

A topographic map of the state of Oregon, showing terrain with green for lower elevations and brown for higher elevations. The map is centered on the page.

**OREGON
HIV PREVENTION
COMPREHENSIVE PLAN
2008 UPDATE**

Oregon Statewide HIV Prevention Planning Group

IN PARTNERSHIP WITH THE

**Oregon Department of Human Services
HIV/STD/TB Program**

**Adopted
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Oregon

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OREGON HIV PREVENTION COMPREHENSIVE PLAN *2008 Update*

Preface

The attached *Oregon HIV Prevention Comprehensive Plan: 2008 Update* represents the most recent update to Oregon's statewide HIV prevention strategic plan. It represents the priorities of a community planning group, comprised of persons living with HIV, persons representing populations at high risk of HIV infection in Oregon, public and private service providers, and other interested individuals, striving to understand how best to address the HIV prevention needs of Oregonians at risk for HIV infection and other blood-borne pathogens. This product creates a new baseline for consideration. Over the next year, the Planning Group will further consider major population groups affected by the HIV epidemic in Oregon, and determine if prevention services should be further focused on particular subpopulations.

In 2003, the Centers for Disease Control and Prevention (CDC) issued its "Advancing HIV Prevention" Initiative. This initiative has affected the emphasis and types of HIV prevention services supported by federal funds at state and local government levels, and by community-based organizations directly funded by the CDC. The initiative refocuses prevention services into four strategies:

- 1) To make HIV testing a routine part of medical care;
- 2) To implement new models for diagnosing HIV infections outside medical settings;
- 3) To prevent new infections by working with persons with HIV and their partners;
and
- 4) To further decrease perinatal HIV transmission.

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In 2004, the CDC began a new funding cycle for state HIV Prevention Programs. In addition to implementing the Advancing HIV Prevention Initiative, CDC mandated that all prevention services supported with its funds be evidence-based. CDC released information about 12 programs through its Diffusion of Effective Behavioral Intervention Project and endorsed several other program models that were recognized in its Replicating Effective Programs Project and in its *Compendium of Effective Behavioral Interventions* publications. At this time the CDC also mandated that persons living with HIV be every funded jurisdiction's top priority population for HIV prevention services.

This Plan update was developed in compliance with the CDC mandates. It also reflects the State Planning Group's desire to fund targeted HIV prevention services to MSM, IDU, and MSM/IDU, in addition to persons living with HIV. As the HIV Prevention Program also receives funding from the State of Oregon, the SPG also recognizes the state mandate to provide public information about HIV to all Oregonians.

The SPG reviewed this update to assure that it reflects its priorities and is consistent with the new directions for HIV prevention established by the CDC. Following the publication of this Plan, the SPG will develop its 2009-2010 Comprehensive Plan, which will create the vision for HIV prevention services through the remainder of the decade.

If you are interested in attending any meetings of the SPG, are interested in becoming an official member of the group, have any questions about this document, or need it in an alternate format, please contact Mitchell Zahn, HIV Prevention Manager at 971.673.0867.

Oregon HIV Prevention Comprehensive Plan: *2008 Update*

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I Epidemiological Profile

In developing a statewide comprehensive plan for HIV prevention, staff from the HIV/STD/TB Program's Data and Analysis Unit regularly provided epidemiologic information to the Oregon Statewide HIV Prevention Planning Group (SPG). Over the last two years, data from calendar years 2005 and 2006 were presented to the SPG. The following section provides an overview of how Oregon has been affected by the HIV epidemic. The Executive Summary of Oregon's 2005 epidemiologic profile follows. (To view the entire epidemiologic profile, please refer to <http://egov.oregon.gov/DHS/ph/hiv/data/docs/final.pdf>). A final report on Oregon's 2006 profile will be available in January 2008.

Executive Summary of Oregon's 2005 Epidemiologic Profile

HIV/AIDS remains a significant public health issue in Oregon. According to data from the Oregon HIV/AIDS Public Health Reporting System (HARS) collected from 1981 through 2005, the number of diagnosed cases has remained at a plateau since 1997, but the number of people living with HIV/AIDS continues to grow, presenting challenges to prevention and clinical services. Furthermore, persons living with HIV/AIDS with co-morbidities such as mental illness and substance abuse may find it particularly difficult to stay engaged in care. Lastly, the complexities of maintaining insurance coverage and managing rigorous treatment regimens present challenges for all.

New HIV/AIDS diagnoses: The number of new HIV/AIDS infections by year of earliest reported diagnosis reached a high of 19 cases per 100,000 persons, for a total of 543 cases in 1991. The following year, however, saw the beginning of a decline which, by 1996, had dropped to eight to nine cases per 100,000 persons, a rate which has remained stable through 2005. Oregon's declines in new diagnoses during the 1990s reflected similar trends throughout the United States, and probably resulted from a combination of factors, including earlier diagnosis, behavior changes, reduction in maternal-fetal transmission and reduced infectiousness of HIV-infected persons taking antiretroviral therapy.

Survival for those infected with HIV also increased during the latter half of the period for which data has been summarized. Among HIV/AIDS cases diagnosed from 1981 through 1992, only 40-50 percent of patients survived at least five years. Yet 80-90 percent of those diagnosed between 1996 and 2005 survived at least five years. Some increases in survival may reflect more timely diagnosis, but much of the improvement can be attributed to more effective antiretroviral therapy.

Despite these gains, more Oregonians continue to be diagnosed with HIV infection at an advanced stage. More than 40 percent of those diagnosed during 2002 to 2004 had AIDS at the time of their HIV-infection diagnosis or their infection progressed to AIDS within 12 months. Delayed diagnosis was more common among males and older patients, as well as among injection drug users over male patients who have sex with other males and both male and female patients who acquire their infection through heterosexual transmission.

Persons living with HIV/AIDS: From 1981 through the end of 2005, HARS recorded 7,480 Oregon residents diagnosed with HIV/AIDS infection. Forty-two percent of those died by the end of 2005, resulting in 4,325 persons living with HIV/AIDS (PLWH/A). Beginning in 1997, the numbers of new diagnoses and deaths per year stabilized at approximately 300 new diagnoses and 100 deaths, meaning the number of PLWH/A in Oregon since then saw an annual increase of approximately 200 persons.

Compared with people living with AIDS (PLWA), people with HIV infection but not AIDS (PLWH) were more likely to be female and older. This contrasts with modest increases in the proportion of women and relatively older persons among those newly diagnosed with HIV/AIDS. No notable differences were observed between the numbers of PLWA and PLWH in terms of distribution by presumed mode of transmission.

Although it is home to only 20 percent of the state's population, 60 percent of PLWH/A in Oregon were living in Multnomah County at the end of 2005. Comparing PLWH/A in the Portland metropolitan area with those from the rest of Oregon revealed metropolitan area cases included relatively more men, more men whose presumed transmission mode was MSM and fewer men whose presumed transition mode was injection drug use. Other counties with 50 or more PLWH/A included Clackamas, Deschutes, Douglas, Jackson, Josephine, Lane, Marion and Washington counties.

Comorbid illness: Other sexually transmitted diseases among PLWH/A might be indicators of ongoing high-risk sexual behaviors. The incidence of syphilis, gonorrhea and *Chlamydia* among PLWH/A have all risen steadily since the early 1990s. Comparing data from 2002 to 2005 with data from 1996 to 2001, the rates of early syphilis with reported HIV/AIDS cases increased from five per 100,000 to 395 per 100,000. Similarly, rates of gonorrhea increased from 804 per 100,000 to 1,630 per 100,000, and of *Chlamydia* from 190 per 100,000 to 580 per 100,000. Twenty-nine percent of all early syphilis cases and 9 percent of all gonorrhea cases occurred among people already infected with HIV. In contrast to the increases of STDs among PLWH/A, Oregon has never observed a substantial number of cases of tuberculosis (TB) among those with HIV/AIDS. Of 1,772 TB cases in Oregon since 1993, only 63, or 4 percent, were co-infected with HIV.

Unmet need: An important aspect of planning for HIV infection treatment and prevention is estimating the number of PLWH/A in Oregon who are aware of their infection, but not receiving medical care. For this reason, the Health Resources Services Administration (HRSA) requires all states and metropolitan areas that receive federal support for HIV/AIDS health care under Part A and Part B of the Ryan White CARE Act to annually estimate this population. People who receive regular high-quality medical care for HIV/AIDS typically visit their doctor three or more times a year and submit blood specimens for testing the quality of the HIV virus circulating in the blood ("viral load") and immune function (such as "CD4 count"). It was estimated 46 percent of PLWH and 22 percent of PLWA had unmet primary medical need, meaning they had not had at least one viral load or CD4 lymphocyte test in 2004.

II Needs Assessment

The Oregon Statewide HIV Prevention Planning Group (SPG) and the Department of Human Services HIV Prevention Program have actively and continuously engaged in HIV prevention needs assessment activities. During CY 2007, the SPG did not request any special assessments, but were informed by other assessments that were conducted in Oregon. Specifically, Clackamas, Multnomah, and Washington Counties (also known as the Tri-County Initiative) conducted a Community Identification Process (CID) for their jointly-developed Community PROMISE Program (called the Hookup). The Tri-County CID yielded very rich risk behavior information among local men who have sex with men. Although most men who have sex with men in the Tri-County area do not report high-risk behavior, this report focused on the factors involved with both HIV-positive, negative, and unaware men; who regularly engage in unsafe sexual behaviors. Past assessments that have informed the SPG include:

- HIV, Hepatitis C, and Syphilis seroprevalence and transmission study of inmates in Oregon prisons, conducted by Portland State University and the Oregon Department of Corrections, 2006 (final report not yet issued);
- Local assessments of behavioral risk of men who have sex with other men in Douglas, Lane, and Multnomah Counties, using tools developed for the “Two Snaps” survey (indicated below), 2005 and 2006;
- “Two Snaps;” an update to the original snapshot study of behaviors of Oregon men who have sex with men, conducted at the 2005 Portland Gay Pride Festival, in collaboration with the Centers for Disease Control and Prevention;
- Community Services and Capacity Building Assessments, 2004;
- Assessment of Oregon’s Partner Counseling and Referral Services system, 2004;
- A “snapshot” of behaviors among Oregon’s men who have sex with men (MSM), 2003;
- Gaps Analysis: HIV Prevention Services in Oregon, 2001;
- Population-specific HIV prevention needs assessments of the African American, 1998; Hispanic/Latino, 1998; and Native American communities, 2000; and
- The Voices of Oregon Women at Risk for HIV: A Focus Group Research Project to Identify Barriers to Prevention, 1999.

At its meeting in August 2007, the SPG requested that a qualitative assessment of persons who are diagnosed with AIDS within 12 months of learning that they are HIV-positive (including concurrent diagnoses) be conducted in 2008. Oregon mirrors the national trend where approximately 40% of new diagnoses of HIV infection fall into this category. The SPG hopes to use information from this study in its consideration of priority populations in 2008.

In addition to the qualitative assessment, the state HIV prevention program will partner with the HIV/STD/TB (HST) Program's Data and Analysis unit and the Oregon Public Health Lab in using HIV PCR methodology to screen 5,000 blood specimens that have already tested negative to detect early HIV infection that may not have been found with traditional HIV screening technologies. Based on national studies, the state may find five to six new positive individuals at their highest contagion level, and be able to refer these individuals into medical care early in their disease process. Finally, the HIV Prevention Program and the HST Data and Analysis Unit are seeking a metropolitan-area hospital partner to pilot expanded HIV testing in emergency room settings. If Oregon mirrors national trends, persons living with HIV infection but unaware of their HIV status may learn of their status earlier in the disease process through emergency room HIV testing—when they may best benefit from early intervention.

III Resource Inventory

In Oregon, 23 local health departments in counties that averaged at least one new diagnosed HIV infection over the prior three years are funded by the State HIV Prevention Program to conduct HIV counseling, testing, and referral services. Additionally, 14 of these local health departments are funded to provide recruitment and behavioral and/or structural HIV prevention services to populations with the highest incidence of HIV infection (specifically, men who have sex with men and injection drug users). HIV prevention services are also funded that serve persons living with HIV. Statewide services are available for comprehensive risk counseling services, a hybrid of case management and prevention counseling, that is available to persons living with HIV who have complex HIV prevention needs, and their partners. Persons living with HIV may also receive support through the HIV Stops with Me campaign, a web- and print-based campaign promoting responsible risk reduction behavior delivered by and for persons living with HIV. Persons newly diagnosed with HIV infection may obtain support in disclosing their status to former sex- and drug-using partners through partner counseling and referral services, which are provided statewide. Finally, public information services are available through the state-supported Oregon HIV/AIDS Hotline; and brochures (which have been reviewed and approved for distribution through a Program Review Panel) that are available to local health departments and community-based organizations through the HIV Prevention Program.

In addition to services provided by local health departments, other state agencies provide some HIV prevention services or establish policy regarding the delivery of HIV prevention information, including the Oregon Department of Education, Oregon Department of Corrections, Oregon Youth Authority, and the Oregon Department of Human Services Addictions and Mental Health Division, Family Planning, and other programs.

The amount of funding that local health departments receive to provide HIV prevention services is determined by a funding formula that is negotiated with and approved through the Conference

of Local Health Officials (CLHO), a group representing the interests of local public health.¹ The table below summarizes HIV prevention funding that was awarded to local health departments (and/or their contractors) for FY 2008 to deliver HIV prevention services. Note that in addition to the following amounts, contractors may opt to spend up to 10% of direct expenses towards indirect costs. Although not all local health departments budget funds for indirect services, most do. In FY 2007, local health departments (and/or their subcontractors) committed \$1,887,210 of their state HIV prevention awards toward direct program costs, and \$ 153,030 toward indirect costs. Additionally, local health departments leveraged services with an additional \$1,232,815 in local or other support.

County/ Region	HIV Prev. Prog. Fund.	Other Funding	Risk Pop.	Description of Programs	By Whom
Statewide	\$110,000	\$16,297	PLWH and their partners	Comprehensive Risk Counseling Services (formerly called Prevention Case Management). Available to persons living with HIV with complex prevention needs and their partners. Sometimes serves high-risk HIV-negative persons or persons with a preliminary positive test result from rapid testing. Served 70 persons in FY 2007.	Partnership Project
Statewide	\$119,980		PLWH	HIV Stops with Me. Social marketing campaign targeting persons living with HIV to promote and support risk reduction behaviors; and to provide an online community of support for persons living with HIV. Intervention is web-based, with recruitment through billboards and print media advertisements.	Better World Advertis- ing
Statewide	\$174,903		PLWH and their partners	HIV Disease Investigation: Counseling and support for persons newly diagnosed with HIV to inform sex and needle-sharing partners of potential exposure to HIV.	State STD Staff/ Multnomah County STD Clinic

¹ CLHO was established by the State legislature in 1975. According to its bylaws, the purpose of CLHO is to represent the interests of local public health authorities and health officers in decision making, accountability and leadership of Oregon's public health system; consult with Oregon Department of Human Services (DHS), Public Health Division on the establishment of elements of local annual plans, and an appeals process whereby a local health authority may obtain a hearing if its plan is disapproved; approve funding formula and funding formula decisions required of DHS/Public Health Division; approve DHS/Public Health Division-adopted minimum standards governing education and experience for professional and technical personnel employed in local health departments; approve DHS/Public Health Division-adopted standards governing the organization, operation, program indicators, duties and extent of activities which are required or expected of local health departments to carry out their responsibilities in implementing public health laws and rules; and encourage accomplishment of those Public Health standards either by the local Public Health authority, or by DHS, Public Health Division in direct service counties.

County/ Region	HIV Prev. Prog. Fund.	Other Funding	Risk Pop.	Description of Programs	By Whom
Statewide	\$75,000		At-risk GP/ General Population	Oregon HIV/AIDS Hotline. Hotline services providing information and referral and risk reduction information.	Cascade AIDS Project
Benton	\$8,235	\$17,500	MSM, IDU, Partners of PLWH	HIV Counseling, Testing, and Referral. Services provided at county jail, treatment programs, counseling centers, homeless shelter, community centers, state university, and unfixed sites likely to reach higher-risk persons.	LHD
	\$8,235	\$17,500	MSM/ Partners of PLWH	Outreach to CTRS. An intervention that encourages people at highest risk for HIV to get tested. Outreach conducted at local drag show, "alternative" prom serving 2 local high schools, Valley AIDS Information Network, and Ryan White case managers.	LHD
	\$3,167	\$20,607	IDU	OHROCS. Needle exchange and related outreach.	LHD
Clackamas	\$36,122		MSM/IDU/ Partners of PLWH	HIV Counseling, Testing, and Referral. Service provided at health department and county jail, drug treatment center, and other sites.	LHD
	\$30,094		MSM	Community PROMISE. A community level intervention designed to influence sexual risk reduction norms in the MSM community.	Cascade AIDS Project/ Brother2 Brother
	\$10,031		IDU	OHROCS. IDU outreach.	LHD
	\$25,079		MSM/ Partners of PLWH	Outreach to CTRS. Outreach conducted at offsite events and venues, e.g., PRIDE, Sexual Health for Men venues, Oregon Queer Youth conference, Partnership Project, and online sites, e.g., craigslist and manhunt.net.	LHD
Clatsop	\$7,852	\$5,100	At-risk GP	HIV Counseling, Testing, and Referral. Service provided at health department.	LHD
Coos	\$6,971	\$1,200	MSM/IDU/ Partners of PLWH	HIV Counseling, Testing, and Referral. Service provided at health department, county jail, juvenile detention, homeless shelter, and drug treatment programs.	LHD/Harm Reduction Center of So. Oregon
	\$3,507		MSM/IDU/	Outreach to CTRS. Outreach conducted at	LHD/Harm

County/ Region	HIV Prev. Prog. Fund.	Other Funding	Risk Pop.	Description of Programs	By Whom
			Partners of PLWH	health department, juvenile detention, drug and alcohol treatment centers, shelters, parole and probation, Coos mental health, and MSM sites that may get identified.	Reduction Center of So. Oregon
Curry	\$4,469		At-risk GP	HIV Counseling, Testing, and Referral. Service provided at health department.	LHD/Harm Reduction Center of So. Oregon
Deschutes	\$11,381	\$16,700	MSM/IDU/ Partners of PLWH	HIV Counseling, Testing, and Referral. Services provided at health department.	LHD
	\$9,159	\$1,000	MSM/IDU/ Partners of PLWH	Outreach to CTRS. Outreach conducted with Ryan White case managers, adult stores, parks, gyms, clubs and bars, drag show, men's dinner group, and PRIDE event.	LHD
	\$4,863	\$1,400	IDU	OHROCS. Needle exchange and related outreach.	LHD
Douglas	\$9,000	\$73,429	MSM/IDU/ Partners of PLWH	HIV Counseling, Testing, and Referral. Services provided at health department sites, community-based organization, and unfixed and mobile sites.	LHD/ Harm Reduction Center of So. Oregon
	\$10,406	\$8,972	MSM/ Partners of PLWH	Outreach to CTRS. Outreach conducted at health department, Harm Reduction Center of So. Oregon, and various unfixed and mobile sites.	LHD/ Harm Reduction Center of So. Oregon
	\$9,000	\$32,387	IDU	OHROCS. Needle exchange and related outreach.	Harm Reduction Center of So. Oregon
Jackson	\$28,268	\$1,500	MSM/IDU, Partners of PLWH	HIV Counseling, Testing, and Referral. Service provided at health department, county jail, Abdill-Ellis Center, and mobile needle exchange.	LHD
	\$13,378		MSM/ Partners of PLWH	Outreach to CTRS. Outreach conducted at Abdill-Ellis Center, Southern Oregon University, Rogue Community College, Gay Pride festival, county jail, and within the health department.	LHD
	\$7,181		IDU	OHROCS. Needle exchange and related outreach.	LHD

County/ Region	HIV Prev. Prog. Fund.	Other Funding	Risk Pop.	Description of Programs	By Whom
Jefferson	\$5,093		At-risk GP	HIV Counseling, Testing, and Referral. Service provided at health department.	LHD
Josephine	\$8,384		MSM/IDU, Partners of PLWH	HIV Counseling, Testing, and Referral. Service provided at health department, Harm Reduction Center's Grants Pass office, and Wolf Creek (Radical Faerie) Sanctuary.	LHD/ Harm Reduction Center of So. Oregon
	\$6,058		MSM/ Partners of PLWH	Outreach to CTRS. Outreach conducted at Wolf Creek Sanctuary and with Ryan White case managers.	LHD/ Harm Reduction Center of So. Oregon
	\$5,612		IDU	OHROCS. Needle exchange and related outreach.	Harm Reduction Center of So. Oregon
Klamath	\$7,134		At-risk GP	HIV Counseling, Testing, and Referral. Service provided at health department.	LHD
Lane	\$83,917	\$21,503	MSM/IDU/ Partners of PLWH	HIV Counseling, Testing, and Referral. Service provided at health department, HIV Alliance (CBO), and Willamette Family Treatment Center.	LHD/HIV Alliance
	\$20,000		IDU	OHROCS. Needle exchange and related outreach.	LHD/HIV Alliance
	\$25,000		MSM	Community PROMISE. A community level intervention designed to influence sexual risk reduction norms in the MSM community.	HIV Alliance
Lincoln	\$24,238	\$19,323	MSM/IDU/ Partners of PLWH	HIV Counseling, Testing, and Referral. Service provided at health department, county adult jail, and Coastal AIDS Network venues.	LHD
	\$6,000		MSM/ Partners of PLWH	Outreach to CTRS. Outreach conducted at Coastal AIDS Network venues.	Coastal AIDS Network
Linn	\$14,370		MSM/IDU	HIV Counseling, Testing, and Referral. Service provided at health department, Linn/Benton Community Center, Helping Hands Shelter, alcohol and drug classes, and mobile outreach sites.	LHD
	\$3,537	\$1,000	MSM/IDU	Outreach to CTRS. Outreach conducted at parks, gay community group, adult book	LHD/Sub- contract w/

County/ Region	HIV Prev. Prog. Fund.	Other Funding	Risk Pop.	Description of Programs	By Whom
				stores, in clinic, alcohol and drug classes, homeless shelter, and Oxford House.	Benton LHD
Malheur	\$6,443		At-risk GP	HIV Counseling, Testing, and Referral. Service provided at health department.	LHD
Marion	\$68,886		MSM/IDU/ Partners of PLWH	HIV Counseling, Testing, and Referral. Service provided at health department in county van at community events, parole and work release programs, and “Fellowship” Group.”	LHD
	\$31,793		MSM/ Partners of PLWH	Outreach to CTRS: Venue-Based. Outreach conducted at health department, community events, Speak Easy Bar, Latino clubs, Coffeehouse Café, and “Fellowship Group.”	LHD
			MSM/ PLWH/ Latino MSM/ Other At- Risk MSM	Outreach to CTRS: Social Networks Strategy. Outreach conducted at health department, community events, Speak Easy Bar, Latino clubs, Coffeehouse Café, and “Fellowship Group.”	LHD
	\$5,299		IDU	OHROCS. IDU outreach at parole/work release program.	LHD
Multnomah	\$361,814	\$57,612	MSM/IDU/ MSM-IDU/ Partners of PLWH/ At-risk GP	HIV Counseling, Testing, and Referral. Service provided at health department sites, including STD sites; county jails, A&D treatment facilities, gay bars, and Gay Pride events.	LHD
	\$118,115	\$91,840	MSM	Outreach into Testing: Outreach activities conducted at sites identified by Cascade AIDS Project’s HIV Prevention Program.	Cascade AIDS Project
	\$309,815	\$11,522	MSM	Community PROMISE. A community level intervention designed to influence sexual risk reduction norms in the MSM community.	Cascade AIDS Project/ Brother to Brother
	\$166,442		IDU	Community PROMISE. A community level intervention designed to influence sexual risk reduction norms in the IDU community.	LHD
	\$52,113	\$286,920	IDU	OHROCS. Needle exchange and related outreach.	LHD

County/ Region	HIV Prev. Prog. Fund.	Other Funding	Risk Pop.	Description of Programs	By Whom
	\$100,000	\$259,139	PLWH and their partners	HIV Disease Investigation: Specialized service intended to provide counseling and support to persons newly diagnosed with HIV in disclosing partners' potential exposure to HIV.	County Disease Investiga- tion Staff
	\$0		PLWH	Options Project: A training for clinicians to conduct brief behavioral interventions with PLWH patients.	LHD
Polk	\$8,706		At-risk GP	HIV Counseling, Testing, and Referral. Service provided at health department.	LHD
Tillamook	\$5,853		At-risk GP	HIV Counseling, Testing, and Referral. Service provided at health department's clinics.	LHD
Umatilla	\$10,376	\$78,570	MSM/IDU/ Partners of PLWH	HIV Counseling, Testing, and Referral. Service provided at health department, county jail, juvenile detention, Umatilla-Morrow Alternative, Eastern Oregon Center for Independent Living, Eastern Oregon Alcohol and Drug Foundation.	LHD
	\$2,192		MSM/ Partners of PLWH	Outreach to CTRS. Outreach conducted at Umatilla-Morrow Alternative and Eastern Oregon Center for Independent Living.	LHD
Wasco- Sherman	\$8,181		At-risk GP	HIV Counseling, Testing, and Referral. Service provided at health department.	LHD
Washington	\$58,366	\$181,794	MSM/IDU/ Partners of PLWH	HIV Counseling, Testing, and Referral. Service provided at health department sites and A&D Treatment Programs, county correction sites, migrant camps, and gay bars in Portland,	LHD
	\$14,591		MSM/IDU/ Partners of PLWH	Outreach to CTRS. Outreach conducted at health department clinics, Cascade AIDS Project, county correction sites and jail, bars, migrant camps, adult book stores, alcohol and drug treatment centers, Partnership Project, and Pride Project	
	\$28,500	\$10,000	MSM	Community PROMISE. A community level intervention designed to influence sexual risk reduction norms in the MSM community.	Cascade AIDS Project, Brother to Brother

County/ Region	HIV Prev. Prog. Fund.	Other Funding	Risk Pop.	Description of Programs	By Whom
	\$65,000		Latino MSM	MPowerment. A group level intervention designed to influence sexual risk reduction norms among Latino MSM.	Cascade AIDS Project
Yamhill	\$20,984		At-risk GP	HIV Counseling, Testing, and Referral. Service will be provided at health department.	LHD

In some counties, local health departments and community-based organizations work together to meet the HIV prevention needs of their communities. The following table provides an overview of Oregon’s AIDS-service organizations and other organizations providing HIV prevention services with federal or state general funds (or in-kind contribution) administered either directly or indirectly through the state HIV Prevention Program. In addition to this listing, most drug and alcohol programs, mental health programs, and social service providers provide some education about HIV transmission and risk reduction strategies with their clients.

Overview of Community-Based Organization Providing HIV Prevention Services: 2001

Area Served	Organization Name	General Services Provided
Benton/Linn Counties	Valley AIDS Information Network	Provides support services to people with HIV and community education. I&R hotline, Speakers Bureau, HIV+ Support Groups, information tables at public events, and website www.valleyaidsinfo.org . <i>(Does not receive funding from state or local health department, but does receive brochures used to promote public understanding.)</i>
Coos/Curry/Douglas/ Josephine Counties	Harm Reduction Center of Southern Oregon (formerly known as HIV Resource Center)	Outreach, counseling and testing services, other HIV prevention services, and support services for persons living with HIV. <i>(HRC has contracts with each of the counties it serves for the delivery of HIV counseling and testing and other HIV prevention services.)</i>
Lane	HIV Alliance	Outreach, counseling and testing services, other HIV prevention services, and support services for persons living with HIV (and their families). <i>(HIV Alliance has a contract with Lane County Public Health for HIV Counseling and Testing, Community PROMISE, and OHROCS.)</i>
Lincoln/Tillamook	Coastal AIDS Network	Outreach to susceptible populations, HIV

Overview of Community-Based Organization Providing HIV Prevention Services: 2001

Area Served	Organization Name	General Services Provided
	(CAN)	prevention activities, education, a newsletter and public events designed to reach at-risk groups. <i>(CAN has a contract with Lincoln County Health Department to conduct outreach into county-provided HIV counseling and testing.)</i>
Marion County	HIV AIDS Awareness Project (HAAP)	Peer-driven HIV prevention in the Oregon State Penitentiary. Serves as resource to other Correctional facilities. <i>(HAPP receives in-kind governance support through state HIV Prevention staff participation on Board of Directors of Program.)</i>
Multnomah	Brother to Brother (B2B) Cascade AIDS Project (CAP)	Social, spiritual, civic and health care networks to improve the quality of life for gay and bisexual African American men. <i>(B2B receives funding to reach African American gay/bi men through the County's Community PROMISE program.)</i> Client services, HIV prevention activities, public relations, housing and support for the infected community. CAP also conducts statewide advocacy and policy work. <i>(CAP receives funding to reach Latino gay/bi men through MPowerment under a contract from Washington County. Additionally, CAP receives funding directly from CDC to conduct rapid testing in non-clinical settings, conduct the Healthy Relationship intervention for persons living with HIV, and to conduct an outcome monitoring project of Healthy Relationships.)</i>
	Outside In	Serves homeless street youth in the Portland metro area. Offers needle exchange, street outreach, medical services and educational support to youth. <i>(Outside In receives funding to conduct HIV testing at needle exchange sites and to conduct rapid testing under a subcontract from CAP.)</i>

Overview of Community-Based Organization Providing HIV Prevention Services: 2001

Area Served	Organization Name	General Services Provided
Statewide	Partnership Project	Provides case management for persons living with HIV/AIDS and comprehensive risk counseling services for HIV-positive persons and partners with complex HIV prevention needs. (<i>Partnership Project receives funding for in-person and telephone-based comprehensive risk counseling services throughout the state.</i>)

IV Gap Analysis

Based on a review of the epidemiological data, availability of local resources and assessments of needs statewide and in particular communities, and the collective wisdom of members of the Statewide HIV Prevention Planning Group, the following gaps in HIV prevention services have been recognized.

Men Who Have Sex with Men: In some of Oregon’s larger counties, there are targeted outreach programs for men who have sex with men, including MSM/IDUs and MSM of color. However, in Oregon’s smaller counties, there are few specific programs available due to low funding levels and the desire by many MSM to maintain their anonymity. Unmet HIV prevention needs for men who have sex with men include the following:

- Culturally sensitive HIV-STD prevention programs serving MSM of color do not exist in many communities. Some programs exist in urban areas for African American and Latino MSM. Few or no services target MSM of color in rural areas.
- Little or no HIV prevention is being provided to non-gay affiliated MSM, including heterosexually identified MSM. Existing MSM outreach programs may reach this population, but not necessarily with the cultural understanding and competence in working with this population. Some counties offer outreach and HIV counseling and testing in migrant camps.
- Few, if any, programs outside the Portland metropolitan area provide HIV prevention services to MSM-affiliated youth.
- Some online outreach is occurring in the metropolitan Portland area. Little if any is being provided in rural areas.
- Rural areas have insufficient resources to meet the HIV prevention needs of local men who have sex with men. Additionally, MSM in these areas often prefer to be anonymous and are difficult to find for local health department or community-based organization staff.

Persons who Use Injection Drugs: Unmet HIV prevention needs for persons who use injection drugs include the following:

- There is limited hard data about injection drug use in Oregon counties, including the number of users, location, housing, drug sharing networks, routes of communication, and sources of drugs and injection equipment.
- Rural areas do not have sufficient resources to find and inform persons who use injection drugs of the risks of HIV and other blood-borne pathogen transmission, such as Hepatitis C and other STDs.
- In many areas of the state, there is little public information about legal sources of injection equipment such as syringes and sterile injection equipment.
- Although legally permissible for sale without a prescription in Oregon, some pharmacies limit sales of syringes to those with prescriptions.
- There is inconsistent interagency coordination on state and county levels among public health, alcohol and drug abuse services, corrections, and mental health agencies. This has improved in recent years, but still remains an issue for some programs.
- Most areas of the state have limited access to harm reduction interventions, including needle exchange programs and drug treatment options.
- Although safe disposal sites are available at some health departments and community-based organizations, there are not enough public disposal sites in the state.

People of Color: African American and Latino communities have higher HIV incidence rates than white/Caucasian communities in Oregon. Additionally, there are STD disparities among African American women in the Portland metropolitan area, which is being addressed through a county health disparities task force. Unmet HIV prevention needs for communities of color include the following:

- There are insufficient HIV prevention outreach programs outside of the Portland metropolitan area reaching people of color with high-risk behaviors.
- Access to HIV prevention information from indigenous sources, i.e. respected and trusted natural sources of communication within specific communities.
- Women specific counseling and testing sites for high-risk women of color.

- Technical assistance to successfully implement HIV prevention programs with evidence of effectiveness in some communities.
- Off site CTRS to serve migrant and undocumented persons in some communities.
- Integration of STD prevention into HIV prevention programs for people of color outside of Multnomah County.

Women: Unmet HIV prevention needs for women include the following:

- Social and behavioral information regarding women at risk in Oregon.
- Effective outreach to underserved women, especially female partners of men who have sex with men and women who inject drugs.
- Integration of HIV prevention into other programs that serve women, such as women's health services, family planning, and WIC.

Youth: Unmet HIV prevention needs for youth include the following:

- There are few, if any, HIV prevention programs outside the Portland metropolitan area that target *high-risk, hard-to-reach* youth, including youth of color and gay/lesbian/bisexual youth.
- There is little data available on sexual risk behavior, including same-sex behavior, among youth. Oregon's Healthy Teen survey collects little information in this area.
- The SPG has identified a gap in representation of youth in its membership. Representation of youth is important, but standard membership recruitment has failed to identify youth leadership in HIV-STD prevention and planning. The SPG must determine other ways to add the voices of youth to its community planning process.
- School districts have not implemented consistent application of comprehensive, abstinence-based, sexuality education throughout Oregon.
- There are no readily available harm reduction programs for youth who inject drugs.

Men Who Have Sex with Men and Who Inject Drugs (MSM/IDU): The specific HIV prevention needs of MSM/IDUs are often overlooked in the design of programs for either MSM or IDU. Unmet HIV prevention needs for MSM/IDU include the following:

- Adequate public information and targeted outreach.
- Adequate provider training.

Persons who Use Alcohol and Non-Injection Drugs: Unmet HIV prevention needs for persons who use alcohol and non-injection drugs include the following:

- Adequate consideration of HIV prevention in treatment programs.
- Adequate public information.

Incarcerated Persons: Unmet HIV prevention needs for institutionalized persons include the following:

- Sufficient HIV/STD/Hepatitis C educational programs for inmates and staff, including within youth facilities.
- Access to condoms and safe tattooing.
- Adequate resources or systems to provide HIV prevention counseling, testing and treatment, in a confidential setting.

V **Prioritization of Populations and Potential Strategies**

In 2003, the CDC released its most current guidance for Community Planning Groups. Community planning refers to the process of assembling HIV epidemiologic, behavioral, and other data to help inform a prioritization process of behavioral risk populations to serve with HIV prevention funding. The 2003 guidance mandated that all community planning groups prioritize persons living with HIV as the top priority population. Given the lower seroprevalence rate of HIV in Oregon compared to other areas in the West and in the nation, the SPG chose to prioritize populations by their major behavioral risks (i.e., MSM and IDU) rather than prioritize subpopulations. During program planning, the state HIV Prevention Program staff will work with each local health department and/or their subcontracted community-based organization, to determine which subpopulation, if any, to target with its resources.

In determining priority populations, the SPG complied with the CDC mandate to prioritize persons living with HIV disease as its highest priority population for HIV prevention services, and based on epidemiologic information provided by the HIV Data and Analysis staff prioritized men who have sex with men and injection drug users with high risk behaviors as priority two and three populations, respectively, for targeted HIV prevention strategies. In 2008, SPG plans to study subpopulations within the context of risk behavior and may then prioritize or focus attention on select subgroups of men who have sex with men or persons who inject drugs.

The SPG considered evidenced-based prevention services for its prioritized populations. This included programs endorsed by the CDC through its Diffusion of Effective Behavioral Interventions Project, the Replicating Effective Programs Project, and in the Compendium of Effective Interventions. Additionally, the SPG considered intervention strategies for which there are CDC guidelines available, including HIV Counseling, Testing, and Referral Services,

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Comprehensive Risk Counseling Services, and Partner Counseling and Referral Services for each prioritized population.

The following table highlights priority populations for HIV prevention services in Oregon and strategies recommended by the membership of the SPG to meet their prevention needs:

Population And Intervention Priorities For Oregon: 2005

Population Group	Subpopulations (not in priority order)	Recommended Interventions
1. Persons Living with HIV Infection	A. MSM B. IDU/Substance Using C. Youth D. Heterosexual E. Latino F. African American G. Partners of PLWH	Comprehensive Risk Reduction Services (<i>CDC Guidelines</i>) Partner Counseling and Referral (<i>CDC Guidelines</i>) Community Promise (<i>DEBI—CLI</i>) HIV CTRS for Partners (<i>CDC Guidelines</i>)
2. Men Who Have Sex with Men (MSM)	A. MSM who engage in unprotected anal intercourse (UAI) B. MSM with STD Diagnosis C. MSM who hookup anonymously through the Internet and bathhouses D. MSM with multiple partners E. Inconsistent condom users F. Cultural minorities G. Young MSM, including high-risk street youth H. MSM who trade sex for \$\$\$ or drugs I. Substance-using MSM	Community Promise (<i>DEBI—CLI</i>) MPOWERment (<i>DEBI—CLI</i>) HIV CTRS and Outreach into HIV CTRS (<i>CDC Guidelines</i>) Comprehensive Risk Counseling Services (<i>CDC Guidelines</i>) Partner Counseling and Referral (<i>CDC Guidelines</i>) Increased STD Screening
3. Injection Drug Users	A. General IDU B. MSM/IDU C. Young IDU D. Sex partners of IDU	HIV CTRS and Outreach into HIV CTRS (<i>CDC Guidelines</i>) Comprehensive Risk Counseling Services (<i>CDC Guidelines</i>) Community Promise (<i>DEBI—CLI</i>) Hepatitis C Education and Screening OHROCS

VI Linkages

Creating linkages is essential in developing a comprehensive HIV prevention program for communities at high risk of HIV infection. In this respect, the HIV prevention program has worked closely with the HIV Care and Treatment program, the Sexually Transmitted Disease Program, the Department of Corrections, the Department of Education, the Oregon Youth Authority, the Addictions and Mental Health Division of the Department of Human Services, and the state and Multnomah County Hepatitis C programs, in forging more effective services. These joint efforts have resulted in exciting and effective collaborations:

HIV Care and Treatment: HIV case managers throughout Oregon receive training annually from the State HIV Care and Treatment Program, the Program that administers Ryan White case management, AIDS Drug Assistance Program, and housing services (funded by HOPWA). HIV Prevention staff members regularly are invited to present on a range of subjects related to prevention with HIV-positive persons, appropriate prevention referrals, etc. In June 2006, the HIV Prevention Integration Specialist/State Hepatitis C Coordinator presented a “Hepatitis 101” training to housing case managers. Additionally, she provided a presentation to Ryan White case managers in March 2007, on how to employ harm reduction/risk reduction techniques with persons living with HIV and HCV. Finally, additional collaboration with HIV client services is demonstrated through the HIV Prevention Manager’s and the SPG’s Community Co-Chair membership in the HIV CARE Coalition. The HIV Prevention Manager is also a member of the HIV CARE Coalition’s Quality Management Task Force. At its quarterly meeting in March 2008, the task force will be addressing prevention services available for and needed by HIV-positive clients in a variety of treatment settings.

STD Program: In 2004, the HIV Prevention Program began funding 2.0 FTE HIV-Specialized Disease Intervention Specialists—one in the state office and one in the Multnomah County STD Clinic. The state and Multnomah County are continuing to develop a model for delivering partner counseling and referral services both when someone is initially diagnosed HIV-positive and when they experience difficulty in maintaining safer behaviors. The STD and HIV Prevention programs at both the state and local level continue to collaborate on addressing the sexual health needs of men who have sex with men through participation in the Sexual Health for Men Coalition. This group was initially convened by the Multnomah County Health Department to address the 2002 syphilis outbreak in the Portland metropolitan area, which disproportionately affected MSM, including many HIV-positive MSM; but grew into a greater multi-county collaborative of providers of services to gay men and other men who have sex with men. Finally, the State STD Program is funding three community-based organizations—Brother to Brother, Cascade AIDS Project, and Outside In to conduct syphilis elimination services.

Department of Corrections: The HIV Prevention Program has worked actively with the HIV/AIDS Awareness Project (HAAP), an inmate-developed peer-counseling program in the Oregon State Penitentiary. One HIV prevention staff and the Department’s Adult Viral Hepatitis Prevention Coordinator sit on the HAAP Board of Directors. Additionally, the HIV program has completed a study, in collaboration with the Department of Corrections and Portland State University, in a HIV/Hepatitis C/Syphilis seroprevalence and transmission study. This study has

indicated that there is little HIV and syphilis in the prison system; that Hepatitis C seroprevalence runs around 30%, with a greater proportion of female inmates infected than male inmates, and that little transmission has occurred over the one-year period of the study. The Adult Viral Hepatitis Prevention Coordinator, formerly a staff member of the HIV Prevention Program, has contributed greatly to the ongoing development of Blood-Borne Pathogens training and policy for inmates and prison administration.

State HIV Prevention staff, in conjunction with the HIV/AIDS Awareness Project at Oregon State Prison, Oregon Department of Corrections, the state Hepatitis Program, Multnomah County Departments of Health and Community Justice, and two pharmaceutical companies (Gilead Sciences and Boehringer Ingelheim) sponsored the first annual African American Pre-Release Personnel Training, entitled, "Take the Lead" in February 2007. The training was developed for Oregon Department of Corrections and county jail pre-release counselors, Multnomah County parole officers, and Corrections administration on HIV/STD/HCV issues that impact African American inmates that are re-entering society. The training included workshops, keynote presentations, and exhibit booths for the dissemination of information and service materials. Over 130 individuals attended the training, and planning has begun for the second annual training in Spring 2008.

Finally, in addition to State Corrections, many local health departments provide HIV counseling and testing services to county jail inmates.

Addictions and Mental Health Division (AMHD): HIV Prevention and AMHD Program staff have had a long history of collaboration, although in recent years, less so as a result of limited training budgets. In September 2006, HIV prevention and AMHD staff jointly conducted a Hepatitis/HIV 101 training for Spanish-speaking alcohol and drug treatment providers. Additionally, AMHD staff had engaged Division leadership regarding a concern that persons living with HIV (particularly those with a co-occurring mental health diagnosis) were the lowest priority for addictions treatment beds. Although official policy is that services should be provided in an equitable manner, the HIV Prevention, Viral Hepatitis Prevention, and AMHD staff will work towards delivering trainings in 2008 to treatment providers to increase their knowledge about serving PLWH/A and/or viral hepatitis.

In addition to state-level staff collaborating in the delivery of prevention services to those involved with alcohol and/or drug use, all alcohol and drug treatment providers conduct a health risk assessment at client intake. During intake, individuals who identify risks associated with HIV and other blood-borne pathogen transmission are referred to their local health departments for follow tests and treatment, if necessary.

Acute and Communicable Disease Program: The HIV Prevention Program and the Acute and Communicable Disease Program shared supervision of the state Hepatitis C Coordinator position from 2004-2007, to address the needs of common target populations without duplication of services. Although collaboration between the programs is close, the position was brought back into the Acute and Communicable Disease Section full time, as federal expectations of the position had increased. The newly developed position, Adult Viral Hepatitis Prevention

Coordinator, will continue to work closely with HIV prevention staff on blood-borne pathogen prevention among incarcerated persons and persons who inject drugs in Oregon.

Medical Providers: The HIV Prevention Program partners with the Research and Education Group, Oregon's AIDS Education and Training Center, in addressing HIV prevention and care issues faced by medical providers. Additionally, the HIV Prevention Program assisted community advocates who successfully sought legislation in 2005 to reduce obstacles to HIV testing among pregnant women. The HIV Prevention Program and the Data and Analysis Unit of the HIV/STD/TB Program will embark in 2008 on an effort to promote HIV testing in emergency room settings.

VII Goals and Objectives

Recommended Funding Priorities for HIV Prevention Strategies and Interventions:

Consistent with its prioritization of populations and interventions, the SPG recommends that the following programs be implemented in 2008. The following objectives are provided as a “menu of options” recommended to the counties in their provision of HIV prevention services to populations that are at high risk of infection at the local level. The goals and objectives identified in this section will be achieved in the following ways:

- Funding of local health departments will support HIV counseling, testing, and referral services and the development of new and ongoing interventions;
- HIV prevention staff will support local health departments in designing effective programs; and
- Developing cooperative linkages between the state HIV prevention program, county health departments, other government programs, and community based organizations to meet the HIV and other blood-borne pathogen prevention needs of Oregonians at risk.

A. Goals and Objectives by Population

Priority Population #1: Persons Living With HIV Infection

Goal 1: Decrease the spread of HIV to sexual and drug use partners of Persons Living with HIV (PLWH) and minimize personal risk among PLWH of contracting sexually transmitted diseases (STDs), including other strains of HIV.

Objective 1. The DHS HIV Prevention Program will support comprehensive risk counseling services statewide for persons living with HIV and their partners who have complex prevention-service needs.

Objective 2. All persons testing positive for HIV at public sector sites will be offered partner counseling and referral services, either through county or state disease intervention staff.

Objective 3. Appropriate evidenced-based health education and risk reduction services and public information will be made available to all Oregonians living with HIV.

Priority Population #2: Men Who Have Sex with Men (MSM)

Goal 1: Reduce the incidence of new HIV infections among Oregonian men who have sex with men (MSM).

Goal 2: Increase awareness of personal risks for HIV infection, increase knowledge of one's HIV serostatus, increase frequency and consistency of safer sex practices, and decrease incidence of unprotected anal, vaginal, or oral intercourse in sero-discordant relationships or when one or both partners are unaware of their serostatus, among MSM.

Objective 1: Based on strategies identified by the SPG, culturally-appropriate HIV counseling, testing, and referral services and outreach into such services; evidence-based health education and risk reduction services, programs with CDC guidelines, and public information will be made available to Oregonian men who have sex with men identified as highest-risk of HIV infection in communities funded to conduct targeted HIV prevention to MSM.

Objective 2: In communities funded to target HIV prevention services to MSM, the number of MSM seeking HIV counseling, testing, and referral services will increase by 5% in 2008 over the number seeking HIV CTRS in 2007.

Objective 3: HIV prevention services that target MSM with other related care or prevention service needs will integrate information about, and referral to, other service networks when appropriate, e.g., substance use counseling and treatment, STD clinics, etc. HIV prevention programs will work with these service networks to enhance the services available to at-risk MSM.

Priority Population #3: Persons who Inject Drugs (IDUs) and MSM/IDUs

Goal 1: Reduce the incidence of new HIV infections among persons who use injection drugs in Oregon.

Goal 2: Increase the awareness of personal risks for HIV infection, increase the knowledge of one's HIV serostatus, increase the frequency and consistency of safer sex and injection practices, and decrease the incidence of unprotected anal, vaginal, or oral intercourse in sero-discordant relationships or when one or both partners are unaware of their serostatus, among persons who use injection drugs.

Objective 1: Based on strategies identified by the SPG, culturally-appropriate HIV counseling, testing, and referral services and outreach into such services; evidenced-based health education and risk reduction services, programs with CDC guidelines, and public information will be made available to Oregonians who use injection drugs who are identified as highest-risk of HIV infection, in communities funded to conduct targeted HIV prevention to IDU.

Objective 2: In communities funded to target HIV prevention services to IDU, the number of IDU seeking HIV counseling, testing, and referral services will increase by 5% in 2008 over the number seeking HIV CTRS in 2007.

Objective 3: HIV prevention services that target IDU with other related care or prevention service needs will integrate information about, and referral to, other service networks when appropriate, e.g., substance use counseling and treatment, STD clinics, hepatitis C screening, etc. HIV prevention programs will work with these service networks to enhance the services available to at-risk IDU.

Objective 4: Department of Human Services HIV Prevention Program staff will provide technical assistance to local health departments and community-based organizations in developing and implementing harm reduction programs.

Objective 5: Department of Human Services HIV Prevention Program staff will work with pharmacists, schools of pharmacy, and pharmacist organizations to educate Oregon pharmacists about the importance of access to sterile syringes to prevent HIV infection.

Objective 6: Local health departments and community-based organizations funded to conduct HIV prevention services to IDUs will develop ways to facilitate safe disposal of sharps at centrally located sites for disposal of used syringes.

B. Goals and Objectives by Programmatic Activity

HIV Counseling, Testing, and Referral Services (CTRS)

Goal 1: Oregonians at risk for HIV infection will know their HIV serostatus.

Objective 1: Increase Serostatus Awareness. Public sector HIV Counseling Testing & Referral Services (CTRS) and related outreach services will target persons most likely to be HIV positive who are unaware of their HIV serostatus.

Objective 2: Increase Access to CTRS. Organizations funded by or through the HIV Prevention Program to deliver HIV prevention services will increase the availability of HIV CTRS to high-risk and hard-to-reach individuals by expanding CTRS to include off-site and alternately timed testing and by strategically utilizing HIV testing technology, especially rapid HIV testing, to increase the likelihood that persons at high risk for HIV receive their HIV test results.

Objective 3: Training for CTRS Providers. The HIV Prevention Program will maintain a system of training for CTRS providers, a standard of quality for public sector CTRS providers, and will ensure the development of local protocol for offering rapid HIV testing.

Objective 4: Coordination of HIV Prevention with DIS Services. The HIV Prevention Program will collaborate with the Sexually Transmitted Disease Program to assure that all persons testing positive for HIV are offered Partner Counseling and Referral Services with a qualified Disease Intervention Specialist (DIS).

Objective 5: Comprehensive Assessment of HIV CTRS. The HIV Prevention Program will collaborate with LHDs and SPG to explore ways in which to fundamentally improve the quality and delivery of CTRS statewide, including:

- Referral protocols;
- Opportunities for streamlining CTRS;
- CTRS funding strategies; and
- Strategies for process improvements.

Health Education And Risk Reduction Programs (HE/RR)

Goal 1: Oregonians most likely to acquire or transmit HIV infection will reduce their behavioral risk.

Objective 1: Provision of Technical Assistance. Local health departments and community-based organizations funded by the HIV Prevention Program to deliver HIV prevention services, especially the provision of evidence-based behavioral and/or structural interventions, will be provided the technical assistance and support necessary to successfully plan, develop, implement and evaluate (in PEMS) such services.

Objective 2: Strategic Funding for HE/RR. The HIV Prevention Program will judiciously allocate funding that ensures the provision of HE/RR interventions for Oregon's populations at risk for acquiring or transmitting HIV infection.

Objective 3: Strategic Planning for HE/RR. The SPG will collaborate with the HIV Prevention Program and other stakeholders to strategically plan for the provision of accessible HE/RR interventions for populations at highest risk for HIV infection.

Public Information

Goal 1: Oregonians will receive adequate and effective public information about HIV/AIDS.

Objective 1: Maintain Community Awareness of HIV/AIDS. Maintain community awareness of HIV/AIDS by supporting public information activities through social marketing,

print materials, the Oregon HIV/AIDS hotline and representing the HIV Prevention Program in community settings and public events.

Objective 2: Disseminate Public Information to Reduce HIV Stigma. Reduce the Stigma of Being HIV-Positive or living with HIV through a variety of public information activities.

Objective 3: Assess and Develop Best Practices for Disseminating Public Information. SPG will collaborate with HIV Prevention Program during the 2008 planning year to assess the best use available resources to deliver public information, including the evaluation(s) of:

- current social marketing campaigns
- currently-funded public information services;
- the impact and value of public information as an HIV prevention activity, especially how stigma contributes to HIV risk; and
- which cultural/ethnic events are best served with general HIV/AIDS information.

Capacity Building

Goal 1: Local health departments, community-based organizations, other state agencies, faith based communities, and other organizations will address HIV/STD prevention and Hepatitis concerns among their constituencies.

Objective 1: Promote Routine HIV Testing in the Private Sector. The HIV Prevention Program will ensure that HST identifies and implements strategies to engage private medical care providers in HIV prevention efforts, especially in offering routine HIV testing as part of primary care and in promoting HIV testing among pregnant women, and in offering HIV testing in emergency room settings.

Objective 2: Provide Technical Assistance. In addition to the technical assistance and support provided to organizations funded to deliver HIV prevention services, the HIV Prevention Program will provide technical assistance to the SPG, other state agencies, faith-based communities and other groups to promote the statewide development of evidence-based HIV prevention program models.

Objective 3: Mobilize Communities of Color. As needed, the HIV Prevention Program will ensure that communities of color and organizations that serve communities of color have access to technical assistance and information in order to promote community mobilization and the development of culturally competent, evidence-based HIV prevention programming.

Objective 4: Develop Capacity in Partnering Agencies. Develop collaborative agreements with other government service agencies to conduct HIV risk assessment and risk reduction counseling as well as CTRS and HIV-competent agency-specific services for persons at risk for HIV.

Other Programmatic Activity

Goal 1: Oregon's HIV Prevention Services System will be adequately defined, developed, supported and evaluated for effectiveness and efficiency.

Objective 1: Services Link for PLWH. Oregon will have in place a reliable, best-practices referral and linkage system that consistently offers PLWH quality access to PCRS, comprehensive medical care, social services and PCM as appropriate.

Objective 2: PEMS & HIV Prevention Program Evaluation Plan. The HIV Prevention Program will have an annually updated HIV Prevention Program Evaluation Plan, consistent with CDC PEMS guidance.

Objective 3: Comprehensive Evaluation of HIV Prevention Program and SPG. With appropriate support and technical assistance from the HIV Prevention Program, SPG will ensure the evaluation of its HIV community planning process and the overall effectiveness of HIV prevention program activities statewide.

Objective 4: Quality Assurance for HIV Prevention Programming. The HIV Prevention Program will ensure that service delivery standards (i.e., quality assurance) are adequately defined for organizations funded to deliver CTRS and other HIV prevention services and that these services are adequately monitored for meeting these standards.

Objective 5: Collaboration Across Systems. The HIV Prevention Program will work with SPG to facilitate a meaningful dialogue with key HIV system stakeholders and partners in order to enhance the delivery of HIV prevention services across other HIV and health systems. In particular, an optimal task force would include Oregon's HIV Care Coalition, Titles I, II & III Ryan White Care Services Administration and CLHO so that cross-system issues and opportunities could be addressed

VIII Surveillance and Research

Behavioral Risk Factor Surveillance Survey (BRFSS): The BRFSS provides information about general population awareness of HIV disease. This telephone survey is administered statewide and contains information about a range of behavioral information that may place persons at risk of injury and illness.

Expanded HIV Reporting: Oregon implemented a named HIV reporting system on April 17, 2006. The enhanced reporting system provides better information about trends in HIV infection since the state now has behavioral risk information on persons who test positive in the private sector. New information about the epidemic is regularly shared with the Statewide HIV Prevention Planning Group.

Corrections Seroprevalence Survey: As required by statute, Oregon has been conducting seroprevalence surveys in the state corrections system regularly since 1987. A two-time study began in Spring 2005, conducted by Portland State University and the Department of Corrections Research and Evaluation Unit, which measured seroprevalence of HIV, Hepatitis C, and syphilis in the state corrections system as well as the transmission of these blood-borne pathogens during incarceration. The report from this study will be released in 2008.

Tri-County (Clackamas, Multnomah, and Washington Counties) Community Identification: In 2005-2006, the three county health departments collaborated to conduct an in-depth community assessment related to risk and protective behaviors for HIV transmission and acquisition among Portland-area men who have sex with me. The assessment laid the foundation for joint implementation of Community PROMISE, an evidence-based HIV prevention interventions, targeted to the highest-risk MSM. Results of the assessment findings and implications were shared with the SPG in June 2007.

APPENDIX

Glossary and Definition of Acronyms

AIDS	Acquired Immunodeficiency Syndrome, a life-threatening disease
AMHD	Addictions and Mental Health Division (of the Oregon Department of Human Services)
BRFSS	Behavioral Risk Factor Surveillance Survey (a national telephone survey of adults regarding their risk factors for disease and injury)
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention
CID	Community Identification Process (assessment of targeted community to determine behaviors that are putting individuals at risk; and to stage readiness of change in the community)
CLI	Community Level Intervention—a prevention program that attempts to promote healthy social norms in a <i>community</i>
CLHO	Conference of Local Health Officials (a statutorily-established group that addresses local public health issues)
CRCS	Comprehensive Risk Counseling Services, a program providing HIV prevention information and support to persons with complex prevention needs (formerly known as Prevention Case Management, or PCM)
CTRS	(HIV Prevention) Counseling, Testing, and Referral Services
CY	Calendar Year
DEBI	Diffusion of Effective Behavioral Interventions (a CDC Project promoting effective HIV prevention programs)
DHS	Oregon Department of Human Services
FTE	Full-time equivalent
FY	Fiscal Year
Gay/Bi	Gay and/or Bisexual
GLI	Group Level Intervention—a prevention program that promotes personal risk reduction behaviors through a <i>group</i> process
GP	General Population
HAAP	HIV/AIDS Awareness Project (a peer-led program in the Oregon State Penitentiary)
HARS	HIV/AIDS Reporting System
HCV	Hepatitis C Virus
HE/RR	Health Education and Risk Reduction Programs
HIV	Human Immunodeficiency Virus, the virus that causes AIDS
HOPWA	Housing Opportunities for Persons with AIDS (a federal housing subsidy program specific to persons living with HIV and AIDS)
HST	HIV/Sexually Transmitted Disease/Tuberculosis Program of the Oregon Department of Human Services, also known as the HIV/STD/TB or HST Program
I&R	Information and Referral

ILI	Individual Level Intervention—a prevention program that promotes reduction behaviors through a <i>one-to-one</i> process
IDU	Persons who inject drugs
LHD	Local Health Department
MIS	Management Information System
MSM	Men who have sex with men or men who have sex with men and women
MSM/IDU	Men who have sex with men (or men who have sex with men and women) and who use injection drugs
OHROCS	Oregon Harm Reduction, Outreach, and Care Services
PCRS	Partner Counseling and Referral Services (a program to assist persons with HIV to inform sexual and/or drug using partners of their potential exposure to STDs, including HIV)
PEMS	Program Evaluation and Monitoring System (data collection system for HIV prevention programs developed by CDC)
PLWH	Person Living with HIV
REP	Replicating Effective Programs, a CDC project promoting effective HIV prevention programs
SAMHSA	Substance Abuse and Mental Health Services Administration, an agency in the United States Department of Health and Human Services
SPG	Oregon Statewide HIV Prevention Planning Group
STD	Sexually Transmitted Disease
TB	Tuberculosis
WIC	Women, Infants, and Children, a federal nutrition program serving pregnant women, infants, and children

