

Appendix 1: HHS National HIV/AIDS Strategy Implementation Group

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Appendix 2: HHS Agency/Office Status Report

CDC Activities Due by the End of CY2010:			
Goal/ Step	Lead/Other Agencies (All)	Actions to be Performed	Current Status
Goal 1; Step 1.1	HHS OS/CDC, SAMHSA, HRSA, and HUD	HHS OS will initiate consultations with CDC, SAMHSA, HRSA, HUD, and other departments or agencies as appropriate to develop policy recommendations for revising funding formulas and policy guidance in order to ensure that Federal HIV prevention funding allocations go to the jurisdictions with the greatest need.	Initial meeting 11/29/2010.
Goal 1; Step 1.1	CDC	CDC will continue to evaluate all existing HIV prevention programs every five years to ensure that Federal dollars support programs that are effective and have demonstrated improved health outcomes.	Programs are evaluated on an ongoing basis
Goal 1; Step 1.2.2	CDC	CDC will release an update of Act Against AIDS activities and an evaluation of successes and challenges.	Report issued in early CY2010
Goal 1; Step 1.2.4	CDC, SAMHSA	CDC and SAMHSA will complete guidance for evidence-based comprehensive prevention, including syringe exchange and drug treatment programs, for injection drug users.	CDC: Currently finalizing. Expected release by end of 2010/early 2011
Goal 1; Step 2.1	NIH/CDC	NIH and CDC will continue to test mathematical models to explore the best combinations of behavioral and biomedical prevention activities.	CDC: Underway
Goal 1; Step 2.3	CDC/SAMHSA	CDC and SAMHSA, in consultation with other agencies, will recommend necessary elements of comprehensive, evidence-based HIV prevention for injection drug using populations.	CDC: Currently finalizing. Expected release by end of 2010/early 2011
Goal 1; Step 2.4	CDC	CDC will work with States and localities to promote and implement scalable interventions with individuals living with HIV to lower their risk of transmitting HIV.	In January 2011, technical guidance will post on cdc.gov ; there is a consultation planned for March 2011; CDC MMWR recommendations are anticipated for June 2012
Goal 1; Step 3.1	CDC	CDC will initiate a CDC-wide review of all social marketing and education campaigns related to HIV, STI, substance abuse and risk behaviors that increase risk of HIV transmission and will work to expand evidence based efforts to achieve maximum impact.	Initial discussions have occurred.
Goal 1; Step 3.2	CDC	CDC will consider strategies for ensuring that school-based health education is providing scientifically sound information about HIV transmission and risk reduction strategies.	In addition to ongoing support of education agencies to improve their capacity to implement effective sexual health education programs, CDC School Health Guidelines to Prevent HIV, other STD and Pregnancy have been drafted, reviewed by an expert panel (September 2010), and will be finalized and released in early 2012
Goal 3; Step 2.2	CDC	CDC will identify which States and localities collect CD4 and viral load data.	Completed
Goal 3; Step 2.3	HRSA/CDC, SAMHSA	HRSA, CDC, and SAMHSA will include language in grant announcements requiring the integration of prevention and care services, including referrals to clinical services	CDC: Underway

CDC Activities Due by the End of CY2011:

Goal/ Step	Lead/Other Agencies (All)	Actions to be Performed	Current Status
Goal 1; Step 1.2	CDC	CDC will establish new standards for reviewing State and local prevention plans to ensure that Federal funds are used in a manner addressing people living with HIV and reflecting populations with greatest need.	CDC is planning to undertake an evaluation of the community planning process to determine how resources are matched to need and to incorporate lessons learned from the Enhanced Comprehensive HIV Prevention Planning and Implementation (ECHPP) project in guidance to sites
Goal 1; Step 1.2	CDC/HRSA, SAMHSA, HHS OS	CDC in consultation with HRSA, SAMHSA, and HHS OS will develop and implement a plan of recommended actions for reducing the proportion of HIV-positive individuals with undiagnosed HIV infection among target populations in high prevalence and incidence.	Finalizing Prevention with Positives guidelines
Goal 1; Step 1.2	CDC	CDC will update and issue guidelines on the provision of HIV counseling and testing in nonclinical settings.	Finalizing Non-Clinical Settings guidelines
Goal 1; Step 1.2	CDC	CDC will work with States to ensure that the new guidelines are incorporated into State HIV/AIDS plans	Once guidelines are finalized, CDC plans on working with sites to incorporate into their HIV/AIDS prevention plans
Goal 1; Step 1.2.1	CDC	CDC will develop recommendations for essential prevention activities and services provided to gay and bisexual men as part of the MSM initiative in the FY 2011 budget.	CDC is planning to develop safer sex recommendations for MSM and continue to work with grantees to improve prevention efforts with MSM. Full implementation of the Initiative depends on if it is funded
Goal 1; Step 1.2.1	CDC	CDC will work with States to increase capacity of STD surveillance systems to identify gender of sex partners and HIV infection status of men with reportable STDs.	CDC collects partner and HIV status information from the majority of primary and secondary syphilis cases. In addition, CDC has established a sentinel surveillance system (SSuN) to collect this information from sentinel clinics for chlamydia and gonorrhea cases. CDC Divisions are working together to facilitate sharing of data across programs at the state level.
Goal 1; Step 1.2.1	CDC	CDC will expand its work evaluating adaptations of specific interventions for transgender populations and issue a fact sheet recommending HIV prevention approaches for transgender persons.	Underway
Goal 1; Step 1.2.1	CDC	CDC will work with States to ensure that State plans address deficiencies in directing the needed proportion of resources to gay male and transgender populations—overall, and within racial/ethnic groups heavily impacted by the epidemic.	Underway
Goal 1; Step 1.2.2	CDC	CDC will work with States and localities with implementing the best combination of approaches to address HIV and STD prevention among Black Americans.	Lessons learned from the ECHPP project will be documented and translated
Goal 1; Step 1.2.3	CDC	CDC will launch an evidence-based social marketing campaign targeted to the Latino community and will collaborate with national Latino organizations on HIV prevention efforts.	Already a focus under Act Against AIDS Leadership Initiative. Outreach to national organizations representing Latinos continues
Goal 1; Step 1.2.3	CDC	CDC will release a report on suggestions for border states to help improve HIV surveillance and prevention interventions among migrant communities.	CDC Division of HIV/AIDS Prevention is planning to collaborate with border states and the CDC Division of Global Migration and Quarantine to develop recommendations

Goal 1; Step 1.2.3	CDC	CDC will work with States and localities in implementing the best combination of approaches to address HIV and STD prevention among Latinos.	Lessons learned from the ECHPP project will be documented and translated
Goal 1; Step 1.2.4	SAMHSA/HUD, DOJ, CDC, HRSA, IHS, HHS OS	SAMHSA will work with relevant Federal agencies, HHS OS, States, and community-based service providers to implement ways to improve integration of substance abuse and mental health screening in programs that serve communities with high rates of new HIV infections. These should include risk reduction efforts to reduce sexual transmission of HIV among substance using populations.	Defer to SAMHSA to report on status
Goal 1; Step 1.3	CDC	CDC will provide State health departments with greater concentrations of AA/PI or AI/AN populations with recommendations on effective HIV surveillance activities for these small populations.	In FY2011, CDC plans to identify strategies to better characterize and monitor the epidemic in these populations
Goal 1; Step 1.3	CDC/IHS, HHS OS	CDC and IHS will coordinate with HHS OS to consult with tribes to develop and implement scalable approaches for effective prevention interventions for AI/AN populations that reach those at greatest risk.	Underway
Goal 1; Step 1.3	CDC	CDC will work with States with the largest AA/PI communities to implement the best combination of approaches to prevent HIV that reach AAPIs at greatest risk for infection.	Lessons learned from the ECHPP project will be documented and translated
Goal 1; Step 1.4	HHS OS/CDC, HRSA, SAMHSA, OASH, IHS	Relevant HHS agencies will work with States, localities, tribal governments, community-based organizations, and evaluation experts to develop standard performance measures for HIV prevention programs and provide guidance on utilizing these measures.	CDC: Underway
Goal 1; Step 1.4	CDC/SAMHSA	CDC will work with SAMHSA to make recommendations for strengthening evaluation and aligning [performance] measures and benchmarks across programs.	No action yet
Goal 1; Step 1.4	CDC	CDC will continue to evaluate the effectiveness of all CDC-funded HIV prevention programs to assess their impact on improving health outcomes and redirect resources to the most effective programs.	Programs are evaluated on an ongoing basis
Goal 1; Step 2.1	CDC/HRSA, SAMHSA	CDC, HRSA, SAMHSA will collaborate with States and localities on pilot initiatives for expanding the most promising models for integrating HIV testing, outreach, linkage and retention in care in high risk communities.	In FY2011, CDC will continue to fund expanded HIV testing for disproportionately affected populations that links people testing positive to care
Goal 1; Step 2.1	NIH/CDC	NIH will work with CDC to develop and implement a plan for evaluating promising community-generated ('homegrown') HIV prevention interventions.	Defer to NIH to report on status
Goal 1; Step 2.3	HHS OS/CDC, HRSA, SAMHSA, NIH, CMS	Relevant HHS agencies will make recommendations for scaling up access to post exposure prophylaxis (PEP), with priority given to high prevalence jurisdictions. Consideration will be given to the role of emergency departments (if any), standardized treatment guidelines, and regimen selection.	CDC: Lessons learned from the ECHPP project will be documented
Goal 1; Step 2.3	BOP/CDC	BOP will expand access to HIV, STD, viral hepatitis screening to prisoners on entry, and CDC and BOP will promote risk reduction interventions for healthy reintegration of ex-prisoners back into community settings.	Defer to BOP to report on status

Goal 1; Step 2.3	HHS OS/CDC, HRSA, SAMHSA	Relevant HHS agencies will prioritize expanding access to combination approaches for HIV prevention, appropriate to epidemic profiles in specific localities.	CDC: Lessons learned from the ECHPP project will be documented and translated
Goal 1; Step 2.4	CDC	CDC will develop recommendations for promoting seroadaptation strategies (strategies used by people with HIV to voluntarily adjust their behavior toward HIV-negative individuals to lower the risk of transmitting HIV).	Planned
Goal 1; Step 3.1	CDC	CDC will work with States and localities to expand public-private partnerships to focus on reaching high risk communities and/or the general public to prevent HIV/STI infection.	Some planning occurring but expansion will require new resources
Goal 1; Step 3.2	CDC	CDC will develop a toolkit and work with States, localities, and school boards to implement age-appropriate HIV health education programs.	A compendium of effective school-based interventions is under development and expected to be completed in early 2011. In addition, an update of the School Health Index, a self-assessment and planning guide for schools, that includes HIV and STI prevention will be completed in 2011. Finally, revisions to the Health Education Curriculum Analysis Tool are drafted and expected to be completed by Summer 2011
Goal 1; Step 3.2	CDC	CDC will consider potential partnerships, such as with private businesses, to expand HIV and STI prevention education.	Some work occurring through CDC's Business Responds to AIDS/Labor Responds to AIDS activities but expansion will require new resources
Goal 2; Step 1.1	HRSA/CDC, VA, HUD	HRSA in collaboration with CDC, VA, HUD and other relevant agencies will develop plans that support health care providers and other staff who deliver HIV test results to conduct linkage facilitation to ensure clients access appropriate care following a positive diagnosis.	Defer to HRSA to report on status
Goal 2; Step 1.1	CDC, HRSA, SAMHSA	CDC, HRSA, SAMHSA and other relevant HHS agencies will work with States, tribal governments, localities, and CBOs to promote co-location of providers of HIV screening and care services as a means of facilitating linkages to care and treatment, and to enhance current referral systems within CBOs.	CDC: No action yet
Goal 2; Step 1.2	CDC, SAMHSA, DOJ, HUD	HHS OS will work with CDC, SAMHSA, DOJ, and HUD to identify and develop potential programs where there can be joint grant awards.	CDC: No action yet
Goal 2; Step 1.3	NIH/CDC, HRSA, VA	NIH will work with CDC, HRSA, VA, and other relevant agencies to continue to update and disseminate the HHS treatment guidelines.	Defer to NIH to report on status
Goal 3; Step 1.1	VA, CMS, HRSA, CDC, SAMHSA, NIH	VA, CMS, HRSA, CDC, SAMHSA and NIH will jointly consider and issue a report of strategies to encourage providers to collect and report standardized viral load and CD4 data from infected individuals within populations at greatest risk for HIV infection.	Defer to VA to report on status on overall project. Currently, CDC is working to strengthen reporting and use of viral load/CD4 data
Goal 3; Step 2.2	HRSA, CDC	HRSA and CDC will convene a consultation with clinical providers and community-based organizations to develop recommendations for gathering and reporting necessary data to calculate community viral load.	Consultation planned for January 2011. Additional activities will follow
Goal 3; Step 2.2	CDC	CDC, in consultation with States, will provide technical assistance to localities, particularly those with a heavy disease burden, to collect necessary data to calculate community viral load.	Technical assistance will be provided at the HIV Surveillance Workshop planned for July 2011.

Goal 3; Step 2.3	HHS OS/CDC, HRSA, NIH, AHRQ	HHS OS will coordinate among HHS agencies to mine existing databases to explore associations between HIV infection and social determinants of health.	Defer to HHS to report on status
Goal 3; Step 3.2	HRSA/CDC, HHS OS	HRSA, CDC, and HHS OS will develop recommendations for strengthening the parity, inclusion, and meaningful representation of people living with HIV on planning and priority-setting bodies.	CDC: Planned
Goal 4; Step 2.3	HRSA, CDC/HHS OS	HRSA and CDC, and other relevant Federal departments, in coordination with HHS OS, will work with States to encourage them to produce annual reports on progress made implementing their comprehensive State HIV/AIDS plans and that outline successes and challenges in achieving the goals of the National HIV/AIDS Strategy.	Defer to HRSA to report on status

HRSA Activities Due by the End of CY2010

Goal/ Step	Lead/Other Agencies (All)	Actions to be Performed	Current Status
Goal 1; Step 1.1	HHS OS, CDC, SAMHSA, HRSA, HUD	HRSA will participate in the consultation with identified Agencies and Departments to examine CDC seroprevalence data collected for each city, state, and service provider.	HHS OS has lead for HHS; HRSA/HAB leads have been identified: Underway
Goal 1; Step 2.4	HRSA	HRSA will work with States and localities to ensure that medical providers comply with existing HHS treatment guidelines to offer antiretroviral therapy to HIV positive clients in care with CD4 up to 500 cells/ml.	<p>HRSA/BPHC will issue a PAL outlining the Bureau's expectations of their funded grantees regarding providing routine HIV testing: Completed</p> <p>HRSA/BPHC will issue a PAL outlining the Bureau's expectations of their funded grantees regarding providing high quality HIV care: Planned</p> <p>All Bureaus within HRSA will include language in all appropriate application guidances requiring compliance with PHS HIV Prevention and Treatment Guidelines: Underway</p> <p>HRSA/BPHC will train project officers on PHS HIV treatment guidelines and working with grantees to ensure Health Center health care plans address guidelines where possible: Planned</p> <p>HRSA/BCRS will provide information to NHSC clinicians and scholars on how to access the PHS HIV Prevention and Treatment Guidelines and other related resources on HIV care and treatment: Underway</p> <p>HRSA will engage with state level grantees in implementation of NHAS through meetings and consultations: Planned</p> <p>HRSA/BPHC will communicate defined roles for PCAs and PCOs in implementing NHAS: Planned</p> <p>PSPC teams to include this quality measure: Planned</p> <p>Encourage HAB grantees to enroll in PSPC collaborative: Completed</p>

Goal 2; Step 1.1	HRSA	HRSA will begin to develop information templates to enable health departments to provide customized, local information on where to access care and support services; such information could be disseminated online at community health centers and other facilities.	<p>HRSA/HAB will implement "Find a provider" on the HAB website. This is an electronic template for HAB programs and others that can be used to identify HIV care and treatment services available to clients who need access to care: Completed</p> <p>HRSA/HAB will share previously developed grantee resource directories for BPHC and HAB funded programs: Completed</p> <p>HRSA will disseminate information on how to access resource directories. Dr. Wakefield to send letter sharing HAB 'find-the-provider' and BPHC resource directories: Completed</p> <p>HAB will provide information on available HIV services and BPHC will provide information on primary care services in specific jurisdictions: Completed</p> <p>HRSA/BPHC will provide a link on the BPHC website to the HAB Target Center, Warmline, and PEpline to facilitate linkages to care: Completed</p>
Goal 2; Step 1.3	CMS, HRSA	CMS and HRSA will initiate a dialogue on ways to support Medicaid and Medicare providers to engage marginalized populations in HIV care.	HRSA Administrator, Dr. Wakefield to meet with CMS Director, Dr. Berwick: Completed
Goal 2; Step 2.1	HRSA	HRSA will issue guidance encouraging medical, dental, pharmacy, physician assistant, nurse practitioner, social work, and nursing schools to implement curricula that include HIV-specific training.	<p>HRSA/BHPPr will include language in program guidances to encourage activities that integrate the NHAS into their programs: Completed</p> <p>ORHP will include language in 330A program guidances that encourages proposed HIV related activities to be consistent with the NHAS: Planned</p> <p>Create a NHAS PowerPoint presentation for all Project Officers on the purpose of the Strategy, components, relevance for BHPPr grantees, and ways to implement the strategy through grantee activities; presentation of the material could take place through a conference call, email, or grantee meetings, etc.: Underway</p> <p>Provide a series of OAA directed NHAS information "TA" conference calls or webcasts for grantees; topics will include the purpose of the Strategy, components, and relevance to BHPPr grantees, including ways to implement the strategy through grantee activities: Planned</p> <p>Explore the Peer to Peer 340B excellence recognition high performance site to provide funding stipends to residences: Planned</p>
Goal 2; Step 2.2	HRSA		<p>HRSA/HAB created the AIDS AETC multicultural center, a \$550,000 program designed to focus on cultural competency to address highest need areas, i.e. providers practicing in underserved areas that do not have access to training resources for HIV clinical care: Completed</p> <p>BPHC will provide a link on its website to the HAB Target Center, Warmline, and PEpline to facilitate linkages to care: Completed</p>

Goal 3; Step 2.3	HRSA, CDC, SAMHSA	HRSA, CDC, and SAMHSA will include language in grant announcements requiring the integration of prevention and care services, including referrals to clinical services.	<p>All Bureaus in HRSA will include language in all appropriate application guidance's requiring compliance with PHS HIV Prevention and Treatment Guidelines: Underway</p> <p>HRSA/BCRS will provide information to NHSC scholars on how to access the PHS HIV Prevention and Treatment Guidelines and other related resources on HIV care and treatment: Planned</p> <p>HRSA/MCHB will provide information on how to access the PHS HIV Prevention and Treatment Guidelines and other related resources on HIV care and treatment to the State Maternal and Child Health Leadership: Planned</p>
HRSA Activities Due by the End of CY2011:			
Goal/ Step	Lead/Other Agencies (All)	Actions to be Performed	Current Status
Goal 1; Step 1.2	CDC/HRSA, SAMHSA, HHS OS	CDC in consultation with HRSA, SAMHSA, and HHS OS will develop and implement a plan of recommended actions for reducing the proportion of HIV-positive individuals with undiagnosed HIV infection among target populations in high prevalence and incidence.	<p>HRSA/HAB will participate in CDC consultation when it is scheduled: Planned</p> <p>Establish Performance Improvement Activities (PIA) with Health Centers to build/increase their capacity to provide HIV services: Planned</p> <p>Identify Health Centers currently providing Substance Abuse/ Behavioral health Services (directly and through referral) and share this listing with SAMHSA: Underway</p>
Goal 1; Step 1.2.4	SAMHSA, HUD, DOJ, CDC, HRSA, IHS, HHS OS	SAMHSA will work with relevant Federal agencies, HHS OS, States, and community-based service providers to implement ways to improve integration of substance abuse and mental health screening in programs that serve communities with high rates of new HIV infections. These should include risk reduction efforts to reduce sexual transmission of HIV among substance using populations.	<p>HRSA/HAB - Disseminate the findings from SPNS on substance abuse and bupenorphine: Underway</p> <p>Continue trainings on Mental Health and Substance Abuse to providers through the AIDS Education Training Center: Underway</p> <p>Continue Federal Training Center Collaboration (FTCC) efforts between HRSA, SAMHSA, CDC, and OPA: Underway</p>
Goal 1; Step 1.4	HHS OS, CDC, HRSA, SAMHSA, OPHS, IHS	Relevant HHSA agencies will work with States, localities, tribal governments, community-based organizations, and evaluation experts, to develop standard performance measures for HIV prevention programs and provide guidance on utilizing these measures.	Share HRSA performance measures with CDC; CDC to adapt them as needed: Completed
Goal 1; Step 2.1	CDC/HRSA, SAMHSA	CDC, HRSA, and SAMHSA will collaborate with States and localities on pilot initiatives for expanding the most promising models for integrating HIV testing, outreach linkage, and retention in care in high risk communities.	<p>Invite SAMHSA, BPHC, BHP, ORHP to the next Linkage to Care SPNS meeting: Planned</p> <p>Identify large Health Center Controlled Networks (HCCN) that can participate in pilot activities regarding EHR and coordination of care for patients living with HIV: Underway</p>

Goal 1; Step 2.3	HHS OS/CDC, HRSA, SAMHSA, NIH, CMS	Relevant HHS agencies will make recommendations for scaling up access to post exposure prophylaxis (PEP), with priority given to high prevalence jurisdictions. Consideration will be given to the role of emergency departments (if any), standardized treatment guidelines, and regimen selection.	<p>CDC to add money to the Post Exposure Prophylaxis (PEP) program; HRSA will ask CDC for funding for the National HIV/AIDS Clinical Consultation Center (NCCC) to support TA: No Action Yet</p> <p>HRSA will participate as implementation actions are scaled up and addressed: No Action Yet</p>
Goal 2; Step 1.1	HRSA/CDC, VA, HUD	HRSA in collaboration with CDC, VA, HUD, and other relevant agencies will develop plans that support health care providers and other staff who deliver HIV test results to conduct linkage facilitation to ensure clients access appropriate care following a positive diagnosis.	<p>HAB will develop 1-2 best practice documents based on the Antiretroviral Treatment Access Study: Planned</p> <p>HAB will develop a guide on how to link people to care based on the SPNS Outreach Initiative: Planned</p> <p>HAB will provide information from the patient navigator project: No Action Yet</p> <p>BPHC will identify health centers providing HIV testing directly and through referral: Completed</p> <p>HAB will document strategies used to link clients to care/retain clients in care: No Action Yet</p> <p>Start assessing effective practices among RW funded health center in 12 MSAs: No Action Yet</p> <p>HAB will provide information to CDC regarding service providers for clinics and Ryan White programs that provide treatment on-site (through a web link): No Action Yet</p> <p>BPHC/HAB (Part C Program) will disseminate models of co-located services: Planned</p> <p>SAMHSA has some large sites (use as examples) that offer treatment in Mental Health/Substance Abuse treatment sites: Planned</p> <p>CDC to disseminate testing sites co-located in HIV Specialty Care clinics: Planned</p> <p>Work with States to identify models of co-located HIV screening and care sites. HRSA will provide (link to website) information on co-located Community Health Centers and testing sites that provide care and treatment: Planned</p>
Goal 2; Step 1.3	NIH/CDC, HRSA, VA	NIH will work with CDC, HRSA, VA, and other relevant agencies to continue to update and disseminate the HHS treatment guidelines.	HRSA/HAB will continue to serve on the guidelines committee disseminating guidelines through the AIDS Education & Training Centers: Underway

Goal 2; Step 2.1	HRSA	HRSA will consider opportunities to foster residency training in HIV management and care at community health centers.	<p>Identify academic health centers/clinics serving HIV patients to facilitate training and mentorship opportunities for clinicians in health centers with limited capacity to provide HIV services: Planned</p> <p>HAB will provide technical assistance money to fund the development of 2-3 teaching health centers: No Action Yet</p> <p>Develop Peer to Peer network in 340B high performance sites to increase placement of residence in HIV programs: No Action Yet</p> <p>Using the Diabetes self management certification program as an example, develop one for HIV: No Action Yet</p>
Goal 2; Step 2.1	HRSA/NIH, OMH	HRSA, NIH, and OMH will develop a proposal to fund training programs to increase interest, representation, and competence of health professionals, researchers, and racial and ethnic minority students in research, public health and HIV/AIDS care.	<p>HRSA/BCRS will continue training NHSC clinicians and scholars by:</p> <ul style="list-style-type: none"> • Holding a web-based training for NHSC clinicians and/or scholars (topics to include HIV testing, care & treatment, etc.) • Distributing info. and data to clinicians and scholars regarding NHAS, HIV prevention, testing and treatment: No Action Yet
Goal 2; Step 2.2	HRSA	HRSA will develop a proposal to increase the number of clinical providers who are engaged in innovative rural HIV/AIDS health care delivery systems (e.g. home healthcare, telehealth).	<p>HAB will disseminate information on the use of telemedicine (i.e. Florida AETC): No Action Yet</p> <p>Develop 2-3 ECHO type programs in AETCs. These could be funded by the Secretary's MAI fund: No Action Yet</p> <p>Office of Pharmacy Affairs (OPA) to provide model language for collaborative practice agreements: No Action Yet</p> <p>OPA to look into potential workforce study as a part of ACA (section 5101/5103): No Action Yet</p>
Goal 2; Step 2.2	HRSA	HRSA will develop and issue guidance promoting task shifting (transferring specific tasks to be performed by physician extenders, such as nurse practitioners, or other health workers) and co-management (generalist physicians overseeing HIV care while under regular consultation with an HIV expert) as methods to improve HIV workforce efficiency.	<p>HAB's AETC program will document best practices regarding the AETC Capacity Building efforts in Health Centers, focusing on roles of different providers: Planned</p> <p>OPA participates in HHS Interagency task force task shifting workgroup and will share workgroup products: No Action Yet</p>
Goal 2; Step 2.2	DOL, HRSA	DOL and HRSA will work with health professions associations and collaborate on workforce training efforts to increase the number of health providers who are culturally competent.	<p>BHP will look into DOL collaborations: No Action Yet</p> <p>BPHC will propose activities for PCAs to increase cultural competency as part of their Work Force enhancement effort (one of their four top priorities): Planned</p>
Goal 2; Step 2.2	HRSA, AHRQ, DOL/HHS OS	HRSA, AHRQ, and DOL will coordinate with HHS OS to work with States, local governments, and state health professions associations to implement their recommendations and guidance to strengthen the current HIV/AIDS provider workforce.	<p>BPHC to involve PCAs on workgroup (OPA already works with some state PCAs): No Action Yet</p> <p>HAB - SCSN will require grantees to submit information on workforce issues throughout the State: Planned</p>
Goal 2; Step 3.1	AHRQ/HRSA, VA, CMS, HHS OS	AHRQ, HRSA, VA, and CMS, in coordination with HHS OS will work with States, localities, and CBOs to encourage the adoption of nationally accepted clinical performance measures to monitor quality of HIV care.	<p>HAB has already created national clinical performance measures to monitor the quality of HIV clinical care: Completed</p> <p>HHS – leads implementation team and will align this goal with Healthy People 2020: Planned</p>

Goal 3; Step 1.1	VA, CMS, HRSA, CDC, SAMHSA, NIH	VA, CMS, HRSA, CDC, SAMHSA, and NIH will jointly consider and issue a report of strategies to encourage providers to collect and report standardized viral load and CD4 data from infected individuals within populations at greatest risk for HIV infection.	HRSA/CDC will participate in a consultation meeting on monitoring & the use of laboratory data reported to HIV surveillance; HRSA/CDC will jointly develop and disseminate a report of successful strategies: Planned BPHC will explore data systems established by Health Center Controlled Network grantees to identify any promising strategies for collecting, aggregating, and reporting HIV/AIDS related data within health centers: No Action Yet
Goal 3; Step 2.2	HRSA, CDC	HRSA and CDC will convene a consultation with clinical providers and community-based organizations to develop recommendations for gathering and reporting necessary data to calculate community viral load.	HRSA will work with CDC to plan and conduct a consultation meeting on monitoring & the use of laboratory data reported to HIV surveillance; invite Part A grantee from SF Dept. of Public Health: No Action Yet
Goal 3; Step 2.3	HHS OS/CDC, HRSA, NIH, AHRQ	HHS OS will coordinate among HHS agencies to mine existing databases to explore associations between HIV infection and social determinants of health.	HRSA will identify databases and the level of management./unit of analysis; HRSA will work with OS to provide a list of databases to inform this activity: No Action Yet
Goal 3; Step 3.2	HRSA/CDC, HHS OS	HRSA, CDC, and HHS OS will develop recommendations for strengthening the parity, inclusion, and meaningful representation of people living with HIV on planning and priority-setting bodies.	Include HAB/DSS statutory language regarding this activity; use letters from the RW 2000 reauthorization; HAB Cooperative Agreements target the use of consumers; explore other HRSA advisory committees that could add PLWHAs: Underway HRSA/BPHC POs will work with health centers to establish performance improvement activities to increase representation of PLWHAs on health center advisory boards, starting with 12 Cities Project, including the rural south: No Action Yet Include PLWHAs in HRSA's (OPA) Patient Safety & Clinical Pharmacy Services Collaborative (PSPC) Leadership Coordinating Council (LCC) & the public-private alliance to support this partnership which includes patient and consumer advocates: Planned
Goal 3; Step 3.3	HRSA/HHS	The CDC/HRSA HIV/AIDS Advisory Committee will solicit public input and make recommendations for normalizing and promoting individuals' safe, voluntary disclosure of their HIV status. HRSA will publish the recommendations.	Begin discussion at the HRSA/CDC HIV/AIDS Advisory Committee Meeting in November 2010 to establish/accomplish by subcommittee: Planned
Goal 4; Step 2.3	HRSA, CDC/HHS OS	HRSA and CDC, and other relevant Federal departments, in coordination with HHS OS, will work with States to encourage them to produce annual reports on progress made implementing their comprehensive state HIV/AIDS plans that outline successes and challenges in achieving the goals of the <i>National HIV/AIDS Strategy</i> .	HAB Administrator will consult with CDC Director: Planned Office of Regional Operations to identify cross cutting issues that are relevant to NHAS: No Action Yet HAB/DSS to require Part B programs to include a NHAS update in annual progress reports: No Action Yet

NIH Activities Due by the End of CY2010:

Goal/ Step	Lead/Other Agencies (All)	Actions to be Performed	Current Status
Goal 1; Step 2.1	NIH/CDC	NIH and CDC will continue to test mathematical models to explore the best combinations of behavioral and biomedical prevention activities.	Expansion of the programs to solicit these kinds of applications is ongoing: Underway

NIH Activities Due by the End of CY2010:

Goal/ Step	Lead/Other Agencies (All)	Actions to be Performed	Current Status
Goal 1; Step 2.1	NIH/CDC	NIH will work with CDC to develop and implement a plan for evaluating promising community-generated ('homegrown') HIV prevention interventions.	NIH accepts and funds meritorious applications evaluating promising prevention strategies. It is the role and responsibility of NIH research program staff to provide guidance and assistance to potential applicants. Underway.
Goal 1; Step 2.3	HHS OS/CDC, HRSA, SAMHSA, NIH, CMS	Relevant HHS agencies will make recommendations for scaling up access to post exposure prophylaxis (PEP), with priority given to high prevalence jurisdictions. Consideration will be given to the role of emergency departments (if any), standardized treatment guidelines, and regimen selection.	NIH will collaborate with CDC as they develop the guidelines for PEP. Underway.
Goal 1; Step 1.3	NIH	NIH will continue efforts to investigate new antiretroviral therapies for HIV and treatment for its associated conditions that are safer, more effective, more tolerable, and more durable, making adherence to medication regimens easier for people living with HIV.	Basic, pre-clinical and clinical research to develop new and safer drugs are a high priority for NIH, which is supporting a large portfolio of research and new initiatives in this area. Underway.
Goal 1; Step 1.3	NIH/CDC, HRSA, VA	NIH will work with CDC, HRSA, VA, and other relevant agencies to continue to update and disseminate the HHS treatment guidelines.	NIH continues to maintain and update the guidelines on an ongoing basis and posts them on the aidsinfo.nih.gov website. Underway.
Goal 2; Step 2.1	HRSA/NIH, OMH	HRSA, NIH and OMH will develop a proposal to fund training programs to increase interest, representation and competence of health professionals, researchers, and racial and ethnic minority students in research, public health and HIV/AIDS care.	NIH training is designated to support researchers. NIH supports a number of programs that are being redesigned to fit within the tighter definitions required by the recent Supreme Court decision. Underway.
Goal 3; Step 1.1	VA, CMS, HRSA, CDC, SAMHSA, NIH	VA, CMS, HRSA, CDC, SAMHSA and NIH will jointly consider and issue a report of strategies to encourage providers to collect and report standardized viral load and CD4 data from infected individuals within populations at greatest risk for HIV infection.	The FDA has specific data standards with which all clinical trials results must be compliant. NIH is standardizing to the FDA standard and urges HHS to have all OPDIVs accept the FDA standards. Underway.
Goal 3; Step 2.3	HHS OS/CDC, HRSA, NIH, AHRQ	HHS OS will coordinate among HHS agencies to mine existing databases to explore associations between HIV infection and social determinants of health.	NIH has a number of data sets that are available to participate in this exercise. Underway.

IHS Activities Due by the End of CY2010:			
Goal/ Step	Lead/Other Agencies (All)	Actions to be Performed	Current Status
Goal 1; Step: 1.1	IHS	HIV program budget formulation will be generated in partnership with implementing sites and coordinated with HHS and the Minority AIDS Initiative national-level priorities.	FY2011 Proposal drafts developed 10/10
Goal 1; Step: 1.1	IHS	IHS will support 13 urban sites through Urban Indian Health Expanded HIV Testing project in providing screening and other services within their capacity.	Ongoing implementation with evaluation commenced August 2010
Goal 1; Step 1.3	IHS	Through the National IHS HIV Expanded Testing Initiative, IHS will maintain at least 40 screening sites, including Tribes and Tribal organizations, as part of a comprehensive public health prevention intervention.	Screening rollout and support is ongoing
Goal 1; Step 2.1	IHS/CDC	Three locally-based Effective Behavioral Intervention adaptation and evaluation projects will be launched within the IHS Research Program, Native American Research Centers for Health (NARCH), for use in other communities. This work also supports 2011 activities for Step 1.3 of this goal, "develop and implement scalable approaches for effective prevention interventions."	NARCH sites have been awarded and have begun work on EBI selection
Goal 2; Step 1.1	IHS	Refer to National HIV Expanded Testing Initiative. Maintain at least 40 screening sites, including Tribes/ Tribal organizations as part of a comprehensive public health prevention intervention.	Screening rollout and support is ongoing
Goal 2; Step 1.3	IHS	Agency will increase direct site-level capacity through: training of additional staff in HIV rapid/conventional testing through partnership with SAMHSA; clinical preceptorship training for primary care providers; increasing case management of clients; and support to clients of treatment adherence behaviors. Dissemination will include the development of linkages to remote sites to increase the provision of regular consultation and care continuation to clients.	Program is in year 2 of implementation by individual IHS service units and dissemination of success to other sites is ongoing
Goal 2; Step 2.1	IHS	IHS will provide training and resources to sites on using the Chronic Care Model and HIV telehealth network to improve the number of available providers in remote, historically underserved communities and to improve health outcomes through multidisciplinary teams.	Program is in year 2 of implementation and dissemination of success to other sites
Goal 2; Step 3	IHS	An IHS service unit will develop and launch a behavioral health services integration project to provide comprehensive services to HIV+ clients with substance abuse treatment needs.	Lessons learned are being collected for 2012 evaluation
Goal 3; Step 2.1	IHS	IHS, in partnership with Tribes through a cooperative agreement established programs using community-based models to increase screening, disseminate HIV awareness, and address stigma.	Two communities are in year 2 of implementation; two are in year 1

IHS Activities Due by the End of CY2011:

Please note: Activities planned for CY2011 are dependent on funding awards from the Minority AIDS Initiative (MAI). Only 0.87% of the IHS HIV budget is acquired at the beginning of each fiscal year. Slightly more than 99% of the IHS HIV Program total budget is acquired through MAI funds and is obtained roughly in April or late 3rd quarter of each fiscal year.

Goal/ Step	Lead/Other Agencies (All)	Actions to be Performed	Current Status
Goal 1; Step: 1.1	IHS	HIV program budget formulation will be generated in partnership with implementing sites and coordinated with HHS and the Minority AIDS Initiative national-level priorities. In CY 2011, this will provide continued support for participating Urban sites, including engagement in priority-city planning.	FY2012 Proposals will be developed 10/11
Goal 1; Step 1.2	CDC	IHS will contribute to the Federal dialogue working to develop and implement a of recommended actions for reducing the proportion of HIV-positive individuals undiagnosed HIV infection among target populations in high prevalence and incidence.	MOU with CDC supports this activity
Goal 1; Step 1.2.1	IHS	IHS will develop enriched media marketing materials to include more focused (LGBT, MSM, etc) health promotion messages.	Funding for activity has been allocated; work plan in development
Goal 1; Step 1.2.4	SAMHSA	SAMHSA will work with relevant Federal agencies...to implement ways to improve integration of substance abuse and mental health screening in programs that serve communities with high rates of new HIV infections. These should include risk reduction efforts to reduce sexual transmission of HIV among substance using populations. IHS will support two service units in enhancing continuity of care (through programmatic and staff expansion) and preventing HIV transmission among HIV infected American Indian substance abuse patients as well as supporting early intervention/access into care. The lessons learned from this work are to be reported to Federal colleagues for inclusion in strategy assessments.	Program is in year 2 of implementation by individual IHS service units and dissemination of success to other sites is ongoing
Goal 1; Step 1.3 (a)	IHS	CDC and IHS will coordinate with HHS OS to consult with tribes to develop and implement scalable approaches for effective prevention interventions for AI/AN populations and reach those at greatest risk. The agency will use results from the local implementation of screening sites and the Effective Behavioral Intervention adaptation work to inform approach recommendations.	MOU with CDC supports this activity
Goal 1; Step 1.3 (b)	IHS	IHS will work with community-based organizations to develop media-supported comprehensive sexual health/HIV Interventions: Tools will be designed to: delay sexual initiation, reduce number of sexual partners, and increase STD/HIV testing (including tribal clinic locator tools).	Funding is in place and Work plan is in development
Goal 1; Step 1.4	IHS	IHS will work with States, localities, tribal governments, community-based organizations, and evaluation experts to develop standard performance measures for HIV prevention programs and provide guidance on utilizing these measures.	Developed GPRA Indicators, Federal HIV Testing Report and maintained full engagement with partner/ stakeholders
Goal 1; Step 2.2	IHS, OMH, and CDC	1) Adoption of the Integration model of HIV and Viral Hepatitis Testing will increase the venues and frequency of screening for both infections. 2) Collation and dissemination of screening site results to be routinely reported to Federal partners.	Funding is transferred via MOU; final contract is in negotiation

Goal 1; Step 3.1	IHS	IHS will develop and release a brief video to educate AI/AN people about the presence of HIV/AIDS in their communities and stimulate community discussion on prevention.	Release date March 2011
Goal 1; Step 3.2	IHS, OMH, and CDC	IHS will develop and launch a Native-specific HIV/STD/Hepatitis prevention and sexual health curriculum appropriate to middle- and high-school audiences.	Funding is awarded and work plan is in development
Goal 4; Step 1.1	IHS	IHS will participate in coordinated planning efforts, including local-level input and coordination of Federal activities.	Four MOUs with other agencies are in development or signed
Goal 4; Step 2	IHS	While appropriately protecting confidentiality, IHS will demonstrate increased transparency in program monitoring, implementation evaluation, and reporting on progress towards achieving National goals. IHS will continue to facilitate and maintain all Memorandums of Agreement between IHS and OMH, CDC, HRSA, and SAMHSA.	Reporting cycle has been launched; evaluations are proposed

FDA Activities Due by the End of CY2010:

Goal and Step	Lead/Other Agencies (All)	Actions to be Performed	Current Status
Goal 1; Step 2.2	FDA	FDA approval of 4 th generation HIV diagnostic test to simultaneously detects both antigen and antibodies for the Human Immunodeficiency Virus (HIV).	Completed, 6/18/2010 with approval of the ARCHITECT HIV Ag/Ab Combo Assay

OS/Office of Minority Health (OMH) Activities Due by the End of CY2010:

Goal and Step	Lead/Other Agencies (All)	Actions to be Performed	Current Status
Goal 2; Step 2.1	HRSA, NIH and OMH	HRSA, NIH and OMH will develop a proposal to fund training programs to increase interest, representation and competence of health professionals, researchers and racial and ethnic minority students in research, public health and HIV/AIDS care.	Initial meeting held 11/20/10. OMH in collaboration with NCMHD, NIH will develop a joint funding announcement to increase representation of racial and ethnic minority students in research, public health and HIV/AIDS care. OMH in coordination with HRSA will continue efforts to increase competence of health professionals and researchers in HIV/AIDS care.

AHRQ Activities Due by the End of CY2010:

Goal and Step	Lead or Other Agencies (All)	Actions to be Performed	Current Status
Goal 2; Step 2.2.2	AHRQ	AHRQ will develop a plan to promote common data collection procedures and reporting. AHRQ will employ a collection of experts in HIV clinical care, patient safety, and financing of care to develop recommendations to improve the consistency, content, and usefulness of HIV-related data collected by insurers, clinicians, and policy makers.	This issue will be addressed at a January 2011 meeting.

AHRQ Activities Due by the End of CY2011:

Goal and Step	Lead or Other Agencies (All)	Actions to be Performed	Current Status
Goal 2; Step 2.2.6	HRSA, AHRQ, DOL/HHS OS	HRSA, AHRQ, and DOL will coordinate with HHS OS to work with States, local governments, and state health professions associations to implement their recommendations and guidance to strengthen the current HIV/AIDS provider workforce.	The strengthening of the HIV/AIDS provider workforce will be addressed at a January 2011 meeting.

OS (OHAP) Activities Due by the End of CY2010:

Goal/ Step	Lead/Other Agencies (All)	Actions to be Performed	Current Status
Goal 1; Step 1.1	HHS OS/CDC, SAMHSA, HRSA, and HUD	HHS OS will initiate consultations with CDC, SAMHSA, HRSA, HUD, and other departments or agencies as appropriate to develop policy recommendations for revising funding formulas and policy guidance in order to ensure that Federal HIV prevention funding allocations go to the jurisdictions with the greatest need.	Initial meeting 11/29/2010.
Goal 1; Step 1.2.1	HHS OS	HHS OS will initiate planning for a consultation with national Lesbian, Gay, Bisexual, and Transgender (LGBT) organizations to re-engage LGBT community leadership in health promotion.	Small group LGBT consult planning meeting will be 11/9/2010; LGBT consult will be Feb 2011.
Goal 1; Step 1.2.4	SAMHSA/HHS	SAMHSA and other relevant HHS agencies will consider guidance requiring Federally funded substance abuse and mental health treatment clinics to offer voluntary routine HIV testing to their clients.	HHS/OS will make this an element of the NHAS operational plan.
Goal 3; Step 3.1	HHS OS/DOJ, DOL	HHS OS, DOJ, and DOL Offices of Faith Based and Community Initiatives will develop a plan for engaging more faith leaders to promote nonjudgmental support for people living with HIV.	An introductory planning and coordination meeting was held 10/28/2010.
Goal 3; Step 3.4	DOJ/HHS OS	DOJ and HHS OS will enter into a Memorandum of Understanding deferring complaints of discrimination on the basis of HIV to the Department of Justice for investigation and prosecution.	DOJ contacted Oct 2010 to be discussed at next Fed leads meeting.
Goal 4; Step 1.1	HHS OS/HUD, VA, DOL, SSA, and DOJ	HHS OS will work with HUD, VA, DOL, SSA, DOJ, and other relevant Departments or agencies to establish an ongoing process to discuss coordination of planning and services delivery for domestic HIV programs.	An introductory coordination meeting was held 9/21/2010; follow-up conference call is scheduled for 11/15/2010.
Goal 4; Step 1.1	HHS OS	HHS OS will coordinate <i>National HIV/AIDS Strategy</i> efforts with Healthy People 2020, the U.S. Preventive Services Task Force, and the Task Force on Community Preventive Services in order to make sure that recommendations are aligned across groups to the maximum extent possible.	In Aug 2010, the HP2020 work group on HIV/AIDS objectives discussed and reviewed revisions to better align with NHAS targets.
Goal 4; Step 1.3	HHS OS/HUD, OMB	HHS OS, HUD, and OMB will convene a working group to consider recommendations for streamlining data collection requirements.	Preliminary discussions have occurred. The group will convene 1 st Quarter of 2011.

Goal 4; Step 2.1	HHS OS	HHS OS will task relevant agencies to assess their programs and report to ONAP and OMB, on which programs and initiatives satisfy this requirement, as well as those that both do not meet evidence-based criteria and should be phased-out and those that may require additional review.	This element is part of the HHS NHAS Operational Plan, the document presented here.
OS (OHAP) Activities Due by the End of CY2011:			
Goal/ Step	Lead/Other Agencies (All)	Actions to be Performed	Current Status
Goal 1; Step 1.1	HHS OS	All HHS agencies, as appropriate, will report to the HHS Office of the Secretary (OS) on baseline measures for funding allocations for their programs.	Initial assessment completed (online report form).
Goal 1; Step 1.1	HHS OS	HHS OS and relevant agencies will consult with States and other jurisdictions prior to allocating prevention funding to targeted populations and communities to ensure coordination of efforts.	Meeting scheduled for 11/29/2010.
Goal 1; Step 1.2	CDC/HRSA, SAMHSA, HHS OS	CDC in consultation with HRSA, SAMHSA, and HHS OS will develop and implement a plan of recommended actions for reducing the proportion of HIV-positive individuals with undiagnosed HIV infection among target populations in high prevalence and incidence.	Elements presented in this document (HHS NHAS Operational Plan).
Goal 1; Step 1.2.1	HHS OS	HHS OS will work with Congress to consider revising restrictions in the Public Health Service Act that hinder the implementation of scientifically validated and culturally appropriate HIV prevention services.	No action yet.
Goal 1; Step 1.2.2	HHS OS	HHS OS will complete an initiative to compile and collectively assess all effective programs and initiatives for reducing HIV infections among Black Americans.	No action yet. To begin 1 st Quarter of 2011.
Goal 1; Step 1.2.4	SAMHSA/HHS OS	SAMHSA will consult with the HHS OS on policy recommendations for revising funding formulas for State/Territory Substance Abuse Prevention and Treatment and Mental Health Block Grants and policy guidance in order to ensure that Federal HIV prevention funding allocations follow the epidemic at the State and local levels.	Meeting scheduled for 11/29/2010.
Goal 1; Step 1.4	SAMHSA/HUD, DOJ, CDC, HRSA, IHS, HHS OS	SAMHSA will work with relevant Federal agencies, HHS OS, States, and community-based service providers to implement ways to improve integration of substance abuse and mental health screening in programs that serve communities with high rates of new HIV infections. These should include risk reduction efforts to reduce sexual transmission of HIV among substance using populations.	See 12-Cities Project in this document (HHS NHAS Operational Plan).
Goal 1; Step 1.3	CDC/IHS, HHS OS	CDC and IHS will coordinate with HHS OS to consult with tribes to develop and implement scalable approaches for effective prevention interventions for AI/AN populations that reach those at greatest risk.	Follow-up scheduled for 2 nd Quarter of 2011.
Goal 1; Step 1.4	HHS OS/CDC, HRSA, SAMHSA, OASH, IHS	Relevant HHS agencies will work with States, localities, tribal governments, community-based organizations, and evaluation experts to develop standard performance measures for HIV prevention programs and provide guidance on utilizing these measures.	Initial discussions have occurred; no formal action yet.
Goal 1; Step 1.4	HHS OS	HHS OS will devise ways to provide incentives to reward high performing Federal grantees for delivering effective prevention services.	No action yet.

Goal 1; Step 2.3	HHS OS/CDC, HRSA, SAMHSA, NIH, CMS	Relevant HHS agencies will make recommendations for scaling up access to post exposure prophylaxis (PEP), with priority given to high prevalence jurisdictions. Consideration will be given to the role of emergency departments (if any), standardized treatment guidelines, and regimen selection.	In progress.
Goal 1; Step 2.3	HHS OS/CDC, HRSA, SAMHSA	Relevant HHS agencies will prioritize expanding access to combination approaches for HIV prevention, appropriate to epidemic profiles in specific localities.	Ongoing; part of the HHS NHAS Operational Plan.
Goal 2; Step 1.1	HHS OS/HUD	HHS agencies, HUD, and other relevant Federal agencies will develop joint strategies to encourage co-location of and enhance availability of HIV-related services at housing and other nontraditional HIV care sites.	To be addressed 1 st Quarter of 2011.
Goal 2; Step 1.2	HHS OS	HHS agencies will develop plans and work with States to implement training opportunities for health care providers that will highlight the importance of program collaboration and service integration to reduce missed opportunities for identifying HIV infection.	In progress.
Goal 2; Step 1.2	CDC, SAMHSA, DOJ, HUD, HHS OS	HHS OS will work with CDC, SAMHSA, DOJ, and HUD to identify and develop potential programs where there can be joint grant awards.	No action yet.
Goal 2; Step 3.1	HRSA, AHRQ, DOL/HHS OS	HRSA, AHRQ, and DOL will coordinate with HHS OS to work with States, local governments, and state health professions associations to implement their recommendations and guidance to strengthen the current HIV/AIDS provider workforce.	In progress.
Goal 2; Step 3.1	AHRQ/HRSA, VA, CMS, HHS OS	AHRQ, HRSA, VA and CMS, in coordination with HHS OS, will work with States, localities, and CBOs to encourage the adoption of nationally accepted clinical performance measures to monitor quality of HIV care.	An element in this document (HHS NHAS Operational Plan).
Goal 2; Step 3.2	HUD/HHS OS	HUD will lead a process with HHS OS and relevant Federal agencies to identify ways to collaborate and increase access to nonmedical supportive services (e.g., housing, food/nutrition services, transportation) as critical elements of an effective HIV care system.	No action yet.
Goal 3; Step 2.1	HHS OS	HHS OS will collaborate with HHS agencies to engage in policy research and evaluation activities to identify effective prevention approaches to reduce disease burden in high prevalence communities.	No action yet.
Goal 3; Step 2.1	HHS OS	HHS OS will work with the relevant HHS agencies to consider ways to enhance the effectiveness of prevention and care services provided for high risk communities, including services provided through the Minority AIDS Initiative.	Requested MAI proposals in line with NHAS, particularly re addressing of health disparities.
Goal 3; Step 2.2	HHS OS/HUD	HHS OS and HUD will explore potential demonstration projects of bundled/braided funding across agencies to address HIV and other issues in high prevalence communities.	No action yet.
Goal 3; Step 2.3	HHS OS/CDC, HRSA, NIH, AHRQ	HHS OS will coordinate among HHS agencies to mine existing databases to explore associations between HIV infection and social determinants of health.	No action yet.

Goal 3; Step 3.1	HHS OS/DOL	HHS OS will coordinate with DOL to develop standardized occupational guidelines for outreach workers, health educators, hotline operators, peer counselors, and testing/counseling personnel.	No action yet.
Goal 3; Step 3.1	DOL/SSA, DOJ, HHS OS	DOL, SSA, DOJ, and HHS OS will develop a joint initiative to consider ways to help individuals living with HIV access income supports, including job skills and employment.	No action yet.
Goal 3; Step 3.2	HRSA/CDC, HHS OS	HRSA, CDC, and HHS OS will develop recommendations for strengthening the parity, inclusion, and meaningful representation of people living with HIV on planning and priority-setting bodies.	Ongoing discussion of how to revise.
Goal 3; Step 3.3	DOJ/HHS OS	DOJ and HHS OS will identify a departmental point of contact and provide technical assistance resources to States considering changes to HIV criminal statutes in order to align laws and policies with public health principles.	No action yet.
Goal 3; Step 3.3	PACHA	The Presidential Advisory Council on HIV/AIDS (PACHA) will be tasked with developing recommendations for ways to promote and normalize safe and voluntary disclosure of HIV status in various contexts and circumstances.	No action yet.
Goal 4; Step 1.1	HHS OS/HUD, VA, DOL, SSA, and DOJ	HHS OS, HUD, VA, DOL, SSA and DOJ and other relevant agencies will produce a joint progress report on HIV/AIDS program collaboration. This report will highlight key deliverables, areas for consolidating grant awards, successes and current challenges, and proposed measurable outcomes	No action yet. Discussions begin 1 st Quarter of 2011.
Goal 4; Step 1.1	HHS OS/HUD	HHS OS, HUD, and other relevant agencies will consider ways to work with State and local health officials to improve coordination of Federal, state, and local programs. States will also be encouraged to submit, in consultation with localities and CBOs, to HHS OS progress reports on State HIV/AIDS plans and on efforts to improve coordination of Federal, state, and local programs.	Ongoing (12-City Project).
Goal 4; Step 1.1	HHS	HHS agencies including CDC, HRSA, and SAMHSA will collaborate to examine the use of the same unique identifier across federal reporting to allow better coordination at the local, state, and federal levels.)	No action yet.
Goal 4; Step 1.2	HHS OS	HHS OS will work with Congress and HHS agencies to shift from AIDS cases to HIV infections case reporting as a basis for formula grants for HIV prevention and to ensure that resources go to States and localities with the greatest need.	Initial meeting schedule for 11/29/2010.
Goal 4; Step 1.3	HHS OS/HUD, OMB	HHS OS, HUD, and OMB will consult with State and local health officials and consider changes to lessen grantee reporting burden.	Ongoing.
Goal 4; Step 2.1	ONAP/HHS OS	ONAP and HHS OS will work with Federal partners to establish a monitoring system to evaluate the implementation of the Strategy, its success at completing key actions, and demonstration of impact through achieving specified targets.	No action yet.
Goal 4; Step 2.2	HHS OS/DOJ, DOL, HUD, VA, and SSA	HHS OS, DOJ, DOL, HUD, VA, and SSA will submit data, as requested, to ONAP on successes and challenges in achieving the goals of the <i>National HIV/AIDS Strategy</i> .	No action yet.
Goal 4; Step 2.2	PACHA	PACHA will establish a mechanism to monitor progress toward achieving the <i>National HIV/AIDS Strategy</i> goals.	Discussions underway.

Goal 4; Step 2.2	ONAP/HHS OS	Relevant Federal departments and agencies will work with ONAP and HHS OS to review progress annually and identify remediation steps (if any) to achieve <i>National HIV/AIDS Strategy</i> goals. This will include considering key action steps for the coming year.	Planning retreat to be scheduled for 3 rd Quarter of 2011.
Goal 4; Step 2.3	HRSA, CDC/HHS OS	HRSA and CDC, and other relevant Federal departments, in coordination with HHS OS, will work with States to encourage them to produce annual reports on progress made implementing their comprehensive State HIV/AIDS plans and that outline successes and challenges	Initial discussions completed; ongoing.
Goal 4; Step 2.3	ONAP, HHS OS	ONAP, HHS OS, and relevant Federal departments and agencies will review progress annually and identify recommended remediation steps (if any) to assist States in achieving <i>National HIV/AIDS Strategy</i> goals.	No action yet.

SAMHSA Activities Due by the End of CY2010:

Goal and Step	Lead/Other Agencies (All)	Actions to be Performed	Current Status
Goal 1; Step 1.1	HHS OS/CDC, SAMHSA, HRSA, and HUD	HHS OS will initiate consultations with CDC, SAMHSA, HRSA, HUD, and other departments or agencies as appropriate to develop policy recommendations for revising funding formulas and policy guidance in order to ensure that Federal HIV prevention funding allocations go to the jurisdictions with the greatest need.	Underway.
Goal 1; Step 1.2.4	SAMHSA/HHS	SAMHSA and other relevant HHS agencies will consider guidance requiring Federally funded substance abuse and mental health treatment clinics to offer voluntary routine HIV testing to their clients.	SAMHSA will conduct a needs assessment in 2011 to determine the distribution and frequency of HIV testing in SAMHSA funded substance and mental health treatment clinics.
Goal 1; Step 1.2.4	CDC, SAMHSA	CDC and SAMHSA will complete guidance for evidence-based comprehensive prevention, including syringe exchange and drug treatment programs, for injection drug users.	SAMHSA and CDC issued a joint guidance regarding the use of Federal funds for syringe service programs (SSP). With respect to drug treatment. SAMHSA is the Departmental repository/authority on evidence-based practices for drug abusers, and especially opioid injecting drug users (IDUs). SAMHSA will assemble a list of evidence based practices which have proven successful in the treatment of IDUs and will collaborate with CDC in issuing a joint guidance directed to IDUs.
Goal 1; Step 2.3	CDC/SAMHSA	CDC and SAMHSA in consultation with other agencies will recommend necessary elements of comprehensive, evidence-based HIV prevention for injection drug using populations.	Actions 1.2.4 and 2.3 essentially identical actions, aside from the reference to SSPs.
Goal 3; Step 2.3	HRSA/CDC, SAMHSA	HRSA, CDC, and SAMHSA will include language in grant announcements requiring the integration of prevention and care services, including referrals to clinical services.	SAMHSA will work with CDC and HRSA to develop common grant announcement language requiring integration of HIV prevention, substance abuse and mental health treatment and HIV medical care.

SAMHSA Activities Due by the End of CY2011:

Goal/ Step	Lead/Other Agencies (All)	Actions to be Performed	Current Status
Goal 1; Step 1.2	CDC/HRSA, SAMHSA, HHS	CDC in consultation with HRSA, SAMHSA, and HHS OS will develop and implement a plan of recommended actions for reducing the proportion of HIV-	This action is directly related to the 12 cities/MSAs HIV/AIDS planning and implementation cooperative agreements with the 12 designated

	OS	positive individuals with undiagnosed HIV infection among target populations in high prevalence and incidence.	high prevalence areas. CDC has the lead for this effort and both HRSA and SMAHSA are working closely with CDC.
Goal 1; Step 1.2.4	SAMHSA/HHS OS	SAMHSA will consult with the HHS OS on policy recommendations for revising funding formulas for State/Territory Substance Abuse Prevention and Treatment and Mental Health Block Grants and policy guidance in order to ensure that Federal HIV prevention funding allocations follow the epidemic at the State and local level	SAMHSA will consult with HHS regarding the question of revising the formula for the Substance Abuse Prevention and Treatment and Mental Health Block Grants.
Goal 1; Step 1.2.4	SAMHSA/HUD, DOJ, CDC, HRSA, IHS, HHS OS	SAMHSA will work with relevant Federal agencies, HHS OS, States, and community-based service providers to implement ways to improve integration of substance abuse and mental health screening in programs that serve communities with high rates of new HIV infections. These should include risk reduction efforts to reduce sexual transmission of HIV among substance using populations.	SAMHSA will collaborate with HRSA, CDC, HUD, HHS and DOJ to discuss how to screen for substance abuse and mental health disorders in CBO settings including adaptation of SBIRT methods to CBOs.
Goal 1; Step 1.4	HHS OS/CDC, HRSA, SAMHSA, OASH, IHS	Relevant HHS agencies will work with States, localities, tribal governments, community-based organizations, and evaluation experts to develop standard performance measures for HIV prevention programs and provide guidance on utilizing these measures.	SAMHSA will collaborate with the relevant HHS agencies in the developing a Department-wide guidance on evaluation and performance measures and standards.
Goal 1; Step 1.4	CDC/SAMHSA	CDC will work with SAMHSA to make recommendations for strengthening evaluation and aligning measures and benchmarks across programs.	SAMHSA will collaborate with CDC and other HHS agencies in the developing a Department-wide guidance on evaluation and performance measures and standards.
Goal 1; Step 2.1	CDC/HRSA, SAMHSA	CDC, HRSA, SAMHSA will collaborate with States and localities on pilot initiatives for expanding the most promising models for integrating HIV testing, outreach, linkage and retention in care in high risk communities.	SAMHSA will collaborate with CDC and HRSA on pilot initiatives to examine and assess promising models for integrating HIV testing, outreach and linkage to and retention HIV care in high risk communities. This initiative appears to be similar to the NAIAD Test and treat pilot and the NIDA RFA –DA -11-00, Seek, Test Treat and Retain: Addressing HIV among vulnerable populations.
Goal 1; Step 2.3	HHSOS/CDC, HRSA, SAMHSA, NIH, CMS	Relevant HHS agencies will make recommendations for scaling up access to post exposure prophylaxis (PEP), with priority given to high prevalence jurisdictions. Consideration will be given to the role of emergency departments (if any), standardized treatment guidelines, and regimen selection.	SAMHSA will collaborate with CDC and HRSA to examine post exposure prophylaxis and make recommendations to the Department regarding its use within the framework of substance abuse and mental health treatment.
Goal 1; Step 2.3	HHS OS/CDC, HRSA, SAMHSA	Relevant HHS agencies will prioritize expanding access to combination approaches for HIV prevention, appropriate to epidemic profiles in specific localities	In collaboration with CDC and HRSA, SAMHSA will examine how braided funding can improve access and the efficiency of services in local communities.
Goal 2; Step 1.1	SAMHSA	SAMHSA will issue guidance for providers to increase linkages to substance abuse treatment and mental health services for people living with HIV and offer voluntary routine HIV testing to all persons diagnosed with an STD.	SAMHSA will develop guidance for SAMHSA substance abuse and mental health treatment grantees recommending that clients who are HIV positive or living with AIDS be given appropriate access and referrals to mental health and substance abuse treatment services.
Goal 2; Step 1.1	SAMHSA	CDC, HRSA, SAMHSA and other relevant HHS agencies will work with States, tribal governments, localities, and CBOs to promote co-location of providers of HIV screening and care services as a means of facilitating linkages to care and treatment, and to enhance current referral systems within CBOs.	SAMHSA will collaborate with HRSA, CDC and other relevant agencies to develop a multi-agency braided strategy (as appropriate) to improve the efficiency of access to care.
Goal 2; Step 1.2	CDC, SAMHSA, DOJ, HUD	HHS OS will work with CDC, SAMHSA, DOJ, and HUD to identify and develop potential programs where there can be joint grant awards.	SAMHSA will collaborate with HRSA, CDC and other relevant agencies to develop a multi-agency braided strategy (as appropriate) to improve the efficiency of access to care.

Goal 2; Step 3.1	SAMHSA/VA	SAMHSA, VA, and other relevant agencies will collaborate and develop materials for training health care providers to conduct mental health and substance use disorder assessments and treatment referrals as appropriate.	SAMHSA will collaborate with the VA, CDC and HRSA to develop training materials for health care providers in screening and assessment of mental health and substance abuse disorders including the use of the Screening and Brief interventions and treatment (SBIRT).
Goal 3; Step 1.1	VA, CMS, HRSA, CDC, SAMHSA, NIH	VA, CMS, HRSA, CDC, SAMHSA and NIH will jointly consider and issue a report of strategies to encourage providers to collect and report standardized viral load and CD4 data from infected individuals within populations at greatest risk for HIV infection.	Although SAMHSA does not routinely collect CD4 and viral load information, SAMHSA will support recommendations to standardize viral load and CD4 data collection.
Goal 3; Step 2.3	HRSA/CDC, SAMHSA	HRSA, CDC, and SAMHSA will include language in grant announcements requiring the integration of prevention and care services, including referrals to clinical services.	SAMHSA will collaborate with HRSA, CDC and other relevant agencies to develop a multi-agency braided strategy (as appropriate) to improve the efficiency of access to care.
Goal 4; Step 1.1	SAMHSA	SAMHSA will collect and report to HHS OS (and its agency partners) on how States are using Block Grant HIV set aside funding and report it annually to HHS and its agency partners.	Under current law, the States are not required to provide SAMHSA with a report on how these funds have expended. SAMHSA will explore appropriate avenues for how this data could be collected and reported.

Appendix 3: Glossary of Acronyms

ACA	Affordable Care Act
ADAP	AIDS Drug Assistance Program, HRSA
AETC	AIDS Education and Training Center(s), HRSA
AHRQ	Agency for Healthcare Research and Quality
AI/AN	American Indian/Alaska Native
AIDS	Acquired Immune Deficiency Syndrome
A/PI	Asian/Pacific Islander
ASL	Assistant Secretary for Legislation, HHS
ASPE	Assistant Secretary for Planning and Evaluation, HHS
ATTC	Addiction Technology Transfer Center(s), SAMHSA
BCRS	Bureau of Clinician Recruitment and Service
BOP	Bureau of Prisons, DOJ
BPHC	Bureau of Primary Health Care
BHP	Bureau of Health Professionals
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CFAR	Center(s) for AIDS Research, NIH
CHAT	Curbing HIV/AIDS Transmission Among High Risk Youth and Adolescents
CHC	Community Health Center(s)
CMS	Centers for Medicare and Medicaid Services
CTG	Community Transformation Grants
CTN	Clinical Trials Network, NIH
CVL	Community Viral Load
CY	Calendar Year
DASH-ID	Deputy Assistant Secretary for Health, Infectious Disease
DEBI	Diffusion of Effective Behavioral Interventions, CDC
DOE	Department of Education
DOJ	Department of Justice
DOL	Department of Labor
ECHPP	Enhanced Comprehensive HIV Prevention Planning, CDC
EHR	Electronic Health Records
FDA	Food and Drug Administration
FOA	Funding Opportunity Announcement
FPC	Family Planning Clinics
FQHC	Federally Qualified Health Center
FTCC	Federal Training Centers Collaborative
FY	Fiscal Year (October 1 – September 30)
GPRA	Government Performance and Results Act
HAART (ART)	Highly-Active Anti-Retroviral Therapy
HAB	HIV/AIDS Bureau
NCCC	National Center for Cultural Competence
HCCN	Health Center Controlled Networks
HHS (DHHS)	Department of Health and Human Services
HIRE	Health Improvement for Re-entering Ex-offenders
HIV	Human Immunodeficiency Virus
HOPWA	Housing Opportunities for Persons with AIDS
HRSA	Health Resources and Services Administration
HUD	Department of Housing and Urban Development
IDU	Injection Drug Use(r)
IGA	Office of Inter-Governmental Affairs
IHS	Indian Health Service
L2L	Linkage to Life
LGBT	Lesbian, Gay, Bisexual, Transgender
MAI	Minority AIDS Initiative

MCHB	Maternal and Child Health Bureau
MOU	Memorandum of Understanding
MSA	Metropolitan Statistical Area
MSM	Men who have Sex with Men
NARCH	Native American Research Centers for Health
NHAS	National HIV/AIDS Strategy
NIH	National Institutes of Health
OAA	Office of the Associate Administrator
OAH	Office of Adolescent Health, OS
OASH	Office of the Assistant Secretary for Health, HHS
OHAP	Office of HIV/AIDS Policy, OS
OMB	Office of Management and Budget
OMH	Office of Minority Health, OS
ONAP	Office of National AIDS Policy, The White House
ONC	Office of the National Coordinator for Health Information Technology, OS
OPA	Office of Population Affairs, OS
OpDiv	Operational Division
ORHP	Office of Rural Health Policy
OS	Office of the Secretary, HHS
OWH	Office on Women's Health, OS
PACHA	Presidential Advisory Council on HIV/AIDS
PAL	Program Assistance Letter
PCA	Primary Care Association
PCO	Primary Care Office
PEP	Post-Exposure Prophylaxis
PHS	Public Health Service
PIA	Performance Improvement Activities
PLWHA	People Living With HIV/AIDS
PrEP	Pre-Exposure Prophylaxis
PSA	Public Service Announcement
PSPC	Patient Safety & Clinical Pharmacy Services Collaborative
RRNP	Regional Resource Network Program
RW	Ryan White CARE Act, HRSA
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPTBG	Substance Abuse Prevention and Treatment Block Grant
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SPNS	Special Projects of National Significance
SSA	Social Security Administration
SSP	Syringe Service Program
STD (STI)	Sexually Transmitted Disease (Sexually Transmitted Infection)
TIP	Treatment Improvement Protocol
VA	Department of Veterans Affairs