

National Goals:

1. Reduce new HIV infections.
2. Increase access to care and optimize health outcomes for people living with HIV.
3. Reduce HIV-related health disparities and health equities.
4. Achieve a more coordinated national response to the HIV epidemic.

Local Comp Plan Objectives:

6. Increase the percentage of newly diagnosed persons in the San Jose TGA linked to HIV medical care within one month of their HIV diagnosis to at least 85%.
7. Increase the percentage of San Jose TGA residents newly diagnosed with HIV who are virally suppressed within 6 months of diagnosis to at least 75%.
8. Increase the percentage of San Jose TGA residents with diagnosed HIV infection who are virally suppressed to at least 80%.
9. Increase the percentage of San Jose TGA residents with diagnosed HIV infection who are in HIV medical care to at least 90%.

Local GTZ Objectives in Goal 2:

6. Increase the percentage of Hispanic/Latino, Asian persons and persons aged 19-34 years of age in the San Jose TGA who are newly diagnosed linked to HIV medical care within one month of their HIV diagnosis to at least 90%.
7. Increase the percentage of newly diagnosed persons infected through injection drug use, those aged 13-24 years old and those who are Hispanic/Latino in the San Jose TGA who are virally suppressed within 6 months of diagnosis to at least 75%.
8. Increase the percentage of Black/African American, Hispanic/Latino, 19-24 year olds and those infected through heterosexual sex in the San Jose TGA with diagnosed HIV infection who are virally suppressed to at least 80%.

Measures to be achieved by July 30, 2018:

1. Percentage of persons newly diagnosed with HIV who are linked to care within 30 days of diagnosis.
2. Median time to viral suppression for persons newly diagnosed with HIV.
3. Percentage of PLWH who are classified as out of care.
4. Number of Ryan White clinics with at least one peer navigator on staff.
5. Number of HIV care providers trained on peer/client navigation.
6. Written policy and barriers analysis on linkage to care released.
7. Percentage of PLWH who are in care.
8. Number of Ryan White clinics with a missed appointment tracking system.
9. Number of providers trained on improving capacity to retain clients in care.
10. Number of known pharmacy tickler programs.
11. Percentage of ADAP clients who missed prescription refills who had appropriate follow up to ensure continued engagement in care.
12. Proportion of PLWH who are comprehensively insured.
13. Number of PLWH who access mental health services.
14. Number of PLWH who access substance use treatment/harm reduction services.
15. Percentage of PLWH with an unmet need for mental health services.
16. Percentage of PLWH with an unmet need for substance use treatment and/or harm reduction services.
17. Percentage of Ryan White clients who are stably housed.
18. Percentage of PLWH who are homeless.
- 19.* Number of patients that have dropped out who are reached by outreach.

GTZ Priority 3 – Initiation of Care & Retention in HIV Care

Strategy D: Improve Linkage to Care & Strategy E: Improve Retention in Care

20.* Number of referrals made and to whom 21.* Meetings to coordinate care and retain patients 22.* Increase in knowledge on how to access care <i>*These outcome measures come from the LGTZ plan and the Evaluation Planning meeting</i>				
Main Activity D1: Implement systems for rapid linkage to care. Targeted Populations: HIV medical providers.				
Year	Strategy	Key Action Steps	Responsible	Status
Main Activity D2: Enhance “Data to Care” activities to more rapidly identify people who have fallen out of care and actively re-engage them in care. Targeted Populations: HIV surveillance departments within local health jurisdiction and DIS workers or other field teams who are skilled at outreach and re-engagement.				
Year	Strategy	Key Action Steps	Responsible	Status
Main Activity D3: Expand the use of patient/client navigation programs Targeted Populations: Community-based organizations, specialty medical clinics and peer navigators				
Year	Strategy	Key Action Steps	Responsible	Status
Main Activity D4: Identify barriers to linkage to care and develop strategies to address them. Targeted Populations: Office of AIDS, Local health jurisdictions, medical and community-based HIV service providers.				
Year	Strategy	Key Action Steps	Responsible	Status
2		Conduct a barriers analysis to determine linkage to care and retention issues in the community	LTC/Retention Team/HIV providers	In progress
3		Develop strategies to address barriers with community providers	Community Providers/LTC/Retention Team	Pending
Main Activity E1: Expand provider education to improve capacity to retain clients. Targeted Populations: Medical providers, particularly those who provide care to patients at high risk of falling out of care.				
Year	Strategy	Key Action Steps	Responsible	Status
Main Activity E2: Implement pharmacy tickler programs. Targeted Populations: Pharmacists, staff of specialty pharmacies and medical care providers.				
Year	Strategy	Key Action Steps	Responsible	Status
2		Determine the number of tickler programs in the County	PHD Pharmacy	In progress

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3		Develop guidelines for implementing tickler programs to distribute to community pharmacies	LTC/Retention Team	Pending
Main Activity E3: Increase the number of persons living with HIV in the San Jose TGA who are enrolled in health insurance coverage. Targeted Populations: Medical clinics, community organizations and pharmacies that serve a large number of patients/clients/customers who are uninsured or under-insured.				
Year	Strategy	Key Action Steps	Responsible	Status
Main Activity E4: Improve integration of basic substance abuse/mental health interventions with HIV care settings. Targeted Populations: Mental health facilities, substance use treatment facilities and medical insurance plans and providers.				
Year	Strategy	Key Action Steps	Responsible	Status
Main Activity E5: Strengthen relationships with organizations that provide housing support for clients in unstable or disadvantaged living situations. Targeted Populations: Housing agencies (governmental and community-based) and HIV care and treatment providers				
Year	Strategy	Key Action Steps	Responsible	Status

Top 5 Identified Priority Measures	Lead Responsible	Status
1. % of newly diagnosed persons linked to care within 30 days	Bob/Jenn	Data acquired
2. % of persons virally suppressed within 6 months of diagnosis	Bob/Jenn	Data acquired
3. % of people living with HIV classified as out of care	Bob/Jenn	Data acquired
4. % of people living with HIV who are in care	Bob/Jenn	Data acquired
5. Number of pharmacy tickler programs	Quelan/PHD Pharmacy	In progress