

HIV/AIDS EPIDEMIOLOGY BRANCH UPDATE

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Office of AIDS (OA) has posted the latest statewide counts for HIV and AIDS diagnosis at the end of each month for several years. The same format was used until September 2007, but starting with the October 2007 report a new format containing more information was used. The December 2007 report is included.

The Emergency HIV reporting regulations that have been in effect since April 16, 2006 will be made permanent. OA received this news from the Office of Administrative Law on February 6, 2008.

In April, a stakeholders meeting will be held concerning potentially unresolved issues about the HIV reporting language. All members of CHPG will be among those invited to participate. A potential long term result of this meeting is to offer amendments to the HIV reporting regulation language in the future.

HIV PREVENTION RESEARCH AND EVALUATION SECTION

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Local Evaluation Online Activities

Development of LEO is in process, and the initial module for capturing administrative information has rolled out on schedule. This module contains functionality that allows agencies to define their services, staff, subcontracts, contact information, and intervention and location information. Subsequent modules are in process, and will roll out in a phased fashion over the next few months. LEO rollout is scheduled to conclude Summer of 2008, when LEO functionality will include all modules to capture Counseling and Testing (C&T), Partner Counseling and Referral Services (PCRS), and HIV/AIDS Health Education / Risk Reduction functions. At that point will begin a maintenance and operations phase, during which time any functionality issues will be addressed in order of priority.

PRE and Office of AIDS (OA) staff conceptualized LEO using a modular approach which allowed for the relevant data and intervention program experts to focus on conceptualizing LEO functionality to meet all the needs of that module. These modules were: Administrative, HIV C&T, HIV/AIDS Health Education / Risk Reduction (HE/RR), Training, Inventory, Invoicing, Reports, and Help. Within each module, LEO functionality was conceptualized based on historic feedback from our stakeholders, historical technical assistance and quality assurance needs of data system users, OA and CDC policy and program revisions, data standardization across OA programs and with the STD Control Branch, and in anticipation of future data collection needs and activities. The resulting functionality was then given a priority ranking.

OA has begun providing LEO users with in person training, and is preparing for supplemental web-based trainings to be provided. The "Quick-Start Guide", which is a condensed guidance document has been developed and disseminated to LEO users. The current version contains information relevant to currently functional LEO modules. As additional modules are released, the Quick Start Guide will be updated with instructions and information necessary to access that functionality. A Technical Systems Manual describing LEO functionality, navigation steps, frequently asked questions, and definitions of terminology will also be developed.

PRE staff attended the HIV C&T Coordinator's Meeting October 9 – 11, 2007 to answer service provider questions regarding data collection and LEO; PRE also gave a presentation on LEO conceptualization, development, implementation, functionality, user training, and plans for providing technical assistance. The response from service providers was very positive and appreciative regarding LEO functionality and OA's plans for implementation and training.

HIV Counseling & Testing Restructure Activities

PRE continues to support C&T restructure activities and consult with C&T staff to ensure LEO development meets critical functionality needs. PRE conducted analyses of information obtained during the C&T Restructure Pilot that confirmed that client and service provider experiences in the restructured program have been positive and that the Client Assessment Questionnaire (CAQ) is a reliable HIV risk screening tool.

PRE is also supporting restructure activities by taking the lead on finalizing, printing, and distributing all forms required for the restructured model, including the CAQ, a new version of the Client Information Form (CIF), the Testing Incident Report (TIR), lab slips, and the PCRS Partner Information Form (PIF). All forms have been printed and distributed, with the exception of PCRS, which are currently in the printing process. PRE has also written guidance for the use of these forms and has collaborated in writing other HIV C&T program guidance documents.

Finally, PRE continues to work with researchers from the University of California San Diego to conduct an evaluation of repeat testers and offering these clients the option to opt-out of the counseling intervention. The opt-out evaluation is occurring in Los Angeles and San Francisco and includes three components: a secondary analysis of HIV C&T data, focus groups, and a client survey.

California HIV/AIDS Research Program (CHRP) Activities

Seven of the Community Collaborative Research Project grantees for the 2004-2006 funding cycle had abstracts accepted at the 2007 CDC HIV Prevention Conference in December 2007. The abstracts described projects in California that focus on Non-Gay Identifying African American or Latino men, or Methamphetamine and Gay men or MSM and were presented in two panels. OA and CHRP presented an overview of the Collaborative Research Project program; grantees presented on their research and reported preliminary results from their work. OA, CHRP, and grantees met during the Conference to discuss plans for disseminating research findings. Abstracts for an edited volume or special issue journal publication are being developed and will be submitted for review.

OA and CHRP have also released the first three Request for Applications (RFA) for the 2007-2010 Special Initiatives Program and The Community Collaborative Research Project. Awards have been made to the following projects:

Evaluation of Deployment of RNA Testing for Acute HIV Detection in Community Settings (2 Awards):

- Susan Little (UCSD) and Terry Cunningham (SDDPH)
- Christopher Pilcher (UCSF) and Jeffrey Klausner (SFDPH)

Developing and Evaluating an HIV Prevention Intervention for African American Women at High Risk (1 Award)

- Nina Harawa (Drew) and Sergio Avina (JWCH)

Testing Promising Interventions among African American and Latino MSM and Their Sexual Partners (2 Awards):

- Rafael Diaz (SFSU) and Gomez-Benitez (Mission Neighborhood Health Center) "Hermanos de Luna y Sol"
- Emily Arnold (UCSF) and Carla Dillard Smith (Cal-PEP) "The Bruthas Project"

OA and CHRP have completed Phase 1 of the CHOICE website. The site was launched at the end of December 2007. ChoiceHIV.org provides tools for local community planning and it provides a menu of searchable prevention interventions with evidence based effectiveness. Plans for state-wide deployment are underway.

OA, CHRP and the San Francisco AIDS Foundation are co-sponsoring a Think Tank on "Establishing Evidence in Social and Behavioral HIV Prevention" in San Francisco on March 6-7, 2008. The purpose of the meeting is for HIV prevention scientists and evaluation researchers to identify what evidence is needed to make decisions about resource allocation for behavioral, social and structural interventions as they are deployed in community settings, and what methods are best for obtaining that evidence.

CHRP is planning a series of stakeholder input meetings in April 2008. These meetings will be held in San Francisco and are intended to help CHRP identify priority research areas for funding in the next few years.

Satellite Syringe Exchange Activities

The SSE Targeted Initiative funded for 2007 – 2010 has commenced its activities. The five programs (Clean Needles Now / Public Health Foundation Enterprises, Inc; Family Health Centers of San Diego; HIV Education and Prevention Project of Alameda County; Safer Alternatives thru Networks and Education; Tenderloin Health / Homeless Youth Alliance) have developed tailored SSE training curricula and have performed on-going trainings of recruited SSE. Trained SSE have begun satellite syringe exchange and related educational activities. The five programs worked extensively with OA in the development of evaluation materials, which are currently being piloted.

Data Dissemination Activities

PRE has developed the first series of what will become semi-annual HIV Counseling & Testing summaries specific to populations of interest. A separate summary document has been disseminated for each of the following populations: men who have sex with men (MSM), injection drug-users (IDU), MSM/IDU, African-Americans, Latinos/as,

women, transgender persons, and youth/young adults. These documents are now available on the OA website.

CARE RESEARCH AND EVALUATION SECTION

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AIDS Regional Information and Evaluation System (ARIES)

ARIES is an internet-based HIV/AIDS client case management system that assists providers in coordinating the care of their HIV clients while producing state and federal mandated HIV care reports. The statewide installation of ARIES was successfully launched on July 17, 2006, and more providers are being migrated to ARIES each month. The Office has transitioned approximately 50 percent of our contracted HIV care providers over to ARIES. An OA Local Implementation Committee works directly with providers to prepare them for migration to ARIES and continues to offer technical assistance and quality assurance activities post-implementation of ARIES. This Committee is currently working closely with the San Francisco EMA as they prepare for a spring 2008 implementation of ARIES; implementation discussions have started with the Orange County TGA.

A new release of ARIES is currently undergoing the approval process, and should be available to ARIES users by mid to late February. This release of ARIES contains the new HRSA Ryan White Data Report (RDR) and allows providers to directly upload their RDR data to HRSA/HAB's electronic handbook.

Staff is working with WebEx to develop a self-paced series of ARIES training modules. These will not replace the initial one-on-one trainings that provider staff receives as they first adopt ARIES, but will be useful for refresher trainings and new provider staff.

As of February 14, 2008, the ARIES system contains more than 21,000 unduplicated clients associated with over 880,000 services. There are currently 116 providers with almost 1,100 staff certified to use ARIES.

HRSA Client Level Data Reporting

Starting January 2009, HRSA is requiring all Ryan White funded providers to collect demographic and service data for all clients on an individual-level basis. In the past, HRSA has collected demographic and service data from all providers on an aggregate level (collected via the CADR and new RDR). Client identifiers will not be included in the data submission. HRSA's stated goals for moving to client level data (CLD) reporting are as follows:

- To obtain accurate counts of those individuals served by Ryan White (RW);
- To define performance measures and evaluate progress; and

- To increase grantee capacity to collect system- and client-level data, in order to improve their accountability in reporting.

Over the past year OA staff has participated in two interviews with HRSA to assess our ability to collect and report CLD, including possible training and resource needs. On February 4, 2008, along with other California Ryan White Part A-D Grantees, staff participated in a meeting with HRSA contract staff to “Vet the HAB Client-Level Data System” by seeking input from grantees regarding (a) the CLD data elements, (b) the data capture process, (c) an appropriate unique client identifier, and (d) data analysis and reporting needs.

Staff provided comments/concerns on the proposed CLD system to HRSA directly at the vetting meeting and followed up by entering comments in the online vetting tool.

HRSA plans to submit the final CLD forms for federal OMB approval in April 2008, once the vetting process across the country has been completed. Once this submission occurs, HRSA suggests that grantees consider modifying their data systems to match these new forms.

HRSA has committed to not mandating that all grantees use one system to report RW CLD; the existing electronic handbook will be modified to allow the transfer of data from individual CLD systems. ARIES is a system that captures individual-level demographic and service data. Some modifications will be necessary to accommodate all the new reporting requirements, but these will be in place by January 2009 when the mandated CLD begins.