

**California's Integrated HIV Surveillance, Prevention, and Care Plan**  
**Revised Goals and Objectives - FINAL**

<b>Goal 1: Reducing New Infections</b>
<b>Objective 1:</b> The estimated number of new HIV infections in 2015 will decrease by 25 percent compared to 2010, from 5,598 to 4,199.
<b>Objective 2:</b> The estimated percentage of people living with HIV who know their serostatus will increase to 90 percent in 2015, compared to 82% in 2010. (Based on nationwide estimates. Will revise when California-specific estimates are available.) <b>CA-specific estimates are available--doesn't this need to be revised?</b>
<b>Objective 3:</b> The proportion of people living with HIV/AIDS (PLWHA) in care with undetectable viral load will increase by 20 percent from 80% in 2010 to 96% in 2015.
<b>Goal 2: Increase Access to Care and Optimize Health Outcomes</b>
<b>Objective 1:</b> The proportion of newly diagnosed patients linked to clinical care within three months of HIV diagnosis will increase to 85 percent in 2015, compared to 65% in 2010.
<b>Objective 2:</b> The proportion of PLWH/A who are in continuous care will increase to 80 percent in 2015, compared to 74% in 2010.
<b>Goal 3: Reduce HIV-Related Health Disparities</b>
<b>Objective 1:</b> The proportion of HIV-diagnosed gay and bisexual men in care with undetectable viral load will increase by 20 percent from 81% in 2010 to 97% in 2015.
<b>Objective 2:</b> The proportion of HIV-diagnosed Blacks in care with undetectable viral load will increase by 20 percent from 69% in 2010 to 83% in 2015.
<b>Objective 3:</b> The proportion of HIV diagnosed Latinos in care with undetectable viral load will increase by 20 percent from 80% in 2010 to 97% in 2015.
<b>Goal 4: Achieve a Coordinated Response to the HIV Epidemic in California</b>
<b>Objective 1:</b> Annually, OA will examine data elements to assess compatibility and comparability across data systems and programs to support a coordinated response to HIV.
<b>Objective 2:</b> By July 31, 2015, OA will convene a cross-branch meeting on at least a monthly basis for the purpose of ensuring a coordinated response to the HIV epidemic in CA.
<b>Objective 3:</b> By July 31, 2015, OA will have established at least two forums for external partners that serve HIV affected populations, to provide feedback and input on OA activities to ensure a coordinated delivery of OA funded services and programs.

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**Objective 4:** By July 31, 2015, OA will have developed and implemented a statewide Health Care Reform Communications Plan that supports effective and timely transition of Ryan White clients to other payer sources.

**Goal 5:** Maximizing Resources Through Efficacy of Planning and Allocation, Flexibility, and Effective Program Fiscal Management

**Objective 1:** By July 31, 2015, OA will engage the California Planning Group (CPG), a group made up of stakeholders and community partners, in integrated HIV planning by meeting twice year and providing a statewide data update.

**Objective 2:** By July 31, 2015, OA will have established workflow process documentation to ensure the release of LHJ allocations and execution of HIV service contracts in a timely manner.

**Objective 3:** By July 31, 2015, OA will utilize the Advisory Network to disseminate information about additional fiscal resources and grant opportunities, within one week of receiving the information, to stakeholders.

**Objective 4:** By July 31, 2015, OA will review all current allocation formulas, and revise as needed to ensure that formulas are data-driven and are responsive to local need, targeted to the populations at highest risk, and applied to disproportionately affected communities. OA will seek stakeholder input on any proposed revisions.

**Goal 6:** Monitoring the HIV Epidemic by Using OA HIV and AIDS Surveillance Data to Support and Direct Program and Policy Decisions.

**Objective 1:** By 2015, OA will annually publish HIV and AIDS surveillance reports to describe the state of the epidemic and emerging trends.

**Objective 2:** By 2015, OA will annually publish reports on California progress toward the National HIV/AIDS Strategy (which align with Goals 1-3 of this document); and provide local health jurisdictions (LHJ) with LHJ-specific reports on progress toward the NHAS objectives.

**Objective 3:** Annually, OA will enhance program accountability by establishing and monitoring programmatic indicators related to prevention, care, and treatment and provide feedback and technical assistance to OA contractors to increase local program effectiveness.

**Objective 4:** By July 31, 2015, OA will annually host data workshops for LHJ staff to build local capacity for using data to enhance programmatic response.

**Objective 5:** By 2015, OA will annually publish prevention, care, and treatment reports to describe OA's programmatic response.