representing more than 2 out of every 5 new infections in our regions.** These increases - fueled by a combination of factors that include increased risk behaviors and a belief that HIV has become a non-fatal condition - are cause for significant concern.

Accompanying the increase in new HIV infections among young people are the continuing increases in HIV infection within ethnic minority communities - particularly among African Americans and Latinos. While the percentage of African American PLWHA remained relatively stable between the end of 2007 and the end of 2011 (**30.8%** vs. **30.6%**) African Americans made up **37.8%** of all persons newly diagnosed with HIV in 2010 and 2011. More significant are increases in HIV infection rates among Latino populations, who made up **16.0%** of PLWHA in 2007 but made up **19.3%** of PLWHA by the end of 2011. More significantly, Latinos made up **22.0%** of all new cases of HIV identified over the past two calendar years - a **37.5%** increase. Combined, African American and Latino populations make up **59.8%** of new HIV infections in 2010 and 2011 while making up only **31%** of the Contra Costa County population.

Figure 1.
Contra Costa County HIV/AIDS Epidemiological Profile
as of December 31, 2011

Group / Exposure Category		Newly Identified Cases of HIV Infection - 1/1/10 - 12/31/11		Combined Persons Living with HIV & AIDS as of 12/31/11	
Race/Ethnicity	African American	48	37.8%	583	30.6%
	Latino / Hispanic	28	22.0%	369	19.3%
	Asian / Pacific Islander	6	4.7%	70	3.7%
	White (not Hispanic)	43	33.9%	865	45.4%
	Other / Multiethnic / Unknown	2	1.6%	20	1.0%
Gender	Female	17	13.4%	362	19.0%
	Male	109	85.8%	1,529	80.2%
	Transgender	1	0.8%	16	0.8%
Age*	12 Years or Younger	0	0.0%	2	0.1%
	13 - 24 Years	29	22.8%	71	3.7%
	25 - 29 Years	24	18.9%	106	5.6%
	30 - 39 Years	35	27.6%	253	13.3%
	40 - 49 Years	19	15.0%	619	32.5%
	50 and Over	20	15.7%	856	44.9%
Transmission Categories					
	Men who Have Sex with Men (MSM)	91	71.7%	1,158	60.7%
	Injection Drug Users	5	3.9%	233	12.2%
	MSM Who Inject Drugs	4	3.1%	87	4.6%
	Non-Injection Drug-Using Heterosexuals	9	7.1%	246	12.9%
	Adult Other	0	0.0%	11	0.6%
	Adult Risk Not Reported or Identified	18	14.2%	153	8.0%
	Pediatric	0	0.0%	19	1.0%
TOTAL		**127**	**100%**	**1,907**	**100%**

***Throughout table, age for newly diagnosed is **age at diagnosis,** while age for people living with AIDS or HIV is **age as of 12/31/2011**

Emerging Issues and Approaches in HIV Prevention

The past several years have brought about a sea change in the approach to HIV prevention on the federal, state, and local levels. In the face of a devastating economic recession, HIV prevention resources have been reduced dramatically, forcing providers in turn to make deep cuts in existing programs and to reassess and re-prioritize expenditures to ensure maximum impact with available dollars. In 2009 alone, funding for HIV/AIDS programs administered by the California Office of AIDS was slashed by $59.1 million. These cuts resulted in the elimination of many of the State's key HIV education and prevention programs, along with severe reductions in HIV counseling and testing, therapeutic monitoring, housing, and home and community-based care.

At around the same time, the US Centers for Disease Control and Prevention (CDC) and other federal agencies began to shift toward new paradigms of HIV prevention - shifts that have been mirrored by the State of California. Driving these changes has been emerging research demonstrating that when individuals with HIV have very low or undetectable levels of HIV in their bloodstream as a result of medication therapies, it is extremely difficult for them to pass the HIV virus on to others, regardless of the risk factors involved. This awareness has led researchers to theorize that if a critical mass of very low viral load levels could be attained across a specific population or community (a concept referred to as "community viral load") then HIV transmission rates could be cut dramatically, and in time could possibly even be reduced to zero.

This resulting new approach to preventing HIV transmission - in which as many persons as possible with HIV are identified and treated, often called "test and treat" - has critical implications for traditional HIV prevention efforts. For each HIV-positive individual who is brought into treatment and whose viral load level is lowered, an opportunity exists to halt transmission to scores of non-infected individuals with whom that person comes into contact. By contrast, traditional prevention approaches for HIV-negative persons must reach one person at a time, consuming extensive resources and energy, often with inconclusive or short-term results.

Of course, achieving low or undetectable viral load levels across a community is a goal that also comes with a significant price tag. This approach requires that vast numbers of persons at risk for HIV be tested on a regular basis to ensure that they enter treatment quickly following an HIV diagnosis, in part to avoid the high level of infectivity that can exist in the period immediately following contraction of the virus. The approach also requires that people who test positive for HIV - including persons who have never accessed regular health care - are quickly linked to and engaged in care, and are

provided with ongoing support to remain in care and stay compliant with HIV medication regimens. The approach also requires increased funding for the cost of HIV medications, which can cost tens of thousands of dollars per person per year, although some of these costs will presumably be absorbed by the Affordable Care Act (ACA), designed to extend Medicaid benefits to many more low-income people than are currently eligible. All of these factors draw resources away from traditional HIV prevention, as funding is re-directed toward expanded HIV testing efforts in a range of settings and toward more intensive care linkage and care retention programs.

Simultaneously, there has been an increasing emphasis on the importance of providing testing for hepatitis, tuberculosis (TB), and sexually transmitted diseases (STDs) such as syphilis and gonorrhea for HIV-positive individuals. Research has shown that being infected with an STD can make it 2 to 23 times easier to transmit HIV, depending on the specific STD.[1] By identifying individuals who are infected with HIV and other STDs and then treating their STDs, it may be possible to reduce new HIV infections by as much as 27%.[2] A positive STD test result can also serve as a marker for high-risk activity. This new integrated approach to Hepatitis, TB, and STD testing - sometimes referred to as "pixie" for the US Public Health Service PCSI (Program Collaboration and Service Integration) Initiative - requires further new resources and advances the shift toward what is often now called the 'medical model' of HIV prevention.

In response to these and other changes - including anticipated expansion of health care coverage through the ACA - the State of California proposed significant changes to the organization of HIV prevention efforts in their most recent HIV prevention application to the US Centers for Disease Control and Prevention. Monies received by the State Office of AIDS through this application form the primary core of funding for Contra Costa County HIV prevention services. In their new application, the State created a **new two-tiered structure of HIV prevention.** Through this structure, activities such as HIV testing, referral of partners of HIV-positive persons for testing, treatment adherence, and integration of hepatitis and STD testing were given a high priority. Meanwhile, many traditional activities such as behavioral interventions for high-risk HIV-negative persons and social marketing campaigns were given a lower priority. Many of the prioritized Tier I activities were entirely **new** activities which formed part of the State's new emphasis on identification, engagement, and retention of HIV-positive persons in care. Local health jurisdictions (LHJs) such as Contra Costa

[1] Fleming DT, Wasserheit JN. From epidemiological synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sex Transm Infect* 1999;75(1):3-17.

[2] Blocker ME, Levine WC, St. Louis ME. HIV prevalence in patients with Syphilis, United States. *Sexually Transmitted Diseases* 2000; 27:53-59.

County were required to perform **all** Tier I prevention activities before they could seek State funding for any Tier II activities. The State's new two-tiered prevention structure is summarized in the charts below. The New or Continuing Activity column speaks to whether or not this is a newly supported activity by the State Office of AIDS.

Overview of 2012 California Office of AIDS Approach for Funding

CALIFORNIA TIER I PREVENTION ACTIVITIES

Activity	CDC Category	Roles	New or Continuing Activity
Testing in healthcare settings	Required	LHJ with OA TA[3]	Continuing
Testing in non-healthcare settings	Required	LHJ with OA training & TA	Continuing with changes
Linkage to and retention / re-engagement in care	Required	LHJ with OA TA	Linkage to care - Continuing Retention / Re-Engagement - New
Partner Services (PS) [referring and linking sexual and drug-using partners of persons diagnosed with HIV to HIV and STD testing]	Required	STD Control Branch with OA & LHJs	Continuing with substantial changes
Risk assessment, linkages to services, and behavioral interventions for HIV-positive persons in clinical settings	Required	LHJ with OA training & TA	New
Integrated hepatitis, TB, and STD screening and Partner Services for HIV-positive persons	Required	LHJ with OA training & TA	New
Treatment adherence	Required	LHJ with OA TA	New
Policy Initiative - Use of surveillance laboratory report data (CD 4 and viral load counts) to identify loss of engagement in medical care and track community viral load	Required	OA & LHJs	New

[3] Local Health Jurisdictions (LHJ) with Office of AIDS (OA) Technical Assistance (TA).

Policy Initiative - Coordination and leveraging of US Substance Abuse and Mental Health Services Administration (SAMHSA) HIV Set-Aside Funds	Required	OA & LHJs	New
Policy Initiative - Healthcare Reform Planning	Required	OA & LHJs	New
Condom distribution and marketing	Required	OA & LHJs	Continuing with substantial changes
Syringe services programs	Recommended	OA & LHJs	Continuing with substantial changes

CALIFORNIA TIER II PREVENTION ACTIVITIES

Activity	CDC Category	Roles	New or Continuing Activity
Hepatitis C testing	Recommended	LHJ with OA training & TA	Continuing
Integrated HIV, hepatitis, TB, and STD screening and PS for persons with unknown HIV status	Recommended	LHJ with OA training & TA	Continuing
Behavioral interventions for high-risk HIV-negative persons	Recommended	LHJ with OA training & TA	Continuing with substantial changes
Social marketing, media, and mobilization	Recommended	LHJ with OA training & TA	Continuing with substantial changes
Pre-exposure prophylaxis planning and/or delivery	Recommended	LHJ with OA training & TA	New
Distributing educational materials to all 59 California local health jurisdictions (LHJs)	Recommended	OA	Continuing

II. Contra Costa County HIV Prevention Plan Update - July 1, 2012 - June 30, 2015

The 2012 - 2015 Prevention Plan Update incorporates the **same priority populations** as listed on page 1 of this document. The Update also utilizes the **same overarching goals** as presented on page 2 of the document. However, the specific activities for the upcoming three-year project period differ from the previous Plan, reflecting both declining resources and an increased emphasis on early detection of individuals with HIV/AIDS and the need to identify, link, and retain people in HIV treatment over a long-term basis.

KEY CONTRA COSTA COUNTY HIV PREVENTION ACTIVITIES
JULY 1, 2012 - JUNE 30, 2015

- **Primary Goal # 1:** To decrease new HIV infections among persons at risk for acquiring or transmitting HIV by delivering targeted, sustained, and evidence-based HIV prevention interventions which work toward the CDC's goal of reducing the number of new HIV infections in the US by **5%** each year.

  1. Continually gather qualitative, population-based data to identify emerging HIV-related behavioral patterns, risk factors, and trends in Contra Costa County, including information on behavioral and psychosocial risk factors.

  2. Support local community partner agencies in implementing key HIV behavioral risk interventions that have been proven to be effective under the federal Diffusion of Effective Behavioral Interventions (DEBI) framework, including the single-session, group-based VOICES / VOCE intervention designed to increase condom use among heterosexual African Americans and Latinos visiting STD clinics and the Mpowerment program designed to mobilize young gay and bisexual men of diverse backgrounds to reduce sexual risk taking, encourage regular HIV testing, build positive social connections, and support peers in having safer sex.

  3. Continue to develop and implement procedures for monitoring the quality, effectiveness, and cultural competency of HIV prevention interventions.

KEY CONTRA COSTA COUNTY HIV PREVENTION ACTIVITIES
JULY 1, 2012 - JUNE 30, 2015
(CONTINUED)

4. Sustain and enhance efforts to ensure collaborative approaches to HIV prevention planning and delivery, including community planning involving providers and consumers, and increased interaction and coordination among public and private entities in Contra Costa County.

5. Continually improve, enhance, and modify existing HIV prevention interventions based on program quality and impact data.

- **Primary Goal # 2:** To increase knowledge of HIV serostatus, expand access to HIV care, and reduce the incidence of late HIV testers by providing counseling, testing, and service linkage programs for persons at risk for acquiring or transmitting HIV.

  1. Support targeted HIV testing programs and venues throughout Contra Costa County, including community-based testing programs to reach priority populations.

  2. Expand HIV prevention outreach services to reduce the number of individuals who test positive for HIV at a relatively late stage in their HIV infection.

  3. Provide outreach, technical support, and training to expand the availability of routine, opt-out HIV testing in both public and private medical care settings, including providing outreach and training and helping providers develop guidelines to deliver opt-out HIV testing and to link newly identified patients to HIV specialty care.

  4. Provide effective outreach and information services that expand awareness and knowledge of HIV testing options and increase the number of persons who seek or consent to HIV testing each year.

  5. Provide aggressive support and follow-up to link at least 90% of persons who test positive for HIV to care within 90 days.

  6. Continue to strengthen and expand County-funded Partner Services to encourage sexual and drug-using partners of HIV- positive individuals to be tested for HIV and STIs in both public and private settings.

KEY CONTRA COSTA COUNTY HIV PREVENTION ACTIVITIES
JULY 1, 2012 - JUNE 30, 2015
(CONTINUED)

7. Provide outreach and training to encourage private health care providers and systems to adopt Partner Services approaches in relation to their HIV populations.

8. Augment Partner Services with social network model testing in which HIV-infected individuals invite not just their sexual and drug-using partners but members of their social and drug-using networks to receive testing.

9. Maintain access to clean syringes for injection drug users.

- **Primary Goal # 3:** To continually improve the quality of HIV prevention efforts by monitoring and evaluating the effectiveness of HIV prevention programs on an ongoing basis, and by utilizing collaborative relationships and approaches to increase the value and impact of HIV prevention efforts.

  1. Collect and review epidemiological data on an ongoing basis to document the course of the HIV epidemic in Contra Costa County, including information on emerging high-risk populations and regions.

  2. Expand utilization of incentives for HIV+ individuals to refer their social network contacts for HIV testing.

  3. Consider the feasibility of a program to reimburse private medical providers and systems for the basic cost of HIV test kits.

  4. Work with public and private providers to develop and implement HIV and STD testing reminder systems for high-risk individuals, including persons who have tested positive for an STD within the past 6 months. This could include the use of e-mail or text message reminders as voluntarily requested by high-risk individuals.

III. Implementation and Evaluation Plan

The 2012 - 2015 Prevention Plan Update is designed to be a **living document** that evolves and is refined over time in response to emerging needs and findings, changing epidemiologic conditions, and new HIV prevention opportunities and resources. This is particularly important during the current phase of our engagement with the HIV epidemic, as prevention and treatment paradigms and approaches change continuously, and as a tumultuous healthcare landscape promises to permanently alter the nature of health services reimbursement and treatment access for low-income individuals. Rather than offering a static set of rules or guidelines, the plan is intended to provide an outline that evolves as we continue to proceed down the road of the HIV epidemic. Plan activities will be continually evaluated and assessed to ensure the effectiveness of local HIV prevention interventions in light of changing conditions and changes to health care and public health activities. Plan goals, activities, and action steps will be modified as needed to ensure the relevance and appropriateness of the document.

As the organization originally charged with development of the Comprehensive HIV Prevention Plan, responsibility for tracking progress toward the Plan's goals and objectives will lie jointly with the **Contra Costa County HIV/AIDS & STD Program** and the **Contra Costa HIV/AIDS Consortium**. The Contra Costa HIV/AIDS & STD Program will integrate evaluation of its own programs and those of its contractors with ongoing evaluation of progress toward Plan objectives, and will provide regular reports to the HIV/AIDS Consortium and the Consortium's Executive Committee on these issues. Both the Consortium and the Executive Committee will discuss and address issues arising from these reports as needed, including proposing possible changes to the content of the Plan to address barriers or take advantage of new opportunities. Meanwhile, the Consortium will conduct an annual review of progress toward Plan objectives, activities, and action steps, including reporting on specific barriers and accomplishments and preparing and approving recommendations for Plan modifications and amendments.

The use of effective linkages and coordination throughout the county is essential to the effective implementation and evaluation of the Prevention Plan Update. Through the Contra Costa County HIV/AIDS Consortium, virtually all providers of HIV prevention services in the region are involved in a partnership-based process to assess evolving needs and develop appropriate interventions and responses. Simultaneously, the Contra Costa HIV/AIDS & STD Program helps coordinate the provision of HIV and STD prevention programs within other county divisions and programs, including Alcohol and Other Drug Services and Homeless Services programs. Prevention coordination is also linked and integrated with HIV care and service planning in the region, with the Contra

Costa HIV/AIDS Consortium overseeing both prevention planning and the prioritization and allocation of federal HIV service funding through Parts A, B, and C of the Ryan White HIV Treatment and Modernization Act of 2006 and HOPWA. Effective linkage and coordination ensures that a broad range of services are available to meet the needs of clients both before they are infected with HIV and following a diagnosis, while providing a coordinated system of client linkage and referrals that promotes HIV prevention and client health and self-sufficiency. Effective coordination also allows for the more rapid dissemination of innovations throughout the system, while maximizing available resources and eliminating the possibility of service duplication.

The roadmap is set for HIV Prevention efforts in Contra Costa County to 2015. We know where we are going, who we will be reaching, and how to do it effectively. We have made our best efforts to understand the epidemic, predict its next move, and adapt our prevention strategies to meet the challenge and alleviate the HIV/AIDS crisis in our County.