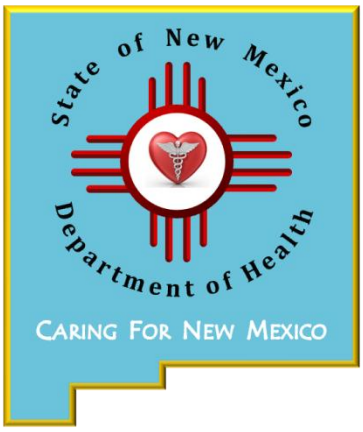

New Mexico HIV Prevention Comprehensive Program Plan

New Mexico Department of Health (NMDOH)
HIV Prevention Program

September 2012

HEALTH DEPARTMENT CONTACT INFORMATION					
Award Number:	1U62PS003657-01				
Health Department:	New Mexico Department of Health				
Mailing Address:	HIV Prevention Program 1190 S. St Francis Drive, Suite S1300				
City:	Santa Fe	**State:**	NM	**Zip Code:**	87502
Phone Number:	(505) 476-3624			**Fax:**	(505) 827-2862

Contact Information for this program plan	Title/Position	Name	Phone Fax	E-mail Address
Primary Contact	HIV Prevention Program Manager	Andrew Gans, MPH	Ph: (505) 476-3624 F: (505) 827-2862	Andrew.gans@state.nm.us
Secondary Contact	Deputy Director, Public Health Division	Marcella Ortega	Ph: (505) 827-9700 F: (505) 827-2329	Marcella.ortega@state.nm.us

HEALTH DEPARTMENT FUNDED CATEGORIES
Please select the required core components and recommended program components implemented with the jurisdiction:
Category A: HIV Prevention Programs for Health Departments
Required core components *(required for all funded grantees):*
☒ HIV Testing ☒ Comprehensive Prevention with Positives ☐ Condom Distribution – *Note: Activities conducted with state dollars only.* ☐ Policy Initiatives – *Note: No priorities for Policy Initiatives were identified.*
Recommended program components:
☒ Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk ☐ Social Marketing, Media and Mobilization ☐ Pre-Exposure Prophylaxis and Non Occupational Post-Exposure Prophylaxis Services
Category B: Expanded HIV Testing for Disproportionately Affected Populations
☒ *Not Applicable/Not Funded*
Program components:
☐ HIV Testing in Healthcare Settings (required) ☐ HIV Testing in Non-Healthcare Settings (optional) ☐ Service Integration (optional)
Category C: Demonstration Projects for Innovative, High-Impact Prevention
☐ *Not Applicable/Not Funded*
Program focus areas:
☒ Structural, Behavioral, and/or Biomedical Interventions ☐ Innovative HIV Testing Activities ☐ Enhanced Linkage to and Retention in Care ☐ Advanced Use of Technology ☐ Programmatic use of CD4, viral load and other surveillance data

PS12-1201 Resource Allocation

Please identify each city/MSA with at least 30% of the HIV epidemic within the jurisdiction. For directly-funded cities, please report areas or zip codes within the MSA with at least 30% of the HIV epidemic within the jurisdiction. If no area represents at least 30% of the HIV epidemic, then identify the top three MSA/MDs, cities, or areas within the jurisdiction that have the greatest burden of disease.			
MSA/CITY	**Percentage of HIV Epidemic**	**Percentage of PS12-1201 Funds Allocated**	**Components and Activities Funded**
Bernalillo MSA, including the City of Albuquerque	***Bernalillo MSA*** (comprised of Bernalillo, Sandoval, Torrance and Valencia Counties) has 1,692 persons living with HIV/AIDS or 50.7% of total living cases. For NMDOH, this is defined as the Metro Region, which is one of five public health regions.	**56.9% of total dollars.** **Total of $981,417 in staffing and contractual dollars, out of total request of $1,723,541 for Categories A and C.** *(See calculation on next page.)*	**Staffing of regional Disease Prevention Team (DPT) and contracts with six community-based organizations to provide:** **- HIV Testing** **- Comprehensive Prevention with Positives** **- Evidence-based HIV Prevention Interventions for HIV Negative** **- Expanded HIV Partner Services (EHPS) Demonstration Project under Category C**

Funded activities in Bernalillo County and Albuquerque include:

- Salaries and fringe benefits for staff of the DPT assigned to the Metro Region of the Public Health Department – Total of $261,287
  Total dollars under Category A: $115,741 in salary and $46,296 in fringe benefits
  Total dollars under Category C: $70,893 in salary and $28,357 in fringe benefits

- Contracts with the following agencies that serve the Metro Region – Total of $720,130
  - African American Health and Social Services: $70,000 from Category A
  - First Nations Community Health Source: $45,050 from Category A
  - Healthcare for the Homeless: $120,005 from Category A
  - New Mexico AIDS Services (NMAS): $190,900 from Category A plus $13,125 from Category C, out of $215,125 total contract (balance is for Northwest Region)
  - Planned Parenthood: $255,800 from Category A
  - Transgender Resource Center of NM: $25,250 from Category A

PS12-1201 Category A

HIV Prevention Programs for Health Departments *(core funding)*

Required Component: HIV Testing

The following are the National-Level Objectives and Performance Standards that will be used for HIV testing and linkage to care activities funded under Category A. Category A goals and objectives should be developed in relation to the National-Level Objectives and Performance Standards while also addressing elements of each program component as listed in the FOA.

National Goal: CDC expects approximately **two** million HIV tests will be provided annually, among all funded jurisdictions, when the program is fully implemented.

Performance Standards: CDC expects each funded jurisdiction to achieve the following performance standards, when the program is fully implemented:

- ❑ For targeted HIV testing in non-healthcare settings or venues, achieve at least a 1.0% rate of newly-identified HIV-positive tests annually.
- ❑ At least 85% of persons who test positive for HIV receive their test results.
- ❑ At least 80% of persons who receive their HIV-positive test results are linked to medical care and attend their first appointment (within 90 days of the positive HIV test).
- ❑ At least 75% of persons who receive their HIV-positive test results are referred to and interviewed for Partner Services (within 30 days of having received a positive test result).

Required Elements for HIV Testing:

A. Implement and/or coordinate opt-out HIV testing of patients ages 13-64 in healthcare settings.
B. Implement and/or coordinate HIV testing in non-healthcare settings to identify undiagnosed HIV infection using multiple strategies and the most current recommendations for HIV counseling, testing and referral.
C. Support HIV testing activities in venues that reach persons with undiagnosed HIV infections.
D. Ensure the provision of test results, particularly to clients testing positive.
E. Promote routine, early HIV screening for all pregnant women, according to current CDC recommendations.
F. Encourage and support health department and non-health department providers to increase the number of persons diagnosed with HIV through strengthening current HIV testing efforts or creating new services.
G. Facilitate voluntary testing for other STDs (e.g., syphilis, gonorrhea, chlamydial infection), HBV, HCV, and TB, in conjunction with HIV testing, including referral and linkage to appropriate services, where feasible and appropriate and in accordance with current CDC guidelines and recommendations. *(This activity may be implemented in collaboration with STD, hepatitis, and/or TB programs).*

H. Ensure that testing laboratories provide tests of adequate quality, report findings promptly, and participate in a laboratory performance evaluation program for testing. *(This activity may be done in conjunction with surveillance and/or laboratory services).*
I. Incorporate new testing technologies, where feasible and appropriate.

HIV Testing Goals:

The New Mexico Department of Health (NMDOH) HIV Prevention Program will conduct and support HIV testing activities to increase the proportion of HIV-infected persons in the state who know they are infected and are linked to HIV care and support services.

HIV Testing Objectives and Annual Targets

In an effort to monitor progress toward meeting the PS12-1201 Category A national objectives, please submit your jurisdictional proposed objectives for number of HIV test events, number of newly-identified HIV-positive test results, and new HIV-positive test rate for years 1-5 of the project period. For each year, enter the projected number of HIV test events that will be conducted and the anticipated new HIV-positive test rate.

Note: New Mexico proposes and anticipates a new HIV-positive test rate below the national standard of 1.0%. This is related to the nature of services in rural/frontier areas and the fact that the state has moderate/low HIV incidence. For New Mexico to achieve the 1.0% overall target, sites operated by Public Health Offices in rural and frontier counties would have to be closed. Given that these are the only HIV testing providers of any kind in many smaller New Mexico counties, this would reduce overall access to testing and would be counter to NMDOH aims for ensuring access to services. Therefore, closing these sites isn't feasible and the target rate is lower. However, sites in urban areas are expected to individually meet this target.

	Targets Per Year					
Objectives	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
# of HIV testing events	9,000	9,000	9,000	8,000	8,000	43,000
# of HIV positive test results	65	70	70	62	62	329
# of newly-identified HIV-positive test results	65	70	70	62	62	329
New HIV-positive test rate (%)*	0.72%	0.78%	0.78%	0.78%	0.78%	0.77%
# of newly identified HIV-positive test results returned to clients	60	65	65	58	58	306
# of HIV tests delivered using the Unigold rapid test device	1,800	2,000	2,200	2,400	2,400	10,800

**# of newly-identified HIV-positive test results (numerator)/ # of HIV testing events (denominator) = Target rate for new HIV positivity.*

Outcome Objective(s) **Increase the number of HIV-infected persons in the state who know they are infected and are linked to HIV care and support services.**	**Responsible for implementation**
Process Objective 1 – Targeted HIV Testing: During each calendar year from 2012 through 2016, provided targeted conventional and rapid HIV counseling, testing and referral services (CTRS) to at least 8,000 to 9,000 individuals at risk of HIV infection by supporting testing activities at 80+ partner CTRS sites across New Mexico. *(Note that total testing numbers will decline in years four and five, as the jurisdiction is receiving a stark decrease in funding under PS12-1201, Category A.)* **Process Objective 2 – Expanded Rapid Testing:** During each calendar year from 2012 through 2016, increase the proportion of newly identify, confirmed HIV positive individuals who receive their test results by expanding the availability of rapid CTRS using Unigold. Rapid testing will be delivered at sites operated by NMDOH and community partners to serve at least 1,800 to 2,400 at risk individuals annually. This will be achieved by delivering the Fundamentals of Rapid CTRS course at least twice per year to train at least 30 counselors per year.	All trainings are provided by the four NMDOH HIV Health Educators who are assigned to regional DPT. The HIV Prevention Program also plans to recruit a Training Coordinator in late 2012 to oversee these trainings. Targeted HIV testing, including expanded rapid testing, is provided by staff and volunteers at the 80+ test sites. This includes prevention educators and case managers at community-based organizations, as well as nurses and DPT staff at NMDOH Public Health Offices.

Capacity Building Activities Planned for HIV Testing:

- Deliver the two-day Fundamentals of HIV Prevention Counseling course at least seven times per year across New Mexico, with at least one training session per year in each of the five Public Health Regions. This course is based on the CDC curriculum but condensed into two days, with information on hepatitis and STD added.
- Deliver the two-day Fundamentals of Rapid CTRS course at least twice per year.
- Deliver a series of CTRS Re-certification trainings each spring via telehealth. All CTRS counselors are required to be re-certified at least once every two years via this two to four hour training.

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
How many HIV tests were delivered?	Total number of HIV tests	EvaluationWeb	Data is analyzed and reviewed quarterly.
How many persons learned their HIV status?	Number of newly identified positive HIV tests that had results returned to clients	EvaluationWeb	Data is analyzed and reviewed quarterly.
How many persons received testing using a rapid device?	Number of tests delivered with the Unigold rapid device.	EvaluationWeb	Data is analyzed and reviewed quarterly.
Is testing being delivered appropriately with quality counseling?	Quality of counseling	Site visits by regional HIV Health Educators.	Site visits are conducted twice per year for busy sites (>25 tests per year) and once per year for less busy sites.
Is each test site appropriately targeting, reaching out to and recruiting at-risk clients?	Demographic profile of tests conducted at each site, with a focus on proportion of tests that were provided to MSM and IDU.	EvaluationWeb and site visits.	Site visits are conducted twice per year for busy sites (>25 tests per year) and once per year for less busy sites.

Please note: Analysis of CTRS data from EvaluationWeb is provided by the HIV Prevention Program's Data Coordinator. Site visits in each region are conducted by the HIV Health Educator assigned to that regional DPT, with assistance of HIV Prevention Program central staff.

Required Component: Comprehensive Prevention with Positives

Required Elements for Comprehensive Prevention with Positives:

A. Provide linkage to HIV care, treatment, and prevention services for those persons testing HIV-positive or currently living with HIV/AIDS.
B. Promote retention or re-engagement in care for HIV-positive persons.
C. Offer referral and linkage to other medical and social services such as mental health, substance abuse, housing, safety/domestic violence, corrections, legal protections, income generation, and other services as needed for HIV-positive persons.
D. Provide ongoing Partner Services (Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection, 2008. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5709a1.htm) for HIV-positive persons and their partners: Collaborate and coordinate with STD programs, and HIV and/or STD surveillance programs to utilize data to maximize the number of persons identified as candidates for Partner Services. (2) Partner with non-health department providers, including CBOs and private medical treatment providers, to identify more opportunities to provide Partner Services.
E. Assure that HIV-positive pregnant women receive the necessary interventions and treatment for the prevention of perinatal transmission.
F. Conduct sentinel event case review and community action to address local systems issues that lead to missed perinatal HIV prevention opportunities by utilizing the Fetal and Infant Mortality Review (FIMR)-HIV Prevention Methodology, including CDC's web-based data system (see www.fimrhiv.org), where appropriate and based on local need and the availability of resources.
G. Support behavioral and clinical risk screening followed by risk reduction interventions for HIV-positive persons and HIV-discordant couples at risk of transmitting HIV.
H. Support implementation of behavioral, structural, and/or biomedical interventions (including interventions focused on treatment adherence) for HIV-infected persons.
I. Support and/or coordinate integrated hepatitis, TB, and STD screening (STD Treatment Guidelines, 2010), and Partner Services for HIV-infected persons, according to existing guidelines.
J. Support reporting of CD4 and viral load results to health departments and use of these data for estimating linkage and retention in care, community viral load, quality of care, and providing feedback of results to providers and patients, as deemed appropriate.
K. Promote the provision of antiretroviral therapy (ART) in accordance with current treatment guidelines. (CDC funds may not be used to purchase antiretroviral therapy).

Comprehensive Prevention with Positives Goals:

The New Mexico Department of Health (NMDOH) HIV Prevention Program will conduct and support a range of effective and evidence-based HIV prevention interventions, including HIV Partner Services (PS), to persons living with HIV/AIDS in the state to decrease risky sexual and drug-using behaviors within this population.

Comprehensive Prevention with Positive Objectives and Annual Targets						
	Targets					
Objectives	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Newly-identified HIV-positives						
# of newly identified HIV-positive test results from targeted CTRS activities that are returned to clients *(Note: These figures are from targets for CTRS described previously.)*	60	65	65	58	58	306
# HIV-diagnosed clients (new and previous positives) linked to HIV medical care	56	61	61	54	54	286
# of clients with a newly-identified HIV-positive test result linked to medical care and attended their first medical appointment	48	52	52	48	48	248
# of newly-identified HIV-positive clients who were referred and linked to prevention services	30	32	32	30	30	154
# of clients with a newly-identified HIV-positive test result referred to and interviewed for Partner Services	48	52	52	48	48	248
# of persons living with HIV/AIDS who are enrolled and participate in at least one session of an evidence-based local or national model of HIV prevention intervention (i.e. Healthy Relationships, Partnership for Health, or Positive Adventures)	250	250	250	200	200	1,150
Additional local objective	N/A	N/A	N/A	N/A	N/A	N/A

Outcome Objective(s) **1) Increase the number of HIV-infected persons in the state who know they are infected and are linked to HIV care and support services.** **2) Decrease risky sexual and drug-using behaviors among persons living with HIV through behavioral interventions.**	**Responsible for implementation**
Process Objective 1: During each calendar year from 2012 through 2016, provide and track referrals to HIV care and support services, Partner Services (PS) and HIV prevention interventions for each individual who receives an HIV positive test result. *(Note that total testing numbers will decline in years four and five, as the jurisdiction is receiving a stark decrease in funding under PS12-1201, Category A. Therefore, the number of positives to be linked is also smaller in these years.)* **Process Objective 2:** During each calendar year from 2012 through 2016, enroll and provide persons living with HIV (including sero-discordant couples) with evidence-based and effective behavioral interventions. This will include both nationally-recognized Diffusion of Evidence-based Interventions (DEBI) and other effective models (i.e. Healthy Relationships and Ask/Screen/Intervene) and effective locally developed models (i.e. Positive Adventures, Next Step and Do It Right.) *(Note that the number of persons served will decline significantly in years four and five, as the jurisdiction is receiving a stark decrease in funding under PS12-1201, Category A. The remaining funds will be prioritized for biomedical interventions, such as CTRS and PS, over behavioral interventions.)*	Targeted HIV testing, including expanded rapid testing, is provided by staff and volunteers at the 80+ test sites. This includes prevention educators and case managers at community-based organizations, as well as nurses and DPT staff at NMDOH Public Health Offices. All of these staff are responsible for delivering positive results and referrals. Community-based organizations may be aided in this task by their local DPT, including Infectious Disease Nurse Specialists. HIV prevention interventions for persons living with HIV are delivered by community-based organizations that have contracts with the HIV Prevention Program. Six of 10 current contractors offer prevention for positives.

Capacity Building Activities Planned for Prevention with Positives:

- Utilize Capacity-Building Assistance (CBA) from CDC-funded national training agencies to provide trainings on DEBI models as required due to staff turnover. This will typically include a repeat of the training-of-facilitators for Healthy Relationships every two to three years. Other models such as Ask/Screen/Intervene are implemented by fewer agencies so trainings on these models will be less frequent.
- Host trainings on new prevention models for persons with HIV as they become available.
- Provide ongoing training on linkage-to-care, including on the ARTAS model.
- Continue training on Comprehensive Risk Counseling and Services (CRCS) to promote resumption of this model for persons living with HIV in New Mexico.

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
How many persons with a newly identified HIV positive test result were linked to medical care and attended their first appointment?	Number of clients. Data gathered on referral tracking forms (to be developed by end of 2012) that request client consent to allow follow-up and confirmation of referral utilization. Information recorded on CTRS Form Part 2 for entry into EvaluationWeb.	EvaluationWeb	Data is analyzed and reviewed bi-annually.
How many persons with a newly identified HIV positive test result were linked to Partner Services (PS)?	Number of clients. Data gathered on referral tracking forms (to be developed by end of 2012) that request client consent to allow follow-up and confirmation of referral utilization. Information recorded on CTRS Form Part 2 for entry into EvaluationWeb.	EvaluationWeb	Data is analyzed and reviewed bi-annually.
How many persons with a newly identified HIV positive test result were linked to prevention programs?	Number of clients. Data gathered on referral tracking forms (to be developed by end of 2012) that request client consent to allow follow-up and confirmation of referral utilization. Information recorded on CTRS Form Part 2 for entry into EvaluationWeb.	EvaluationWeb	Data is analyzed and reviewed bi-annually.

Required Component: Condom Distribution

Note: This section is not applicable ☒ as New Mexico did not request any CDC dollars for Condom Distribution during the PS12-1201 grant period of 2012-2016. This activity has been ongoing in the state for years. Adequate State General Fund dollars are available, so CDC support is not requested or required.

Required Elements for Condom Distribution:

A. Conduct condom distribution to target HIV-positive persons and persons at highest risk of acquiring HIV infection.

Required Component: Policy Initiatives

Note: This section is not applicable ☒ as New Mexico did not identify any priorities for Policy Initiatives during the PS12-1201 grant period of 2012-2016. When Policy Initiatives are feasible during this period, New Mexico will use State General Fund dollars for this purpose.

Required Elements for Policy Initiative Strategies:

A. Support efforts to align structures, policies, and regulations in the jurisdiction with optimal HIV prevention, care, and treatment and to create an enabling environment for HIV prevention efforts. Policy efforts should aim to improve efficiency of HIV prevention efforts where applicable, and are subject to lobbying restrictions under federal law.

Recommended Component: Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk of Acquiring HIV

Not applicable ☐

Recommended Elements for Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk:

A. Provide behavioral risk screening followed by individual and group-level evidence-based interventions for HIV-negative persons at highest risk of acquiring HIV, particularly those in an HIV-serodiscordant relationship.
B. Implement community evidence-based interventions that reduce HIV risk.
C. Support syringe services programs (SSPs), where allowable, and according to HHS and CDC guidelines. Programs that use federal funding for SSPs should adhere to state and local laws, regulations, and requirements related to such programs or services. Programs must have a certification signed by an authorized official. Funded grantees must, in turn, have documentation that local law enforcement and local public health authorities have agreed upon the location for the operation of the SSPs.

HIV Prevention Intervention Goals:

The New Mexico Department of Health (NMDOH) HIV Prevention Program will conduct and support a range of effective and evidence-based HIV prevention interventions, including locally developed and national models. These will be provided to HIV-negative persons at highest risk, based on priorities established by the New Mexico HIV Prevention Community Planning and Action Group (CPAG). These efforts will decrease risky sexual and drug-using behaviors within these populations to reduce the number of new HIV infections in the jurisdiction.

EBIs for High-Risk Negatives Objectives and Annual Targets						
	Targets Per Year					
Objectives	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
# of high-risk HIV negative clients who will enroll in individual and group level evidence-based interventions (ILIs and GLIs)	4,000	3,000	1,500	1,500	1,500	11,500
# of community evidence-based interventions to be conducted	0	0	0	0	0	0
# of people to be reached by community evidence-based interventions	0	0	0	0	0	0
Additional local objectives	N/A	N/A	N/A	N/A	N/A	N/A

Note: New Mexico participates in a number of community-level interventions, most notably roughly six to eight Gay Pride events that occur in the state each summer. However, the only activity at these events that is funded with CDC dollars is HIV CTRS. Community evidence-based interventions at these events are supported entirely with state funds, so objectives and targets are not listed above.

Outcome Objective(s) **Decrease risky sexual and drug-using behaviors among prioritized populations through behavioral interventions.**	**Responsible for implementation**
Process Objective 1: During each calendar year from 2012 through 2016, enroll and provide at least 1,500 to 4,000 persons from risk groups prioritized by CPAG with evidence-based and effective behavioral interventions. This will include both nationally-recognized DEBI and other effective models (i.e. Many Men/Many Voices, VOICES/VOCES and Safety Counts) and effective locally developed models (i.e. Adventure Out, Incarcerated Health Education for Addictive Lifestyles, and Nizhoni SISTA.) *(Note that the number of persons served will decline significantly in years four and five, as the jurisdiction is receiving a stark decrease in funding under PS12-1201, Category A. The remaining funds will be prioritized for biomedical interventions, such as CTRS and PS, over behavioral interventions.)*	HIV prevention interventions for at-risk populations are delivered by community-based organizations that have contracts with the HIV Prevention Program. There are currently 10 contracting agencies and all deliver such services.

Capacity Building Activities Planned for HIV Prevention Interventions:

- Utilize Capacity-Building Assistance (CBA) from CDC-funded national training agencies to provide trainings on DEBI models as required due to staff turnover. This will typically include a repeat of the training-of-facilitators for Many Men/Many Voices and for VOICES/VOCES every two to three years. Other DEBI models require less frequent training as they are implemented by fewer agencies.
- Annual site visits to all funded contractors include a review of implementation fidelity. This helps to identify additional areas in which training and/or technical assistance is needed. For example, NMDOH hosts trainings on group facilitation skills every two to three years, as needed.

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
How many persons were assessed for risk and enrolled in effective HIV prevention interventions?	**Number of unique clients for whom assessment is completed.**	**EvaluationWeb**	**Data is analyzed and reviewed bi-annually.**
How many persons completed the entire series of these HIV prevention interventions?	**Number of clients who completed all sessions in an intervention series.**	**EvaluationWeb**	**Data is analyzed and reviewed bi-annually.**

Recommended Component: Social Marketing, Media, and Mobilization

Not applicable ☒
Note: No funds are requested in this area.

Recommended Elements for Social Marketing, Media, and Mobilization:

A. Support and promote social marketing campaigns targeted to relevant audiences (e.g., providers, high risk populations or communities) including the use of campaign materials developed and tested by CDC.
B. Support and promote educational and informational programs for the general population based on local needs, and link these efforts to other funded HIV prevention activities (e.g., pamphlets, hotlines, or social marketing campaigns).
C. Support and promote the use of media technology (e.g., Internet, texting, and web applications) for HIV prevention messaging to targeted populations and communities.
D. Encourage community mobilization to create environments that support HIV prevention by actively involving community members in efforts to raise HIV awareness, building support for and involvement in HIV prevention efforts, motivating individuals to work to end HIV stigma, and encouraging HIV risk reduction among family, friends, and neighbors.

Recommended Component: Pre-Exposure Prophylaxis (PrEP) and Non-Occupational Post-Exposure Prophylaxis (nPEP) Services

Not applicable ☒

Note: No funds are requested in this area. New Mexico does not anticipate implementing PrEP in the near future. nPEP is an ongoing activity that has been supported for many years with State General Fund dollars from both the HIV Prevention Program and the HIV Services Program.

Recommend Elements for Pre-Exposure Prophylaxis and Non-Occupational Post-Exposure Prophylaxis:

A. Support Pre-Exposure Prophylaxis (PrEP) services to MSM at high-risk for HIV consistent with CDC guidelines ("Preexposure Prophylaxis (PrEP) for the Prevention of HIV Infection in Men Who Have Sex with Men" guidelines in the *Morbidity and Mortality Weekly Report (MMWR)*. Programs that use federal funding for PrEP-related activities should adhere to state and local laws, regulations, and requirements related to such programs or services. PrEP-related activities must be implemented as part of a comprehensive HIV prevention program that includes, as appropriate, linkage and referral to prevention and treatment services for STD, viral hepatitis, substance abuse, and mental health, and other prevention support services. Funds may **not** be used for PrEP medications (antiretroviral therapy).

B. Offer Non-Occupational Post-Exposure Prophylaxis (nPEP) to populations at greatest risk.

PS12-1201 Category B

Expanded HIV Testing for Disproportionately Affected Populations

Not applicable ☒

PS12-1201 Category C

Demonstration Projects

Not applicable ☐

Focus Area (Choose at least one)

☒ Structural, behavioral, and/or biomedical interventions or a combination that will have a high impact on reducing HIV incidence

☐ Innovative testing activities that increase identification of undiagnosed HIV infections and/or improve the cost effectiveness of HIV testing activities

☐ Enhanced linkage to and retention in care for persons with new and prior diagnosis of HIV infection

☐ Advanced use of technology

☐ Programmatic and epidemiologic use of CD4, viral load and other surveillance data to assess and reduce HIV transmission risk

☐ Other (specify):

Please include goals for the demonstration project. Goals should be specific and linked to the appropriate focus area(s).

Focus Area [Specify] Goals:

The New Mexico Department of Health (NMDOH) HIV Prevention Program will increase the proportion of HIV-infected persons in the jurisdiction who know their status and are linked to HIV care and support services by conducting the four-year Expanded HIV Partner Services (EHPS) demonstration project. EHPS will provide HIV Partner Services (PS) that follows CDC guidelines, uses innovative strategies to serve a greater number of persons with HIV, and is fully integrated with STD partner notification.

Outcome Objective(s) **Increase the number of HIV-infected persons in the state who know they are infected and are linked to HIV care and support services.**	**Responsible for implementation**
Process Objective 1: During each year of the four-year EHPS Demonstration Project from 2012 through 2015, enroll at least 160 persons with HIV into PS and interview all of these clients. a) 60 persons newly diagnosed and reported with HIV will be referred by the NMDOH HIV and Hepatitis Epidemiology Program, accounting for roughly 40% of all diagnosed cases. b) 100 persons in ongoing care for HIV will be referred by an HIV Services Provider (HSP), often because of a new sentinel event. **Process Objective 2:** During each calendar year of EHPS from 2012 through 2015, maintain a partner index of at least 1.5, meaning an average of at least 1.5 sexual and/or needle-sharing partners elicited from the clients with HIV who are enrolled in PS. This means that at least 240 partners will be elicited each year. This partner index can be achieved by ongoing staff training on interviewing techniques, including Motivational Interviewing strategies, as well as through cluster interviews. **Process Objective 3:** During each calendar year of EHPS from 2012 through 2015, provide HIV testing to all partners who can be reached and notified. Utilize rapid testing with Unigold whenever feasible. Offer all sexual partners an opportunity for STD testing and appropriate referrals to HIV prevention interventions.	Funds from CDC under Category C support a number of positions within the five NMDOH regional DPT. The DPT are responsible for all HIV PS activities, including staff funded under Category A and C, those funded in part with the STD Prevention Grant and state funded positions such as the Infectious Disease Nurse Specialists. HSP agencies are responsible for referring their clients who have new "sentinel events" that indicate ongoing risk behavior and make them good candidates for PS. They receive incentives under Category C for completed referrals.

Capacity Building Activities Planned for Demonstration Project, Specify Focus Area:

- All NMDOH staff that conducts HIV and STD PS must first be certified via a week-long course on Introduction to STD Investigations (ISTDI) that is provided by the STD Prevention Training Centers. This course is repeated in New Mexico whenever there is a large group of new staff. The next course will be in October 2012 in Albuquerque.
- Staff must complete an annual refresher on HIV and other infectious disease Data Confidentiality and Security, provided by the HIV Prevention Program in collaboration with the HIV and Hepatitis Epidemiology Program. This annual certification is required to retain access to the PRISM database system.
- Staff must also complete required training before offering conventional and/or rapid HIV testing, as described previously.
- The statewide DPT has in-service trainings on topics related to HIV, hepatitis, STD and harm reduction every other month. These are conducted via telehealth and are called the "DPT ECHO" training sessions. Topics have included Internet Partner Services, Using Texting for PS, Cluster Interviews, Using PRISM, and other subjects related to this demonstration project.

Monitoring and Evaluation question	Quantitative/Qualitative Measures	Data Source	Timeline
How many persons living with HIV were referred to and interviewed for HIV Partner Services?	**Number of persons interviewed.**	**PRISM**	**Data is analyzed and reviewed bi-annually.**
How many partners were identified and reached to be offered HIV and STD testing and follow-up?	**Number of partners reached, interviewed and offered testing.**	**PRISM**	**Data is analyzed and reviewed bi-annually.**
How many partners that were tested for HIV were found to be newly identified HIV infected persons?	**Number of positive tests among partners.**	**PRISM**	**Data is analyzed and reviewed bi-annually.**